

changes—this is not true of erections, in my experience. In fact there were considerable difficulties in having the term penile volume change accepted. I originally used 'penile plethysmograph response' as in the title, and the assessor considered it should be replaced by 'erection'. The compromise term was accepted only when I insisted that in Australia at least penile volume changes were not invariably erections.

I presume that when Stern states I have not paid enough attention to the factor of extinction he means I should have used treatments which have been considered on *a priori* grounds to be more resistant to extinction. In fact, the studies of which this is one were designed to test such *a priori* assumptions rather than be based on them. I was interested in his finding that anticipatory avoidance learning appears to be the training method most resistant to extinction. Unfortunately he does not state what methods he compared it with. A comparison of apomorphine aversion and anticipatory avoidance, to be published, does not in my view support this conclusion, and in fact I have come to consider that the main problem in the treatment of homosexuality with aversion therapy is the weakness of the initial effect, not its subsequent extinction.

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#### REFERENCES

- MCCONAGHY, N. (1967). 'Penile volume change to moving pictures of male and female nudes in heterosexual and homosexual males.' *Behav. Res. Ther.*, 5, 43-8.

#### USE OF LITHIUM IN PREGNANCY

DEAR SIR,

Because lithium carbonate is being increasingly used in psychiatry, and because developmental abnormalities have been observed in lower animals given lithium carbonate during pregnancy, and because therapeutic abortions are sometimes performed on female patients who become pregnant while taking lithium, the following two cases deserve recognition and consideration. Both patients were young manic-depressive females who became unadvisedly pregnant while in a manic phase and while receiving therapeutic doses of lithium carbonate. That is, conception occurred in each patient while she was receiving 1800 mgms. of lithium per day. The first patient kept her pregnancy quiet for

several months, hoping that the birth of a baby would bring about a happy reconciliation in her marriage which had been on the verge of breaking apart because of her manic illness. When her pregnancy was reported, it was beyond the time that a therapeutic abortion could even be considered. She continued to take lithium at a lower dosage throughout her pregnancy and delivered a normal child. That child is now 3 years old and is perfectly normal.

The second patient became pregnant under very similar circumstances, and although her pregnancy was discovered much earlier it was agreed upon by the patient and her husband and myself to continue to use lithium, even with the calculated risk on the basis of animal research. This child too was normal at birth and was thriving two years later.

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#### A CAUTIONARY APPROACH TO QUESTIONNAIRE RESPONSE

DEAR SIR,

Social-desirability response set is known to contaminate questionnaire responses. This can be exploited to clarify a diagnostic problem, as is shown by the following.

'Have you any tests for detecting homosexuality?' asked the Charge Nurse of a psychiatric admission ward. A patient had been admitted following an hysterical attempt at suicide. He had been very guarded in giving his history. In the ward he befriended a young adolescent male patient. The nurse wanted to prevent the younger patient's seduction, and wondered whether the suicidal attempt stemmed from homosexuality. The patient had volunteered nothing, even though the nurse had hinted at his suspicion.

To see if there was any confirmation of this suspicion the patient was given two questionnaires, the Edwards Personal Preference Schedule (1) and the Marlowe-Crowne Social Desirability Scale (2).

The E.P.P.S. has 15 scales. Although the patient completed the whole inventory, only the Heterosexuality Scale was considered relevant. This scale assesses the need 'to go out with members of the opposite sex, to engage in social activities with the opposite sex, to be in love with someone of the opposite sex, to be regarded as physically attractive by those of the opposite sex, to participate in discussions about sex, to read books and plays involving sex, to listen