

Reference

COPPEN, A., GHOSE, K., RAO, V. A. R. & PEET, M. (1987) Mianserin in the prophylactic treatment of bipolar affective illness. *International Pharmacopsychiatry*, 12, 95-99.

Is Castration Too "Barbarous" for Rapists?

SIR: Medico-legal opinion in Britain in general shrinks from following the Danish approach to the treatment of persistent sexual offenders. Castration, although voluntarily accepted by many inmates in Herstedvester as the price of release from indefinite detention, tends in this country to be viewed as unacceptably drastic, mutilating, and primitively punitive.

However, as a hospice doctor for the past 3 years, I have been repeatedly reminded that surgeons here are perfectly prepared to recommend and carry out orchidectomy as a palliative procedure for advanced carcinoma of the prostate, so why should it be inconceivable as a treatment for what is tantamount to psychosexual malignancy?

Sentimentalists might need to be reassured that the object of the exercise is not punishment, but surgically operant hormone therapy; to which there is no dependable alternative.

Any suggested 'deterrent effect' on still-at-large repeated or recidivist rapists would of course be more imagined than real, unless castration were to be ruthlessly proposed as an automatic penalty for incorrigible convicted offenders; but surely orchidectomy, as a voluntary sacrifice to enable otherwise uncontrollably oversexed male detainees to return to outside life and hopefully worthwhile work, would be far more appropriate and humane than keeping able-bodied men locked away for years until senescence is judged to have made them harmless?

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CORRIGENDUM

Journal, May 1988, 152, 730. Review of *An Outline of Psychotherapy for Medical Students and Practitioners*. In line 3, 'David Walker' should read 'David Alexander'

A HUNDRED YEARS AGO**Mental Automatism**

Our remarks in *The Lancet* of last week on "Theatrical Tears", in which we endeavoured to show that in order to stir the higher emotions in his audience the actor must himself "feel" the emotion he is seeking to portray, receive a quasi-contradiction in a statement which has been made with regard to that veteran of the stage, the late Mr Chippendale. It is recorded that in his eightieth year he played the part of Hardcastle in "She Stoops to Conquer" at Edinburgh, and that, notwithstanding that he performed in his best manner, a speech which he made subsequently showed that he was not even conscious of where he was playing. It need not be said that Mr Chippendale had played this part hundreds of times, and that the repetition could have been little more than an automatic act. We all know the tale of the soldier who at the sound of the word "attention" halted in the erect position, and, bringing his hand to his side, dropped the dinner he was carrying in his hand. This is automatism of a simple kind,

and, in point of fact, the response to "cues" by a highly trained veteran of the stage is scarcely more complicated, and we doubt not that many an old actor would repeat his part with accuracy and effect long after the power of mental origination had ceased. We have known an instance of an octogenarian playing whist with very fair skill and accuracy long after all memory for current events had absolutely ceased. Mr Chippendale at the age of eighty played *old* Hardcastle in his best manner. It must be admitted, however, that Hardcastle's emotions, amusing as they are, are all commonplace. We have very little belief that the higher emotions, as depicted in the great tragic characters, can be adequately displayed upon the stage unless the actor can keep his imagination more or less upon the stretch during the whole performance.

Reference

The Lancet, 14 January 1888.