

point himself. He tells us that when parents handle this phase as a child's normal identification process and not as the threat of a competing adult then 'castration anxiety' in the child is minimal or undetectable.

Now, if it's undetectable, who's to say it's there?

My view is that if castration anxiety is undetectable in the normal child then the first (and most parsimonious) explanation that might occur to one is that it's simply not there.

It seems to me that those who consistently uncover such minimal evidence, or declare castration anxiety to be present but undetectable, may well be those with a vested interest in the theoretical posture that the Oedipus complex is universal and essential to the genesis of the male child's sexual identity.

It is, of course, unfair of Dr. Rubin to blame the British for generating 'Who's Afraid of Sigmund Freud,' as my mailing address at the end of the paper might have suggested to him had he detected it. The fact is that I was trained in the United States, live there and practise there. All that the British can be reasonably blamed for is publishing a controversial paper, an offence the American journals were scrupulously careful not to commit in this instance.

There is one criticism Dr. Rubin makes which I am constrained to reveal affords me narcissistic injury, his use of the term 'hatchet job' in describing my paper. Resident though I am in violent America, I find that criminatory appellation wounding.

You see, I had the fantasy that my attack on these aspects of American psychiatry which trouble me was more in the nature of a dissection, cutting perhaps but surely not so crude as the blows of a hatchet. I thought I was being subtle, even occasionally allusive in a way that an educated man might find pleasing.

Oh well! Next time I shall simply have to try harder.

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#### IMIPRAMINE AND OTHER DRUGS IN ORGANIC EMOTIONALISM

DEAR SIR,

I am grateful to Dr. R. G. Priest, St. George's Hospital Medical School, for pointing out an error in our paper 'The Use of Imipramine ('Tofranil') and Other Psychotropic Drugs in Organic Emotionalism', which appeared in the *Journal* for March 1969.

There should be two carbon atoms opposite

nitrogen in the formula for imipramine, and similarly for amitriptyline, i.e. those rings should be 7-member and not as shown with 6.

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#### 'BEHAVIOURAL' TREATMENT OF NON-CONSUMMATION DUE TO VAGINISMUS

DEAR SIR,

I have read with great interest the report of Dr. A. J. Cooper (*Journal*, June 1969, p. 721) entitled 'An Innovation in the "Behavioural" Treatment of a case of Non-Consummation due to Vaginismus' and would like to describe a case treated with a similar technique.

The patient, aged 24 years, was referred by the Gynaecology Department where she was sent in consequence of non-consummation after four years of marriage, the patient wanting to be assured that 'she had all she should have'. She was examined under general anaesthetic with a dilator retained so that when she recovered she could see for herself that the passage was large enough to accommodate a dilator. This did not make any difference to the sexual side of her marriage, although she was keen to have sexual intercourse but was unable to do so.

The patient, like that of Dr. Cooper, was a pleasant, co-operative woman, who, however, appeared to have a hysterical type of personality. On the E.P.I. she scored as neurotic and slightly extraverted ( $N = 17$ ,  $E = 14$ ). She described her condition by saying 'I am frightened of my inside'. She regarded her husband as being sympathetic and understanding, and apart from her sexual difficulties she had a perfectly happy married life.

Relaxation was initially achieved by intravenous Sodium Amytal. During this session she said that as a child she was brought up strictly by her mother, who regarded sex as dirty and sinful and told her to keep away from boys. She was also sexually assaulted by a man at the age of four, and learnt the facts of life from other girls in enormously distorted ways, which horrified her.

After several abreactive sessions she felt considerably improved, cheerful and relaxed, but still unable to have sexual intercourse, although she made several attempts at it. The thought of introducing a dilator was even more frightening to her, but she was agreeable to try with a tampon; this was done initially