

practice of premarital intercourse. Such people seem to generate considerable anxiety in their initial sexual life and so certain patterns become established. In this unit the treatment consists in relaxation under thiopentone sodium, instruction in sexual techniques and temporary abstinence from intercourse. In fact most of my patients improve with 8 to 10 sessions directed towards crystallizing their concept of sex, explaining the physiological processes involved and helping them to regain their self confidence. Small doses of thioridazine are helpful. Psychogenic impotence needs intensive treatment and here again I prefer thiopentone sodium.

As to the question whether "a relationship might exist between decreased frequency of micturition and the increase in the duration of erection", the answer seems clear. Anxiety is the basic cause, producing both frequency of micturition and premature ejaculation or shorter duration of erection.

S. HAROON AHMED.

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Karachi.*

REFERENCES

1. MUNEEB UDDIN, M. Personal Communication.
2. KINSEY, A. C., POMEROY, W. B., and MARTIN, C. E. (1948). *Sexual Behaviour in Human Male*. Philadelphia: Saunders.

PROGNOSIS OF SCHIZOPHRENIA BEFORE AND AFTER PHARMACOTHERAPY

DEAR SIR,

I have read with interest Dr. Michael Pritchard's response to my comments on his paper (*Journal*, June, 1968, pp. 781-782). In all fairness it seems to me that he has circumvented the methodological issues which I had raised.

Implicitly, if not explicitly, I had referred solely to somatic treatments. Dr. Pritchard's reference to psychoneurosis and psychotherapy I must, therefore, regard as irrelevant.

I certainly agree that speed of recovery and duration of hospitalization may have a significant effect on outcome. But there remains the fact that Dr. Pritchard stated in his paper that "since the policy throughout has been to admit only non-compulsory patients for relatively short-term treatment, administrative changes in this hospital between the two periods are likely to have been minimal". Moreover, a comparison of the patients of Groups A and B did not reveal any significant differences in the length of stay in the hospital according to the study. This would seem to minimize, if not eliminate, the speed of resocialization as a factor influencing long-term outcome.

I therefore maintain that Dr. Pritchard has failed to explain on what basis drug treatment as reported could be expected to influence long-term outcome.

F. A. FREYHAN.

*New York University Medical Center,
Department of Psychiatry,
New York, N.Y.*

CHEADLE ROYAL

DEAR SIR,

In my review of Cheadle Royal Hospital's Bicentenary History (*Journal*, July, 1968, p. 891), I said it was a pity that the illustrations were all of Cheadle Royal today and that no historical illustrations had been included.

This is true in the sense that all the buildings shown are in existence today; but it has been pointed out to me that some of the photographs (those between pages 38 and 39) were taken round about 60 or 70 years ago, and some of the buildings have been modernized or put to new uses.

I still think it would have been appropriate to have reproduced some of the illustrations from Brockbank's previous history, now out of print.

I also implied that there are now only three former Registered Hospitals surviving; I should have said "surviving as independent institutions"—others have, of course, been absorbed into the National Health Service.

ALEXANDER WALK.

*18 Sun Lane,
Harpenden,
Herts.*

COUPS DE GRÂCE

DEAR SIR,

Speaking personally, I no longer have any opinions whatever on evolution. The *coup de grâce* to my opinions was given by Dr. Ross Ashby's comments (*Journal*, May, 1968, p. 660) on the fact that the Piltown skull had given the *coup de grâce* to his opinions on ESP.

ANITA GREGORY.

*43 Rosslyn Hill,
London, N.W.3.*

AN INVITATION TO CALIFORNIA

DEAR SIR,

Some eighteen months ago you very kindly published in the *Journal* a letter in which I issued to British and European psychiatrists who were planning a trip to North America an invitation to visit California to take part in the teaching programmes of the Californian State Hospital System.

I may say that the response to this letter was excellent and we were privileged to have some very

eminent and interesting teachers contribute to our residency training programmes.

I would be grateful for the opportunity to repeat our invitation. The contributions of our visitors have been so favourably received here in the U.S. that the programme has now spread and includes the state hospitals, many of the universities, and a group of private hospitals throughout the five West Coast states. I would be very pleased, indeed, to hear from any European colleagues who are planning to come to North America and who might have a week or ten days to spare in which to come out to visit the Western United States and take part in a variety of our residency training programmes. Might I offer as an added inducement, a personally conducted tour of some of Northern California's better vineyards? I might mention that those British colleagues who have made this tour in the recent past, have seemed to find it very worthwhile.

W. G. BURROWS.

*Mendocino State Hospital,
Talmage, California 95481,
and Stanford University School of Medicine,
Palo Alto,
California.*

THE JOHN WILLIAM STARKEY MEDAL

DEAR SIR,

The Royal Society of Health is to make an annual award of the John William Starkey Medal and cash prize to the author of, in the opinion of the Society, the best submitted paper in the English language on a specific piece of research in mental health. The money to provide this new award has been given by Mrs. D. S. R. Starkey in memory of her husband, Dr. John William Starkey, who served on the Society's Council from 1948 until his death in 1965, and who was elected an Executive Vice-President in 1959.

The closing date for the receipt of papers for the first award is 30 November, 1968; they may be submitted from any part of the world. Further information may be obtained on application to the Royal Society of Health.

P. ARTHUR WELLS
Secretary.

*The Royal Society of Health,
90 Buckingham Palace Road,
London, S.W.1.*

SPECIAL PUBLICATION No. 2

"Recent Developments in Affective Disorders"

The attention of those who have already bought copies of *Special Publication No. 2* is drawn to the following errors, for which we apologise. They are all in Chapter X—*Depressive Illness in Childhood* by Eva A. Frommer.

- Page 121: The first line of the left-hand column should read 41%, not 35%.
In the last line of the same paragraph, 16 should read 14.
- Page 122: The last line of the first paragraph should read Table V, not Table II.
- Page 124: The penultimate line in the second paragraph of the left-hand column should read "diagnostic problem", not "diagnosis problem".
- Page 129: The dosage mentioned in the second line of the last paragraph in the left-hand column should be 50 mg., not 5 mg.
- Page 132: The last line in the first paragraph of the left-hand column should read "a relapse of the depression", not "a relapsed pre-depression".
In the second paragraph, the last word in line 10 should be "frank", not "freak".
- Page 134: The second line of the Discussion should read "one-fifth to a quarter of the total clinic intake", not "only one to five—a quarter of the total clinic intake".
- Table IV: The first % under "Depressives" should be 47%, not 57%.
- References: No. 29 should read "*Brit. med. J.*, iii, 663-667", not "ii".

An errata slip is being inserted in all copies in stock.