under Sodium Amytal, with gradually reducing dose at successive attempts which were made on alternate days. After a few weeks she was able to insert the tampon herself without Sodium Amytal and retain it for many hours. The procedure was repeated several times at home in her husband's presence. This gave her confidence and she was able to engage in full coitus.

As in Dr. Cooper's case, the limited goal of treatment—namely, relief of vaginismus and subsequent consummation—was achieved, but with the use of tampons, which was more acceptable because it was something 'most women do'.

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AVERSION THERAPY FOR HOMOSEXUAL IMPULSES

Dear Sir,

I feel compelled to comment on the paper by Dr. N. McConaghy (*Journal*, June 1969, p. 723) which compares aversion therapies for homosexuals. His paper is an interesting and welcome one, as I fully agree with the sentiment that 'further controlled studies and the use of more objective methods of assessing response' are necessary.

A present study conducted by myself (publication in preparation) shows two main contradictory findings with Dr. McConaghy's paper. In the first place I question his *a priori* assumption that a measure of penile erection in an experimental situation is an objective index of sexual orientation. Pilot studies on our patients have confirmed intuitive ideas that erection of the penis (even when unencumbered by apparatus) is liable to be influenced by so many uncontrollable factors (e.g. mood plus anxiety of subject) as to be totally invalid as an index of sexual orientation.

Instead of penile plethysmography, I have used two other indices: a semantic differential was used to measure sexual attitude before and after treatment (a modified form of that described by Marks and Sartorius); the second index was obtained by measuring the time spent in looking at projected male and female nude slides in a situation where the patient could change the slide whenever his interest in it flagged.

Measurements were taken before, during, and after treatment, of the time spent in looking at a variety of these slides and differences before and after treatment were assumed to be a result of the treatment.

The slides were selected to emphasize the cognitive cues for masculinity and feminity.

Using these two indices, as well as subjective reports of patients, I intend to report the results one year after treatment. A group of patients who have been treated with a form of anticipatory avoidance therapy, using faradic aversion, confirm the findings of Feldman and MacCulloch that anticipatory avoidance learning appears to be the training method most resistant to extinction. Our group of 20 patients have been followed up for six months at the date of writing.

My main objection to Dr. McConaghy's paper is that he has not paid enough attention to this factor of extinction.

My own findings suggest that if variable ratio schedules of reinforcement are used extinction of a conditional response is slower. Faradic aversion allows variable ratio schedules of reinforcement to be used. Slow *extinction* of a learned response, not fast attainment, seems to be the most important therapeutic advantage of faradic aversion over apomorphine.

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Marks, I. M., and Sartorius, N. H. (1967). 'A contribution to the measurement of sexual attitude.' *J. nerv. ment. Dis.*

Feldman, M. P., and MacCulloch, M. J. (1965). 'The application of anticipatory avoidance learning to the treatment of homosexuality.' *Behav. Res. Ther.*

Dear Sir,

I find it hard to understand why Dr. Stern refers in his letter to my '*a priori* assumption' that a measure of penile erection in an experimental situation is an objective index of sexual orientation. It was made clear in the paper that this was not an *a priori* assumption, and the reference to the data on which it was based was given (McConaghy, 1967). What may be the source of the apparent contradiction with Stern's findings is that it was not penile erection that was used as an index, but penile volume change. As was pointed out in the paper, most subjects have little awareness of the nature of these penile volume

changes—this is not true of erections, in my experience. In fact there were considerable difficulties in having the term penile volume change accepted. I originally used 'penile plethysmograph response' as in the title, and the assessor considered it should be replaced by 'erection'. The compromise term was accepted only when I insisted that in Australia at least penile volume changes were not invariably erections.

I presume that when Stern states I have not paid enough attention to the factor of extinction he means I should have used treatments which have been considered on *a priori* grounds to be more resistant to extinction. In fact, the studies of which this is one were designed to test such *a priori* assumptions rather than be based on them. I was interested in his finding that anticipatory avoidance learning appears to be the training method most resistant to extinction. Unfortunately he does not state what methods he compared it with. A comparison of apomorphine aversion and anticipatory avoidance, to be published, does not in my view support this conclusion, and in fact I have come to consider that the main problem in the treatment of homosexuality with aversion therapy is the weakness of the initial effect, not its subsequent extinction.

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USE OF LITHIUM IN PREGNANCY

Dear Sir,

Because lithium carbonate is being increasingly used in psychiatry, and because developmental abnormalities have been observed in lower animals given lithium carbonate during pregnancy, and because therapeutic abortions are sometimes performed on female patients who become pregnant while taking lithium, the following two cases deserve recognition and consideration. Both patients were young manic-depressive females who became unadvisedly pregnant while in a manic phase and while receiving therapeutic doses of lithium carbonate. That is, conception occurred in each patient while she was receiving 1800 mgms. of lithium per day. The first patient kept her pregnancy quiet for several months, hoping that the birth of a baby would bring about a happy reconciliation in her marriage which had been on the verge of breaking apart because of her manic illness. When her pregnancy was reported, it was beyond the time that a therapeutic abortion could even be considered. She continued to take lithium at a lower dosage throughout her pregnancy and delivered a normal child. That child is now 3 years old and is perfectly normal.

The second patient became pregnant under very similar circumstances, and although her pregnancy was discovered much earlier it was agreed upon by the patient and her husband and myself to continue to use lithium, even with the calculated risk on the basis of animal research. This child too was normal at birth and was thriving two years later.

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A CAUTIONARY APPROACH TO QUESTIONNAIRE RESPONSE

Dear Sir,

Social-desirability response set is known to contaminate questionnaire responses. This can be exploited to clarify a diagnostic problem, as is shown by the following.

'Have you any tests for detecting homosexuality?' asked the Charge Nurse of a psychiatric admission ward. A patient had been admitted following an hysterical attempt at suicide. He had been very guarded in giving his history. In the ward he befriended a young adolescent male patient. The nurse wanted to prevent the younger patient's seduction, and wondered whether the suicidal attempt stemmed from homosexuality. The patient had volunteered nothing, even though the nurse had hinted at his suspicion.

To see if there was any confirmation of this suspicion the patient was given two questionnaires, the Edwards Personal Preference Schedule (1) and the Marlowe-Crowne Social Desirability Scale (2).

The E.P.P.S. has 15 scales. Although the patient completed the whole inventory, only the Heterosexuality Scale was considered relevant. This scale assesses the need 'to go out with members of the opposite sex, to engage in social activities with the opposite sex, to be in love with someone of the opposite sex, to be regarded as physically attractive by those of the opposite sex, to participate in discussions about sex, to read books and plays involving sex, to listen