

Journal of Psychiatry should see fit to publish a comparatively favourable review of the book by W. H. Masters and V. E. Johnson entitled *Human Sexual Response* (*Journal*, February, 1968, p. 259). Concerning the ethical aspect of the experiments described, each of us must decide for himself. To me they represent such a degradation of the human spirit as to alarm me for the future of our cultural heritage.

Concerning the uselessness of the results obtained there should be no hesitation. Your reviewer describes the object of the enquiry as an investigation into "what physical reactions develop as the human male and female respond to effectual sexual stimulation, and why do men and women behave as they do when responding?" Experiments in which prostitutes are encouraged to masturbate in public, and paid volunteers to copulate before observers cannot answer these questions. (Do these questions really need to be asked?) Normal coitus is an expression of love between two human beings, and privacy and respect for each other is of its essence.

The authors claim that the participants in their experiments only differed from the general population in having a "basic interest in and desire for effectiveness in sexual performance". This is manifestly untrue. The "general population" share this interest but have more sense and decency than to volunteer for such exhibitions.

Most of us know that intercourse can and does become a more joyous and wonderful experience, but this comes from a life shared together with increasing love and loyalty to each other. A preoccupation with physiological details is one way of stultifying this natural development and remaining at an adolescent stage.

I do not know whether your reviewer or the authors of the book will consider this letter worth answering. But if they do, I would ask them before replying to read, and ponder, two sonnets of Shakespeare's: one begins with the line:

"The expense of spirit in a waste of shame."

The other:

"Let me not to the marriage of true minds
Admit impediments."

In these matters the poets are better teachers than physiologists.

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DEAR SIR,

In his letter about my review of *Human Sexual Response*, Dr. Drury complains that the results reported in the book are useless. It could indeed be argued that they

have little immediate value in psychiatric practice, but is this not a narrow yardstick of merit in research? Dr. Masters and Mrs. Johnson have, with sensitive regard to technical difficulties and to ethical objections by others, established a method of studying human sexual function which complements (or transcends) those of personal introspection and anecdotal inquiry. The text of their book makes it clear that the authors were well aware of sampling problems and of the fact that these were not fully solved.

Relevant psychological studies are needed to make the reported observations more useful to the psychiatrist. In the meantime, the anatomical and physiological findings already available are likely to be of direct value to doctors who have to advise patients on such matters as the optimum mechanical conditions for impregnation, or the risks of sexual activity during pregnancy or by hypertensive men. These are prosaic questions, but they need to be answered, and the poets cannot help us with them. The contents of *Human Sexual Response* appear to me as technological advances, which like the now respected Kinsey Report can do our cultural heritage no harm.

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PSYCHIATRIC SERVICES FOR THE DEAF

DEAR SIR,

Following Dr. Denmark's letter in your last issue I wish to apologise for the serious omission I made in not mentioning his clinic. I think it is the only unit in the country which is treating deaf psychiatric patients, and I know Dr. Denmark has been pioneering this work for many years.

It seems impossible to impress the Ministry of Health with the importance of this aspect of psychiatry, although there are many potentially employable and treatable patients who are languishing for lack of treatment facilities.

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NATURE, NURTURE OR JUST HAPPENINGS

DEAR SIR,

Whatever else one may think of the complex scene of contemporary psychiatry, one has had a glimpse of

the refreshing eclecticism to which "registrars" in Great Britain and "residents" in the United States have to adjust.

L. S. Kubie (1) refers to the "subtle intrapsychic variables" to "be isolated from or at least studied apart from external variables, before we can begin to understand the interaction between intrapsychic conflicts and the variables among external stresses. . . . We are in danger of losing sight of this scientific perspective." A. Querido (2) points to the advantage of seeing the patient in his "own surroundings, in which the picture is unfolded, which can never be obtained in any other way". He supports the "shifting the responsibility from mental hospital to the community" and encourages one to conceive "the patient as part of a dynamic pattern . . ." of a "mental or (italics added) psycho-social homeostasis". "Without saying anything about the causes of mental illness as such", he notes that ". . . the patient is not able to restore the equilibrium himself. *This is what makes him a patient* (italics added)." Kubie, who warns against relying too much on drugs rather than on working with patients, notes how painful the latter can be, since it may "stir in . . . young psychiatrists distorted reflections of their own family relationships and . . . their own personal problems . . .". One reads (2) that it is "unavoidable" . . . to . . . "go beyond the individual . . ." this development being, "as new as it is old", respectively (1), "as old as the hills . . . and doing it again does not make it any better", and that "the ultimate therapeutic task" is "to facilitate changes in the man behind the illness". This is what "*psychotherapy is really about*" (italics added).

Some of us who have had their share of disappointments and of gratifications in both fields of endeavour will gratefully acknowledge some statements from both camps, while suspending judgment on others. But remembering the centuries-old antinomy between the corpuscular and the undulatory theories of light, for instance, or the more recent debates on Humoralpathologie v. Zellulärpathologie, one takes courage and looks forward to a time when both the man behind the illness and the society around the psycho-socially deranged may become more amenable to reason.

This problem may turn out to be more complex than many of us realize. We may have to explore, not merely the individual and the circle of his life but also the cycle of generations, to which both the growth of individuals and of social communities owe their existence.

In a posthumous paper (3) H. J. Muller points to our responsibility to promote "the collection, documentation and storage of exemplary germinal

material" . . . of . . . "enhanced co-operativeness . . . heartfelt, broader brotherly love and of more creative and generalized intelligence . . .". He feels that there are "clearly, certain things that must be done at this point so that man can gain the highest freedom possible: the finding of endless worlds both outside and inside himself and the privilege of engaging in endless creation".

A truly comprehensive study of man, of his social and, last not least, his economic ambience and its effect on individuals, communities and its genetic consequences, may be feasible at present. Psychiatrists may do worse, in times of individual, social, international upheaval and conflict, than to stress the need for an all-out, co-ordinated research effort toward establishing a natural order in which mankind could flourish again.

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2. QUERIDO, A. (1968). "The shaping of community mental health care." *Brit. J. Psychiat.*, 114, 293.
3. MULLER, H. J. (1968). "What genetic course will man steer?" *Bull. atom. Sci.* 24, No. 3, 6-12.

OBSESSIVE COMPULSIVE STATES

DEAR SIR,

I am writing to suggest that Obsessive Compulsive States should be classified under the psychoses. The reasons I have for this are:

1. That this disorder is primarily a thought disorder, that is, a disorder of thought control.
2. (a) That environment plays little or no part in the precipitation of individual attacks.
- (b) That the course of the illness is largely determined by endogenous factors (1).
- (c) Recurrent endogenous obsessional states in which such symptoms appear out of the blue are known, and any depression in these states is secondary (1).
- (d) A cyclic obsessional condition, which is a rare type of illness, and is probably different from the above, is also known.
- (e) That persons of obsessional disposition are liable not only to frank obsessional states but also (among other things) to involuntarily depressive states and to clinically similar states which occur in earlier years,