

Correspondence

PURE GONADAL DYSGENESIS

DEAR SIR,

I have read with particular interest the paper by Doctors J. Nielsen and N. Thomsen published in your *Journal* (1), as there are very few studies in existence concerning the psychology of patients with pure gonadal dysgenesis. I should like to recall the case reported by J. Decourt *et al.* (2) occurring in a young woman, aged 17, who had a normal well-balanced psychism, but was lacking in libido; and also those of G. A. Elliot *et al.* (3) who, as far as I know, were the first to observe several cases in a single sibship: the three affected sisters had a normal intelligence and, surprisingly, a well-developed libido.

Recently I have had the occasion to study in greater detail, from the psychiatric point of view, a case of pure gonadal dysgenesis in a 26-year-old woman. She has (as in Elliot's case) two sisters similarly affected, but they refused the psychologic test.

The patient is of eunuchoid aspect, with primary amenorrhea, reduced axillary and pubic hair, extremely infantile uterus and genital organs, undeveloped breasts. The presence of streak ovaries was confirmed histologically, Sexual chromatin was positive.

The patient is timid, readily fatigued, with reduced initiative, spontaneity and sphere of interests, and a low level of aspirations. The intelligence is medium-low, thinking concrete and markedly slow. She is neither sociable nor attached to the family, and prefers solitude.

To frustration she responds passively, asthenically. She lets herself be led by others and seldom has a point of view of her own. She is without libido and has no appetite. She considers herself different from other women, comparing herself with the other women with whom she works (as unqualified worker in a ready-made clothes factory). She considers herself inferior, "not much of a woman", which depresses her. She bears her mother ill-feeling for having "made her so".

She married a few years ago at her parents' request, and lately she has been worried and put out by her husband's wish to have a child. Motherhood does not appeal to her.

In this case (which will be related more broadly in a future number of *Neurologia, Psihiatria, Neuro-*

chirurgia (Bucharest), the personality of the patient can be characterized as asthenic, presenting traits of Bleuler's endocrine psychosyndrome, which is a form of chronic exogenous reaction of the Bonhoeffer type. However, in such an affection the intervention of the constitutional factor should not be overlooked (in Nielsen and Thomsen's case the patient's psychopathic aspect may have been, at least partly, inherited from her father who was an alcoholic psychopath); and neither should the psychogenic reaction, as these persons consider themselves inferior, and only questionably women.

From the latter point of view, the patients with pure gonadal dysgenesis have an advantage over those with Turner's syndrome, first of all because of their normal stature (Sabbath *et al.* (4) have shown that the stature of Turner patients is their most important source of dissatisfaction), but their disease is nonetheless far more stressing than the symptoms of the testicular feminization syndrome. In this latter syndrome, apart from the lack of an endocrine psychosyndrome, the normal development of the breasts and satisfactory libido and sexual activity allow the patients a good identification as women (5).

As regards the development of the breasts, H. J. Karl and J. E. Meyer (6) stress its role in the process of sexual identification and maintain that the presence of gynaecomastia is the important factor in the feminine role played by some Klinefelter individuals (expressed by transvestism and transsexualist tendencies).

More detailed studies will certainly permit better delimitation of the psychology of patients with pure gonadal dysgenesis.

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SOME SUGGESTIONS CONCERNING HOMOSEXUALITY

DEAR SIR,

I am writing to put forward some suggestions concerning homosexuality.

After the publication of my paper, "The Source of Man's 'Intimations of Immortality'", in the *British Journal of Psychiatry* in November, 1964, I had another paper following along the same lines, "The Healing of Neurosis", accepted by the editor of *For Health and Healing*, the magazine of the Guild of Health. This appeared in November, 1966.

In it I put forward an explanation of the healing of neurosis by the "baptism in the Holy Spirit", in cases such as are reported, for example, by David Wilkerson in his book, *The Cross and the Switchblade*, among the juvenile gangsters of New York, cases including a number of otherwise hopeless heroin addicts. The basis of my explanation was the suggestion that the inflowing of the love of God, which constitutes this "baptism" makes good, and in part provides, the experiences (including those I had proposed as the source of our "intimations of immortality") which are lacking for the child who has been emotionally deprived owing to the absence of a good mother-figure during his first two or three years of life; and hence this love wipes out the maladjustments resulting from his deprivation.

In December, 1966, I saw an account of Wilkerson's visit to London earlier in the year, in which it was stated that he admitted that he and his fellow-workers had "virtually failed with the problem of the homosexual". Looking back now, I think this might have been expected, if my hypothesis is correct.

Homosexuality, even if it is neurotic, is not primarily due to early maternal deprivation, and therefore it would be basically unaffected by the inflowing of the love of God, which in these people would unconsciously be attributed to whichever parent is felt to be the "good" one (and might as a

result even intensify the homosexual urge, it seems to me). There is yet another possibility. Last autumn, Professor Andreas Prader of Zurich addressed the Institute of Child Health in London on recent advances in paediatric endocrinology. He is reported to have said that testosterone injected into week-old female rat foetuses prevented normal cyclic activity in subsequent adult life. The rats showed no interest in males and adopted male behaviour patterns. Maturation of the gonads was unaffected, as were the secondary sex characteristics. He suggested that there was a critical period in the development of the brain of the rat when it was vulnerable to hormonal influences.

If this proves to be the underlying cause of homosexuality, it would explain the failure of psychotherapy to deal with the disorder, as well as the homosexual's lack of response to the baptism in the Holy Spirit.

At first, although I could see that an abnormal excess of female sex-hormones in the mother at the critical period, or an abnormal placental permeability by these hormones, or abnormal functioning of the foetal gonads, or combinations of these factors, might have the equivalent effect on a male foetus, I could not understand how hormonal or placental disturbance in the pregnant woman or her foetus could account for either passive female or active male homosexuality, in which the subject's role is normal, only the choice of partners being perverted.

I would now suggest the following explanation. Professor Prader said that the female rats "showed no interest in males and adopted male behaviour patterns"; perhaps these two effects are separable, arising in centres at two different levels in the brain, the one concerned with response to "releasers" of sexual interest in others of the species, and the second with the actual carrying out of the sex act itself. If so, then the first of these centres (presumably the higher in the literal sense) might be more vulnerable by abnormal sex-hormone balance, or vulnerable at a slightly different period of development, or less able to recover from such hormonal disturbance.

If this suggestion proves to be correct, then the obvious aim will be prevention, possibly by adjusting the maternal blood-levels of these substances during the critical period, or periods of pregnancy, or by their injection into the foetus in utero, or into the new-born child. Treatment, however, may remain a problem.

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