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The direction taken (whether homosexual or heterosexual) depends on the psyche.

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HOMOSEXUALITY

DEAR SIR,

The flaw in the theory put forward by Dr. Gregory Mayne (*Journal*, August, 1967, p. 923), and others who suggest that there is an endocrine basis for homosexuality, lies in the fact that, as I can say from experience, only about 5 per cent. of homosexuals have physically any signs of endocrine lack. These show eunuchoidism, as evidenced by feminine hair distribution, fine type of skin, poor development of the genitalia, etc. However, one encounters eunuchoid patients who resemble these physically yet are heterosexually inclined.

Are we to believe that something like 95 per cent. of homosexuals are affected psychologically by some anti-testosterone or anti-androsterone without any effect on their physique? This seems hard to believe.

Again, how does Dr. Mayne explain that some cases of homosexuality are curable by psychotherapy? Can one, by adequate psychological treatment, reverse the damage done at "the critical period" by incorrect hormone levels?

It is easy to explain the appearance of homosexuality in the youngest of a series of sons. This child is frequently the apple of the mother's eye and she conditions him to behave in a feminine manner (as I have explained in my *Textbook of Psychosexual Disorders*). Again, the male appearing in a series previously containing only females is subjected to an excessive feminine influence and receives similar conditioning.

I would not suggest that lack of hormone in the adult has no effect, since the endocrines act, as it were, like the petrol in the tank, to provide a driving force.

MANIC DEPRESSIVE PSYCHOTIC WITH A 48-HOUR CYCLE

DEAR SIR,

The report by Jenner *et al.* (*Journal*, August, 1967, 895-910) on the "Manic Depressive Psychotic with a 48-hour cycle" made stimulating reading. I agree with the authors that their physiological data do not, in the present state of our knowledge, illuminate the underlying manic depressive process.

Regarding the isolation experiment quoted in the same paper, I would be glad to learn how the arbitrary figure of 22 hours per "day" was derived. In the light of recent research into the physiological clock, it might have been more productive to allow the patient to establish his own circadian rhythm. This can be achieved by excluding all external time clues from his chamber, as has been done by Aschoff (1965) on healthy subjects.

Under such experimental conditions this patient may well have established a more normal sleep pattern, as well as possibly experiencing an amelioration of some of the other parameters of his Psychosis. This suggestion, in general terms, has already been made elsewhere (Heymann, 1967).

I should be pleased to ascertain the authors' views on this question.

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