improved group did on follow-up. They appear to have changed their criteria for rating improvement, thus rendering comparison of their present results with previous ones less valid. Yet, with these small numbers studied, only the pooling of data from several studies can lead to meaningful findings. Their somewhat pessimistic conclusions with regard to the form of behaviour therapy they practise may be justified, as they may feel that the degree of improvement in the extra 2 patients or so in 10 who have their main phobic symptom much improved is not worthwhile. But as this appears their most constant and important finding, some space could surely be given to discussing it in addition to that taken up by the many graphs of the vicissitudes over time of mean scores of various symptoms of these two small groups of patients.

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PSYCHOGENIC DYSPAREUNIA

Dear Sir,

Dr. Haslam's treatment of psychogenic dyspareunia (*Journal*, March, 1965, p. 280) seems to be well worth trying, especially in cases that have failed to respond to other methods. A patient I have recently been treating clearly illustrates most of the points mentioned by Dr. Haslam in his paper.

Mrs. A. was unable to tolerate any attempt at intercourse. There was a history of her having been examined p.v. at the age of thirteen and this had been painful. Her first attempt at intercourse had produced a similar pain, and since then she had been too terrified to try again. She had received a wide range of unsuccessful treatments, including the combination of "psychotherapy" and digital exploration described by Dr. Mackie (*Journal*, August, 1965, p. 774) In addition to the dominant fear of intercourse, she was also afraid of such activities as travelling, meeting people and answering the telephone.

In our Department, over a period of 14 months she was seen almost every week and a fair trial given to the following treatments: hypnosis; systematic desensitization using relaxation and a hierarchy of imagined situations (both general and also related to intercourse); dilatation and incision of perineum under anaesthesia; amytal abreactions; and drugs such as amytal, chlordiazepoxide, phenelzine, imipramine and Potensan. All this therapeutic endeavour resulted in a marked lessening of generalized anxiety and the development of an ability to relax in practically any situation. Wolpe's method of systematic desensitization using relaxation was largely responsible for this improvement. However, intercourse remained totally impossible.

It was then decided to use Dr. Haslam's method. The first three sessions took twenty minutes each, and it was observed that the maximum spasm occurred with the passage of the first bougie, notwithstanding that this was always the smallest of each series. At the fourth and fifth sessions the patient passed the bougies herself, being more able to tolerate the larger sizes this way. Intercourse became completely satisfactory and normal after these five treatment sessions, which took place over a period of four weeks.

It is suggested that graduated glass or plastic bougies allow a closer approximation to the intercourse situation, and combined with relaxation responses this method offers the best chance of a cure for cases of psychogenic dyspareunia.

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