

relevant physical pathology. It may be the case that for some accepted diseases the nature of the pathology is still obscure, and for others a physical concomitant is mistakenly believed to have aetiological relevance. There is still no certainty about the underlying pathology of schizophrenia, depression, anxiety, addictions, or any other 'functional' psychiatric disorder. That is not to say that such pathologies will not eventually be brought to light, but that until such a time the argument for any of these conditions being a disease in the medical sense is tentative, to say the least. Moreover, to claim that psychological processes, such as envisaged by the learning theories, ultimately have a physical basis is of course true. However, the nature of the physical explanation of psychological phenomena remains to be elucidated, and would not seem to be consistent with the specific disease pathologies—inflammation, neoplasia, degeneration, etc.—that currently exist.

Finally, I differ from Professor Roth's view that since we cannot as yet hope to reduce the prevalence of the 'functional' disorders by recommending social change there is no harm in continuing to provide medical care. I think it has to be faced that while society sees one of its most respected and trusted institutions—the medical profession—accepting responsibility for certain behaviours it will assume the 'experts' know best, and, with its conscience eased, expend proportionately less energy in looking at its own structure, patterns and processes. By and large the medical profession carries out its functions with humanity, sensitivity and dedication; it is possible that these very qualities so welcome in the short term, may defeat our aspirations for the long term.

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REFERENCE

ROTH, SIR M. (1973). 'Psychiatry and its critics.' *Brit. J. Psychiat.*, **122**, 373–8.

DOCTORS' ATTITUDES TO HOMOSEXUALITY

DEAR SIR,

Dr. Philip Morris's short investigation into homosexuality (*Journal*, April 1973, pp. 435–6), is important because of the profound depression, often suicidal in degree, which results from a broken relationship. As a psychotherapist, I have had to deal with a few cases, both male and female, where the depression was most distressing. If we could pinpoint the cause, we

should have done a great service, at least to some of these unfortunates.

With regard to 2(a) in the investigation, in 4 of my male cases the patient had been abandoned by the mother in infancy and had been brought up by the grandmother. There were various reasons for this, as illegitimacy, separation by war, mother out at work, the whole family out all day except grandmother who ran the home.

The impression I got was that grandmothers tend to fondle their grandchildren overmuch. The infant is a bundle of erotic zones, some more vulnerable sexually than others. This is not important in the case of the female child but is devastating in the case of the male child, whose instinctual maleness is, albeit unconsciously, affronted. One man described it as being 'smothered among breasts' but the bathing etc. may be injudiciously carried out so that the male is unconsciously but surely set against the female sex.

An investigation into the infantile upbringing of homosexuals could, perhaps, be useful, and if the cause lies in the area of overpetting of the male by the female this might be dealt with satisfactorily by proper teaching regarding eroticism in infancy and the care needed in regard to it.

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SERVICES IN THE COMMUNITY FOR THE MENTALLY ILL

DEAR SIR,

Is the College going to do anything towards reversing the deterioration of the personal services in the community for the mentally ill which has been going on since the implementation of the Social Services Act? One realizes that many areas had services which were only capable of improvement, but in other areas a corps of experienced workers with a vocation has been disbanded, diluted or even 'frittered away' and replaced by figures on paper representing personnel with no knowledge of, or enthusiasm for, the work. This is to the great detriment of the patient and his family, not to mention the hospital service and its staff. No one seems to recognize publicly that psychiatrists need workers in the community who can form a close personal relationship within their work, with both mental patients and psychiatrists, similar to that formed by ward sisters and junior colleagues. This is not possible for