

specialty, but who happens to be well acquainted with the history of the Royal Commission and the Mental Health Act. It is much to be hoped that our Mental Deficiency Section will, in due course, formulate and publish its views on this important matter.

A. WALK

HOMOSEXUALITY—A PSYCHOANALYTIC STUDY OF MALE HOMOSEXUALITY

DEAR SIR,

I wonder what experience Dr. Kräupl Taylor has had of the analysis of homosexuals which permits him to condemn in such outright fashion the work of Dr. Bieber and his colleagues. (*Br. J. Psychiat.* Sept. 1964, p. 744). If he studies the literature, he will find that the experience of a great many psychiatrists accords more with that of Dr. Bieber and his co-workers than with his own views.

Successful cases have been published in the past few years by Hadfield (1), Oversey, Gaylin, and Hendin (2), Ellis (3), Glover (4), and myself (5). Older cases were published by London (6), Naftaly (7), Lilienstein (8), Laforgue (9), Stekel (10), Serog (11), Frey (12), Virchon (13), Bircher (14), Sumbaer (15), Sullivan (16), Poe (17), Karpman (18), and many others.

Oversey, Gaylin and Hendin published three cases treated by analytical psychotherapy in which the patients attained complete heterosexuality, confirmed by observation over some years. Ellis treated 28 male and 12 female patients who were homosexual, with an overall change of 64 per cent. towards heterosexuality; indeed, of the males who had some desire to become normal (23) 80 per cent. became distinctly or considerably more heterosexual. Ellis's terminology may be ambiguous, but there was undoubtedly a marked change. Whitener and Nikelly give an overall prognosis in all types of psychosexual disorder (which must include many homosexuals) of 50 per cent.

I have published a series of cases of homosexuality (19), and out of 23 patients had 16 successes confirmed by follow-up, four cases which showed only social success, inasmuch as they lived asexual lives, and three failures. My successes were confirmed by follow-up. Glover has published a series in which 44 per cent. of the patients showed no further homosexual impulses (but treatment was complicated by hormone therapy). Some 51 per cent. of the bisexuals lost their homosexual impulses.

Since it is well known that cases treated privately do much better than those treated in clinics, I cannot

see why Dr. Bieber and his colleagues should not have the successes they claim.

The causal situations which they describe as producing homosexuality are similar to those I have described in my book (19). There I stated that "One may say that it is only those who have never treated a case of homosexuality, or have treated it wrongly, who have never had a cure", and this I still believe to be true after 35 years of treating these patients.

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DEAR SIR,

I cannot see the logic in Dr. Clifford Allen's argument. Even if his impressively long list of references proved a high proportion of psychotherapeutic cures in homosexuals—and they certainly do not prove anything of the kind—how could this possibly confirm the work of Bieber and his colleagues who do not claim to have achieved what is usually called a therapeutic success. May I refer Dr. Clifford Allen to Dr. Bieber's previous letter