practice of premarital intercourse. Such people seem to generate considerable anxiety in their initial sexual life and so certain patterns become established. In this unit the treatment consists in relaxation under thiopentone sodium, instruction in sexual techniques and temporary abstinence from intercourse. In fact most of my patients improve with 8 to 10 sessions directed towards crystallizing their concept of sex, explaining the physiological processes involved and helping them to regain their self confidence. Small doses of thioridazine are helpful. Psychogenic impotence needs intensive treatment and here again I prefer thiopentone sodium.

As to the question whether "a relationship might exist between decreased frequency of micturition and the increase in the duration of erection", the answer seems clear. Anxiety is the basic cause, producing both frequency of micturition and premature ejaculation or shorter duration of erection.

S. Haroon Ahmed.

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*Karachi.*

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## PROGNOSIS OF SCHIZOPHRENIA BEFORE AND AFTER PHARMACOTHERAPY

Dear Sir,

I have read with interest Dr. Michael Pritchard's response to my comments on his paper (*Journal*, June, 1968, pp. 781–782). In all fairness it seems to me that he has circumvented the methodological issues which I had raised.

Implicitly, if not explicitly, I had referred solely to somatic treatments. Dr. Pritchard's reference to psychoneurosis and psychotherapy I must, therefore, regard as irrelevant.

I certainly agree that speed of recovery and duration of hospitalization may have a significant effect on outcome. But there remains the fact that Dr. Pritchard stated in his paper that "since the policy throughout has been to admit only non-compulsory patients for relatively short-term treatment, administrative changes in this hospital between the two periods are likely to have been minimal". Moreover, a comparison of the patients of Groups A and B did not reveal any significant differences in the length of stay in the hospital according to the study. This would seem to minimize, if not eliminate, the speed of resocialization as a factor influencing long-term outcome.

I therefore maintain that Dr. Pritchard has failed to explain on what basis drug treatment as reported could be expected to influence long-term outcome.

F. A. Freyhan.

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*Department of Psychiatry,*
*New York, N.Y.*

## CHEADLE ROYAL

Dear Sir,

In my review of Cheadle Royal Hospital's Bicentenary History (*Journal*, July, 1968, p. 891), I said it was a pity that the illustrations were all of Cheadle Royal today and that no historical illustrations had been included.

This is true in the sense that all the buildings shown are in existence today; but it has been pointed out to me that some of the photographs (those between pages 38 and 39) were taken round about 60 or 70 years ago, and some of the buildings have been modernized or put to new uses.

I still think it would have been appropriate to have reproduced some of the illustrations from Brockbank's previous history, now out of print.

I also implied that there are now only three former Registered Hospitals surviving; I should have said "surviving as independent institutions"—others have, of course, been absorbed into the National Health Service.

Alexander Walk.

*18 Sun Lane,*
*Harpenden,*
*Herts.*

## COUPS DE GRÂCE

Dear Sir,

Speaking personally, I no longer have any opinions whatever on evolution. The *coup de grâce* to my opinions was given by Dr. Ross Ashby's comments (*Journal*, May, 1968, p. 660) on the fact that the Piltdown skull had given the *coup de grâce* to his opinions on ESP.

Anita Gregory.

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*London, N.W.3.*

## AN INVITATION TO CALIFORNIA

Dear Sir,

Some eighteen months ago you very kindly published in the *Journal* a letter in which I issued to British and European psychiatrists who were planning a trip to North America an invitation to visit California to take part in the teaching programmes of the Californian State Hospital System.

I may say that the response to this letter was excellent and we were privileged to have some very

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