A. Robin and Dr. R. Ström-Olsen for suggesting and allowing me to report the cases C.S. and P.P.; and to Professor Desmond Pond for reading the manuscript.

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Dear Sir,

Dr. Fernando states (*Journal*, June 1967, p. 614) that Gilles de la Tourette's Syndrome has not been reported outside Europe and America. Two cases have been reported in the *Indian Journal of Psychiatry*, one in 1962 (Vol. 4, p. 187) and the other in 1966 (Vol. 8, p. 228). During a discussion on one of the cases, several colleagues reported that they had seen this disease in different parts of India.

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## HOMOSEXUALITY

Dear Sir,

Dr. Clifford Allen (*Journal*, October 1967, p. 1158) has kindly shown where many people would disagree with the theory of a sex control centre, and I would like to use his points to explain the misunderstanding that has arisen from my brief letter.

1. The theory depends on an endocrine lack only at the time the suggested centre is maturing, probably around birth. The testable point of the theory only requires a satisfactory test for anti-androgen protein in mothers near term. This could be used in primigravidae and multiparae to see if there is a variation in titres and if this is dependent on the sex of the infant.

2. I feel the physique of the homosexual is not a guide to the individual's central nervous system at the stage medicine is now.

3. I have insufficient data to agree that some cases of homosexuality are "cured" by psychotherapy, and if the theory is correct prevention should be easier than cure (using techniques similar to that in Rhesus-negative mothers with Rh positive infants.)

4. I agree conditioning is a factor in the behaviour of mothers' favourite sons and also that in an excessively feminine environment unusual behaviour can occur in a male.

5. This final point makes the difficult division of effect of hormone in the *adult* and the direction depending on the psyche. I agree the adult responds to hormones by activity, but the direction is a result of hormone levels at a "critical period" when the sex control centre is maturing, possibly near the time of the person's birth.

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## KRAEPELIN AND HIS APPROACH TO NOSOLOGY

Dear Sir,

The point raised by Professor Fish in his review, (*Journal*, November 1967, p. 1321) which relates to what I wrote about Kraepelin's nosology, seems important from an historical point of view, and also for the understanding of present day diagnostics.

Perhaps the best way to show Kraepelin's mode of thought and his approach to nosology is to let him speak for himself. (Kraepelin, E., (1913) 8th ed., Vol. 2, p. 939) "Whether dementia praecox as circumscribed here is a single disease entity can at present not be decided . . . I always had reservations about including the paranoid forms into dementia praecox. . . . The question (of inclusion) can only be decided on the basis of the entire course of the illness, during which those signs or symptoms will come more and more to the fore which are essential characteristics of the illness, rather than the unessential ones which will tend to move into the background though they may at times be more conspicuous than the former.