GENESIS OF HOMOSEXUALITY

DEAR SIR,

Scanning the contents of your *Journal* for September 1965, I was attracted by the ambitious titles of a pair of articles by Eva Bene "On the Genesis of Male Homosexuality" and "On the Genesis of Female Homosexuality". The surveys reported therein, while commendable in that their population samples were composed of *non*-patient homo- and heterosexual subjects, stumble when the data are interpreted.

All studies utilizing the item check list as the vehicle of data collection must survive or perish on the validity of what the subject decides to answer to the question put to him. Such studies must necessarily rely on all the wilful conscious distortions of the moment and the accumulated distortions of the past, less readily accessible to consciousness.

To cite one point in the Bene papers as an example: One asks a lesbian whether her parents ever mentioned wanting a boy rather than herself, and significant numbers respond positively. The conclusion drawn is that "the parents' wish for a son might be connected with the development of female homosexuality". A dangerous crevice in logic, here, and the author has fallen into it! The findings might alternatively have been interpreted: (a) the same number or perhaps even fewer parents of lesbians than controls made such a statement but only lesbians remember it, or (b) lesbians confabulate, or at least exaggerate the importance of casual remarks, by way of formulating a rationalization for their sexual deviation.

Papers relying on item check list data, as reported here, would do better to cite figures, list alternative explanations and avoid sweeping aetiological interpretations.

RICHARD GREEN.

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DEAR SIR,

Dr. Green raises two objections to my investigation. One has to do with the use of check lists and the other with the use of recollections as data for investigations.

His first objection is not relevant, since I did not employ check lists. If Dr. Green will read the beginning of my first paper he will find on page 805 a description of the semi-projective test I used, together with references to papers which discuss it in detail.

His second objection is that my results have been over-interpreted and that I have made "sweeping aetiological interpretations". If Dr. Green had read my articles, and in particular the phrasing of the hypotheses, with greater care, he would not have made these accusations. I entirely agree that we have to distinguish between what actually happened in the respondent's childhood and her present-day (possibly distorted or selective) recollections of it. Most, if not all, of the literature on the origins of female homosexuality is based on recollections, and my hypotheses, which were derived from the literature, were also explicitly framed in terms of recollections e.g. hypothesis 7: "According to their childhood recollections, homosexual women more frequently than heterosexual women had parents who, at the time of their birth, wanted a son rather than a daughter." Throughout both articles care has been taken to remind the reader again and again that the data are based on recollections so as to make certain that he is not misled into taking them to refer to what actually happened in the respondent's childhood—one would not have thought it possible that this point could be misunderstood, but apparently it has been.

If Dr. Green wishes to know what actually happened in the respondents' childhood, then he would have to ask a sample of pregnant women and their husbands whether they wanted a son or a daughter, and twenty or thirty years later establish which of the daughters had become lesbians. In my experience such prospective studies are not very practicable at present, and until they become so we must learn to bear the ambiguities involved in retrospective studies.

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VISITS TO CALIFORNIA

DEAR SIR,

After nine years' service in London, with the Canadian Government, I have recently taken up an appointment as Chief of Professional Education at this hospital.

Mendocino State Hospital is one of the California training hospitals in psychiatry. One of my duties is to arrange for visiting consultants in psychiatry and its Basic Sciences to visit the hospital from time to time for the purpose of lecturing and conducting seminars for our residents in training, and staff members. We are interested in procuring the services of such people as may present a background of

experience or point of view not readily obtainable in this part of North America.

Each hospital is able to offer a reasonable consultant fee to help defray expenses. The amount we can offer does not, of course, cover expenses of travel from Britain to the West Coast of North America but were a consultant to visit four or five of our hospitals for training purposes the combined fee offered would cover the expenses from say New York to the West Coast. I am interested in making contact with any members of the R.M.P.A. who might from time to time be coming to North America to lecture or attend conferences, in order to explore the possibility of using them in our training programmes. May I, through your columns, request that any member who may be planning such a trip, and who may be interested in coming on to California to lecture, contact me so that we may see whether we can work out mutually satisfactory arrangements.

W. G. BURROWS.

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ORDER IN THE MEDICAL RECORD

DEAR SIR,

The system and arrangement of medical records described by Dr. Garrow and his colleagues (1) has been in use at this psychiatric hospital since 1962, when in other respects I tried to bring our medical records into line with local general hospital practice (2). At that time it was possible to provide separate mount sheets of a size and a shape suitable to take the pathological or X-ray report forms respectively, either of our own or of any local general hospital. This was important because we also adopted their system of using the same continuous record, whether the patient was in hospital or attending out-patient clinics, many of which we hold at local general hospitals.

The present plan to standardize medical records throughout the country seems to provide an opportunity however to suggest an extension of this mount sheet system, for psychiatric records in particular. I would like to see such sheets available, on the one hand to group together what might be called patho-psychological reports (i.e. psychological, social, occupational, etc.) and on the other what might be termed electrophysiology perhaps (EEG, E.C.G., E.C.T. and possibly electromyography, e.g. in benign myalgic encephalomyelitis (3)). These two additional categories of mount sheet would help to produce both compactness and psychosomatic balance in psychiatric if not medical records in general.

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1. GARROW, D. H., LORD, P. H., and THOMSON, W. B. (1965). *Lancet, ii,* 790.
2. CRAWFORD, J. P. (1963). *Medical News,* 24 May.
3. RAMSAY, A. M. (1957). *Lancet, ii,* 1196.

FOREARM BLOOD FLOW

DEAR SIR,

In discussing our paper (Harper, Gurney, Savage and Roth, 1965), Kelly (*Brit. J. Psychiat.*, October, 1965, page 1012) remarks that we found a negative correlation between forearm blood flow and age. It is true that the obtained correlation was $-\cdot29$, but we were careful to state that this correlation was not significant.

Looking at Hellon and Clarke's diagram Figure 1, page 3, it seems as if the regression of blood flow upon age may be curvilinear. From this diagram we have calculated the correlation between upper forearm blood flow and age and this is $\cdot48$. However, even on Hellon's sample, this correlation is reduced to $\cdot16$ when only ages below 40 are considered. The mean age of our material was 33 years. Thus there is no discrepancy between our data and theirs, for the same age range, though Hellon's 40+ group did show a significant relationship between age and forearm blood flow.

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R. DOUGLASS SAVAGE.
MARTIN ROTH.

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