

the psychoneurotic the physician can only be a "wet shoulder" and a generous giver of palliative sedatives, for the conduct of a psychotherapeutic analysis, involving many hours of a specialized relationship over many months and interacting problems, is beyond both the time and the scope of the general practitioner, even if the patient were willing to undergo it. I need hardly remind Dr. Yellowlees of the degree of resistance of these anxiety-ridden people.

Whatever may be the genesis of "sufferings which lead to 'trivial or pointless complaints,'" to quote Dr. Rickman, they are kept in being by a dynamic vicious circling of anxiety which is rooted in disharmony of human relationships, both between the patient and his idealized image of himself and between him and his outer circle of relationships. The disharmony is in latent hostility and dependence and can grow like a weed as readily in a country cottage as in a town house. My own impression is that the disorders and evacuations of war, by adding what the German psychologists call *Angst der Kultur* to the inner anxiety, will produce a considerably increased crop of character disorders, if not actual neuroses, in the next 25 years. Society is already aware of it, in the widening provision of child guidance clinics.

If one has the time one will find disharmony and misery behind the demands for a nerve tonic, but nothing out of a bottle will help it to change. I would suggest to both Dr. H. G. St. M. Rees and Dr. Charles Shearer (Sept. 20, pp. 468 and 469) that the answer lies in the psychic walls built round an originally defenceless and unloved personality, which, while protective, prevent him from human community and participation; and let me add that they can be as strong as ferro-concrete and as crippling as osteo-arthritis.—I am, etc.,

Stockton-on-Tees.

L. F. DONNAN.

Homosexual Offences and Psychotherapy

SIR,—Everyone must be grateful to Dr. F. H. Taylor for his most interesting paper on "Homosexual Offences and their Relation to Psychotherapy" (Oct. 4, p. 525). There is a great shortage of facts regarding sexual abnormalities, and in the past prison medical officers, who have valuable opportunities of studying severe and chronic cases, have published little. This is, of course, not intended to minimize the very valuable contributions of Sir Norwood East.

One would naturally expect Dr. Taylor's views to be pessimistic, since in prison psychiatry the hopeless cases and failures are most likely to be met, while the successfully treated ones live normal lives. If I might be permitted to show the brighter side of psychotherapy I would cite a case of a Jewish woman aged 33 who was married, with two children. She suddenly found that she was falling in love with a pretty Irish maid and could not tear herself away from this girl. She wished to give her presents, dress her in different clothes, touch her, but not make any actual overt sexual approach. A few years previously she had fallen in love with another married woman. This patient was treated once weekly for three months. She lost her abnormal attachment, discovered she was able to feel real affection for her husband (whom she had liked but not really loved previously), and for the first time in her life had an orgasm. No doubt Dr. Taylor would say that this was not a genuine case of homosexuality, but one can always use this argument when insisting that "genuine" cases are not curable. I could produce other similar cases which have recovered under psychotherapy.

Dr. Taylor brings forward no evidence to dispute my contention that the so-called bisexuals are really partly developed homosexuals. Moreover, it is difficult to know where there is "a perversion in the psychiatric sense" and where there is "sheer depravity." Surely this depends on the outlook of the observer? I doubt whether the prostitute group is not composed of partly or wholly developed homosexuals also. Can anyone imagine that shortage of money would lead a normal man into homosexual prostitution? I can imagine many crimes from burglary down that most normal men would prefer. I would agree most whole-heartedly with Dr. Taylor's finding that the dreams accompanying nocturnal emissions are homosexual in inverts. In my experience they are almost entirely so, and why Hubert and East found otherwise is a mystery. I have always used the dream content to show the progress of a patient

under treatment, since it invariably changes as the patient recovers, and it is a bad sign if it does not do so.

It is obvious from Dr. Taylor's own statistics that punishment has no satisfactory effect, since so many cases have previous convictions. My own solution to this problem is that there should be a definite clinic for psychosexual conditions to which the courts send these cases for psychotherapy. The psychiatrists working on this one type of case would be certain to become more skilled than otherwise, and the patients more likely to be cured. Cases which did not respond and who were a menace to the community should be segregated under the best possible conditions, which surely could "differ appreciably from a prison sentence."—I am, etc.,

London, W.1.

CLIFFORD ALLEN.

Treatment of Homosexuals

SIR,—Dr. F. H. Taylor's article (Oct. 4, p. 525) on homosexual offences makes me wonder once again why one never sees any mention of gonadal treatment in these cases; surely it must have some effect on at least a proportion.

A few years ago on transferring to a new area I came across a health visitor, aged about 35, who had a very deep voice and a distinct moustache. She had had a major operation, presumably a hysterectomy, about a year previously for dysmenorrhoea. About a year after I met her she was forced to leave the district as there had been several complaints from the mothers of girl guides in a company which she ran. I do not know exactly what these complaints were, but it was common local gossip that the girl was a homosexual. I feel sure that if this girl had been given appropriate hormone treatment at the time of and subsequently to her operation she would not have become a Lesbian.

I should be interested to know if others have any experience of these cases being prevented or alleviated by hormone therapy.—I am, etc.,

Rushden, near Buntingford, Herts.

L. M. M. BEADNELL.

New Treatment of Rheumatoid Arthritis

SIR,—If, as Dr. G. L. Kerr Pringle (Oct. 4, p. 547) suggests, Dr. Imre Barsi's hypothetical anti-rheumatic substance (Aug. 16, p. 252) is a known hormone, it may be chorionic gonadotrophin or some other. If it is not chorionic gonadotrophin—and the remission of rheumatoid arthritis often begins so early in pregnancy as to suggest that it is not—then the anti-rheumatic substance, or more properly the balance of definite blood values of a number of hormones which has an anti-rheumatic effect, is likely to be present in the blood during the progestational phase of menstruation.

Although, as far as I am aware, no regular amelioration of symptoms between the 14th and 28th days of the menstrual cycle has been reported in rheumatoid arthritis, it seems reasonable to start the investigation of haemotherapy in this disease with trials of progestational blood, which is so much more easily obtainable than pregnancy blood. Dr. Barsi apparently did not make his injections at any particular phase of menstruation, nor does he mention any side-effects on the periods and the breasts, which one might expect. It would be interesting to know if there are any.—I am, etc.,

London, S.W.3.

JOHN EBBETTS.

Supplementary Petrol

SIR,—Honesty is no longer the best policy. The medical profession have recently filled in their application forms for supplementary petrol and given an honest estimate of the total quantity of "motor fuel" required per month in their practices, but they have found in return that the Ministry of Fuel and Power has reduced all their allowances by 10%.

Surely, Sir, this is a case of class warfare at its worst. The bacilli, cocci, vibrios, and spirochaetes have not been asked to make a similar 10% reduction in their attacks on the community, and they will therefore gain an unfair advantage over the profession.—I am, etc.,

London, W.8.

H. STEPHEN PASMORE.