Thirdly, Dr. Kiev writes: "It seems hard to accept certain of the author's assumptions about Yoruba culture, such as their inability to distinguish between the psyche and the soma, their suggestibility, the functional overlay to their physical illnesses, and their habit of expressing anxiety and depression through somatic symptoms. These factors are universally distributed and are not monopolized by the Yoruba." I would recommend that he read my article again. I made no such assumptions about the Yoruba culture specifically. I wrote: "The reason for the obscurity of the part played by such physical depletion becomes clearer when we glance at some of the complicating factors inherent in Yoruba culture, and in many 'simple' cultures." I suppose I should have added that such factors are also of extreme importance, although less overwhelming, in a more mechanized and scientific culture; but I assumed, perhaps unwisely, that the medical reader would be very well aware that such is the case.

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MYOTONIA CONGENITA AND PSYCHOSIS

DEAR SIR,

I read with pleasure the paper "Myotonia Congenita (Thomsen's Disease) and Hereditary Psychosis' by Dr. J. Johnson. The author contrasts the psychoses he describes with the psychiatric changes in dystrophia myotonica, which he claims are characterized by intellectual deterioration. This, however, is not invariably so. Thus, Gottwald (1956) reports ten cases from the literature with schizophrenic features and adds two of his own, and Maas and Paterson (1937) refer to one case with a diagnosis of schizophrenia and another with a paranoid jealousy syndrome.

These provide an interesting parallel to Dr. Johnson's cases.

Kenneth Davison.

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REFERENCES

GOTTWALD, W. (1956). "Symptomatische Psychosen, amnestischer Symptomen-komplex und Narkolepsie bei Dystrophia myotonica (Curschmann-Steinert)." Nervenarzt, 27, 112-115.

MAAS, O., and PATERSON, A. S. (1937). "Mental changes in families affected by dystrophia myotonica." Lancet, i, 21-23.

WHAT THEY REALLY SAID

DEAR SIR,

In Dr. Stafford-Clark's letter (Journal, September, 1967) in reply to my letter (Journal, July, 1967) he now agrees that mutual analysis between Jung and Freud took place. There was more than dream-analysis: Freud sought, and received, Jung's help for the relief of certain symptoms. So Dr. Stafford-Clark is surely misguided in using the odd phrase "dream-swapping excursion". He regards Jung's statements as spurious, and says that what took place between Freud and Jung was not "a valid analysis". Well, Dr. Stafford-Clark is entitled to his opinion. His letter leads one to suggest that the Latin quotation he uses—an allusion to the continued diversity of taste and opinion among men—deserves his thoughtful consideration.

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PSYCHIATRIC ILLNESS IN THE MEDICAL PROFESSION

DEAR SIR,

We should like to point out an error in the paper by J. D. Hailstone, I. E. J. McLauchlan and myself, which appeared in the *Journal* for September.

In Table II the P value for Category 4 (Psychoneurosis) should be P<.05.

This was a typing error which we failed to detect in proof reading.

M. F. A'BROOK.

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HOMOSEXUALITY

DEAR SIR,

D. Gregory Mayne (Correspondence, Journal, August, 1967, p. 923) wrote: "Joan Fitzherbert made some suggestions concerning homosexuality in your Journal."

I have heard of homosexuality amongst living things, but homosexuality in the British Journal of Psychiatry is news to me.

J. MACKIE.

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[Anything that appears in the British Journal of Psychiatry ought to be news to our readers.—Ed.]