

electrical techniques. The obstacles in timing are a good deal less formidable than is generally believed. The treatment is unpleasant, but in my own experience more patients object to being given electric shocks than to the nausea following apomorphine. The apomorphine regime which we currently use, and which I have reported elsewhere (1964), is certainly not one which may result in the breakdown of a patient's health. Whether or not there is any "personal degradation and humiliation" will depend almost entirely on the attitudes of the therapists. In any case, having to indulge in or to simulate perverse acts of which the patient is often ashamed may be degrading and humiliating in itself, and it is difficult to see why it is less so if he is wired up to a mat and more so after apomorphine. We do not find that the central depressant properties of apomorphine interfere with conditioning, whatever the theoretical considerations may be. It is unfortunate that Barker has constructed a comparison of the two techniques around his two cases. The result of the first is that after 18 months the patient was abroad and presumed symptom-free. The other suffered relapse less than a year after treatment by the "better" technique.

My colleagues and I have been attempting to compare electrical and pharmacological techniques in an anti-smoking clinic. Controlled comparison is extremely difficult, but the pharmacological technique seems to us to be a good deal more effective. We have also been combining the two approaches. I recently saw a mackintosh fetishist whom we successfully treated thus 18 months ago. In view of Barker's paper, I asked him whether he would care to say which of the techniques was most successful in producing aversion, and which he found most unpleasant. His replies are probably the most interesting features of his case, and will be fully reported later. In short, however, he said that though the electric shocks were more unpleasant than the nausea (which we aim to ensure is minimal and short-lived), yet the apomorphine sessions were the effective ones.

MICHAEL J. RAYMOND.

*Fairdene and Netherne Hospitals,
Coulston, Surrey.*

REFERENCE

- RAYMOND, M. J. (1964). "The treatment of addiction by aversion conditioning with apomorphine." *Behav. Res. Ther.*, 1, 287-291.

HISTORY OF CANADIAN PSYCHIATRY

DEAR SIR,

A lively interest has developed across Canada in the history of medicine in general and in the history

of Canadian psychiatry in particular. The Canadian Psychiatric Association has established a Committee on the History of Psychiatry which is now attempting to prepare a comprehensive bibliography.

We would like to request the co-operation of your readers in helping us to obtain information about books, articles, including unpublished theses, etc., dealing with the history of psychiatry in Canada. Detailed information or vague references would be equally welcome. They could be sent to

Mr Cyril Greenland, Associate (Archivist),
Department of Psychiatry,
University of Toronto,
2 Surrey Place,
Toronto 5, Canada.

We should also be very pleased to receive superfluous or unwanted books of historical interest in this field, reports, pamphlets, letters or memorabilia which might throw light on the early days of psychiatry in Canada. In cases where documents of unusual interest cannot be released, we should, in any event, like to correspond about them with a view to arranging for reproduction.

J. D. GRIFFIN.

*Chairman, Committee on History of Psychiatry,
Canadian Psychiatric Association.*

*52 St. Clair Avenue East,
Toronto 7, Ontario, Canada.*

KORO—A CULTURE-BOUND DEPERSONALIZATION SYNDROME

DEAR SIR,

Following Dr. P. M. Yap's interesting paper (*Brit. J. Psychiat.*, January, 1965, pp. 43-50) it may be of value to describe a further case of Koro which came to notice in the British Military Hospital, Singapore, in 1964.

The patient was a married Singapore Chinese male aged 28 years who worked as a general labourer in a nearby Transport unit. His work record showed that he had lost a considerable period due to going sick with minor physical disabilities. He presented himself to the unit medical officer with a friend firmly grasping his penis, stating that the organ was visibly shrinking into his abdomen and that if it disappeared completely he would die. In appearance he was obese with loss of frontal hair (a photograph taken 1 year ago for his identity card was available for comparison). The generative organs showed no obvious disease, but were minimally hypoplastic. Physical examination showed no somatic illnesses, and in particular bilateral inguinal hernia and myxoedema

were excluded. Mentally, he was anxious, with accompanying depression. Enquiry into his family background showed that, although he was married with four children, he had considerable doubts about his sexual capabilities.

It was mentioned that he might be suffering from what sounded phonetically like "shook jong" (suk-yeong), but the origin of the term could not be identified, and the condition of Koro was unknown to the psychiatrist at that time. The case was dealt with symptomatically and he was given Librium and Nardil without benefit. Attempts at superficial psychotherapy also failed. Because of his unstable work record and his failure to respond to treatment, it was considered that he might be hysterical, if not frankly malingering.

The failure to manage this case adequately arose not only out of ignorance of the basic condition, but also by approaching it through a Western-orientated psychiatric formulation of the psychopathology.

Dr. Yap (1951) has already drawn attention to the error of classifying disorders of a foreign culture according to superficial form, rather than by a consideration of the nature of the underlying disordered function.

ALEXANDER R. K. MITCHELL.

*Barrow Hospital,
Barrow Gurney, near Bristol.*

REFERENCE

YAP, P. M. (1951). "Mental disease peculiar to certain cultures." *J. ment. Sci.*, 97, 313.

THE TREATMENT OF PSYCHOGENIC DYSpareunia BY RECIPROCAL INHIBITION

DEAR SIR,

I have been requested by the Executive Committee of the National Marriage Guidance Council to call your attention to an inaccurate statement made by Dr. M. T. Haslam in an article entitled "The Treatment of Psychogenic Dyspareunia by Reciprocal Inhibition" (*Brit. J. Psychiat.*, March, 1965, pp. 280-282). He says: "The patient visits her G.P., or the marriage guidance centre, where advice is given

...". The Marriage Guidance Council, after a strict method of selection and training, never teaches its Counsellors to give advice. The method used is non-directive counselling after the principles laid down by Dr. Carl Rogers. They encourage a client to talk out and work through the problems to reach solutions which they choose themselves and put into effect with the guidance and encouragement of the counsellor. The Medical Advisory Board of the National Marriage Guidance Council is responsible for seeing that counsellors are adequately supported by consultants in various branches of medicine, gynaecology, psychiatry, etc. The Board has responsible members such as Dame Hilda Rose and Professor Brocklehurst and four delegates are elected annually by the British Medical Association.

If there is any evidence of deviation from the usual methods the National Marriage Guidance Council would be glad to have details.

ALFRED TORRIE.

*Chairman, Medical Advisory Board, N.M.G.C.,
58 Queen Anne Street, London, W.1.*

DEAR SIR,

Although she would not have used learning theory terminology, the late Dr. Joan Malleon treated a great many cases of vaginismus with an approach very similar to that reported by Dr. Haslam. She too found that even longstanding cases where coitus had been impossible could be effectively relieved with as few as one or two interviews (*Brit. med. J.* (1942), *ii*, 213; *The Practitioner* (April, 1954), 172, 389).

Dr. Malleon thought that experience in early life played a large part in the aetiology of vaginismus. In a large proportion of her cases, 11 out of 20 in one series, there was a consciously recalled history of painful enemata, often with soap-sticks, in early childhood. This suggests a causal relationship that can be stated equally in terms of psychodynamics or of learning theory.

NICOLAS MALLESON.

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