and whose GP was able to provide information on outcome, there were no significant differences in psychiatric status between the two groups (although there was a trend for the GPs to report a history of significant physical illness more commonly in the migrants). The absence of information about the fate of the remainder is, nevertheless, a cause for concern.

PINTO, R. T. (1970) *A study of psychiatric illness among Asians in the Camberwell area.* Unpublished M.Phil. Thesis, University of London

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Case report criticism

SIR: I am a psychiatric trainee in a large teaching hospital. In common with many of my colleagues throughout the UK, time spent away from clinical work to indulge in training, preparing for examinations etc., is at a premium. The reading of selected articles in the *British Journal of Psychiatry* and other journals is a useful way of keeping up to date with current thinking in the art. However, after reading the case report "Suspicion of somatoform disorder in undiagnosed tabes dorsalis" (*Journal*, October 1991, **159,** 573–575), I found myself puzzled as to what I should have learnt from it.

Tabes dorsalis is adequately described in most of the standard textbooks, and the fact that a psychiatric assessment was solicited before the investigation had confirmed the diagnosis, seems a curious reason for a case report, particularly such a long one.

Good case reports are instructive and illuminating. Could I make a plea that, in view of the burgeoning numbers of case reports, only those which present truly novel observations be selected for publication?

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EDITOR'S REPLY: Case reports have not "burgeoned" recently; they form part of the Brief Reports Section, whose size has not changed for a number of years. All Brief Reports have passed through the *Journal*'s normal peer review process and have competed successfully with many others for the limited space available. In the case referred to, the referees felt that there were sufficient "novel observations" to recommend its acceptance with a high rating.

Is Dhat culture bound?

SIR: Dhat syndrome is increasingly being referred to as a "true culture-bound sex neurosis" commonly found in India (*Journal*, November 1991, **159,** 691–695). Its origins are considered to be in the early Hindu belief that semen is derived from blood and its loss leads to physical and mental disabilities.

The idea that semen is derived from blood and is a vital body fluid has existed in many cultures. In China, semen has been considered the essence of the sexual Yang, and its loss is a waste of the vital male Yang essence (Tannahill, 1980). In the Victorian era, semen was described as 'the essential oil of animal liquours", "the purest of the body humours", "the spirituous part of the animal frame" and "the most ethereal or subtilized portion of the blood, a highly rectified and refined distillation from every part of the system, particularly the brain and spinal marrow" (Haller & Haller, 1974).

Almost every conceivable form of physical and mental illness was once attributed to seminal loss, mainly by masturbation. However, something quite akin to Dhat syndrome was described as spermatorrhoea, with similar symptoms including multiple somatic complaints, anxiety, depression and sexual difficulties (Dangerfield, 1843). The treatment involved widely diverse measures like cauterisation of the urethra, an electric alarm triggered by nocturnal erection, and the insertion of wooden blocks, the size of pigeon's eggs, into the rectum, to be kept there day and night to compress the prostate and force the semen back into the bladder (Haller & Haller, 1974).

The *Lancet* carried an editorial in 1840 on the physical debility, mental impairment and moral degradation caused by seminal loss. Physicians believed that virtuous young men absorbed the spermatic fluid which enriched the blood and vitalised the brain. Sir Isaac Newton was supposed to have said that he never lost a drop of seminal fluid (Haller & Haller, 1974). Thus there was consensual validation between the patient's and the doctor's view of such problems, quite like the one now between the traditional village healer and the native Indian.

In the western world, accumulating medical knowledge about sexual matters has accompanied increasing public awareness and permissiveness. The idea that semen is a precious body fluid and its loss is deleterious to health has been dispelled from medical and lay minds simultaneously. The modern notion of sexuality is a historical construct of the past few decades, and is largely due to changing power structures in society (Foucault, 1979). Along with

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