INSTITUTE OF PSYCHOSEXUAL MEDICINE

N E W S L E T T E R

No. 3

Editor: Dr. Katharine Draper
29 High Street,
Chipstead,
Sevenoaks TN13 2RW.

1st August 1975

Dear Doctor,

We are rushing this Newsletter to press so that we can give you the longest possible notice of the October meeting in Bristol. Knowing how heavily committed you all are, and appreciating that reasonable notice will help you to fit in the meetings with your other plans, we will in future give advance notice of two meetings in the Newsletter.

1. MEETINGS

(a) The next meeting will be held on

SATURDAY 18TH OCTOBER

from 11.00 a.m.-3.30 p.m. at the

POST GRADUATE CENTRE, FRENCHAY HOSPITAL, BRISTOL

11.00 a.m. Intractible Non-consummation (4 cases to be presented)
Afternoon. A speaker to be arranged

To reach Frenchay Hospital, take junction 19 off M4 - signposted Bristol M32. DO NOT take M32 after leaving M4 motorway but fork LEFT, signposted FILTON and DOWNEND. Turn LEFT to DOWNEND, then at roundabout RIGHT to FRENCHAY. If you hope to attend, please write to Dr. B. Orton, Beach Hill, Bitton, Bristol - so that she has some idea of numbers for lunch.

(b) Future meetings - The Balint Society are holding a meeting on 'The Presentation of Sexual Problems' on 17th February 1976 at 8.00 p.m. at the Royal College of General Practitioners, 14 Princes Gate. Dr. Michael Courtney will speak on the 'Presentation to the GP', and Dr. F. Hutchinson will speak on 'Presentation in a Family Planning Clinic'. All members of the Institute are invited.

(c) A meeting was held in the West Hall, Royal Society of Medicine, on Friday 4th July. The Minutes of the meeting are attached to the Newsletter, together with the Agenda of the next meeting.

Aftermath of rape. Valerie Thompson raised the question of the need for a counselling service and for study of the problems of women who have been raped. There are unlikely to be enough doctors seeing enough cases to merit a formal seminar for this. Therefore if any doctors see a case they would like to report, will they please get in touch with Miss Thompson at 81 Harley Street, with a view to personal discussion or to reporting it at her seminar as a 'temporary member'.

An article on 'Rape' by Dr. Judy Gilley is given in Appendix B.

The newly formed Research Committee have arranged two meetings in September and early October. Their task is to define a study to evaluate treatment by doctors who have been trained by the seminar method. Details of the Committee are in the Minutes, but the Editor will be pleased to receive any suggestions from members. A report of the meeting is given in Appendix A.

(d) Dr. Freedman represented the Institute at the Scottish meeting in Glasgow on Friday 6th June and I am grateful to him for his report, which is attached as Appendix C1.

Dr. L. Naismith has sent me the following notice:-

"Society for the Study of Human Sexual Behaviour

"At a conference in Glasgow on the 6th June, organised by the Advisory Panel in Psycho-sexual Training FPA (Scotland) it was agreed to form a Society for the Study of Human Sexual Behaviour. Meetings would be in Scotland and the North of England. A steering committee was formed consisting of representatives from gynaecology, psychiatry, clinical psychology, general practice and family planning.

"The inaugural meeting for the society will be on Thursday 25th September, 2.00-4.00 p.m. in Edinburgh, The Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF. There will be a speaker Professor R. W. Taylor of St. Thomas's Hospital and a business meeting to agree a draft constitution.

"Those with a particular interest in this subject are cordially invited to attend.

"Secretary to the steering committee
Dr. L. Naismith
9 Boclair Road, Bearsden, Glasgow G61 2AD.

"Members of the Institute will be very welcome at the meeting."

(e) Dr. Tunnadine was invited to discuss our work with the British Association of Behavioural Psychotherapists, at their annual workshop, and her account of the meeting is given in Appendix C2.

2. CONSTITUTION

The Steering Committee were joined by a solicitor at the meeting at Edwardes Square on 3rd June 1975. The details of the discussion are given in the Minutes. The wheels of the Charity Commission grind slowly, but it is hoped that it will be possible to hold an AGM in March at which the position can be fully explained to members.

3. MEMBERSHIP

We have 99 members and 16 associate members, including one member in Australia, Dr. Elsie Koadlow, who has sent us an interesting article which she wrote for the AUSTRALIAN FAMILY PHYSICIAN, Vol. 4, March 1975, on 'Sexual Counselling in Female Patients'. Reprints may be obtained from Dr. Elsie Koadlow, 183 Victoria Parade, Fitzroy, Victoria 3065, Australia.

A list of new members is given in Appendix D.

Notice from the Treasurer

We are enclosing Bankers Orders with this Newsletter. It would be a great help in keeping down our administrative costs if you would complete these and hand them into your Bank before 1st September 1975 so that the annual subscription may be paid regularly. Some associate members paid £5 originally, and may pay a reduced subscription this year if they are still in their junior seminars. Will they please send their 1975 subscription directly to me at 45 Mornington Road, Woodford Green, Essex. If you do not wish to pay by Bankers Order, please send your subscription to the above address. Dr. F. Hutchinson.

4. TRAINING

(a) Notice from Dr. Tunnadine.

Dr. Main's advanced seminar. We know that most members are using a variety of techniques which do not strictly come within the bounds of the psychosomatic gynaecology we learned in our traditional seminars. We see men and couples; we use Masters and Johnson methods or our own heretical interpretations of them; we venture into true brief psychotherapy.

Beginning in October Dr. Main is prepared to lead a fortnightly advanced seminar to study these matters on Monday afternoons in London - the date to be arranged to fit in with his new leaders' workshop which will also be on a Monday afternoon, monthly.

Any interested doctors who could come on this day; and who have completed three years training; please let me know that they wish to be considered by the end of August. It is of course possible that the seminar will be heavily oversubscribed in which case membership will be by Dr. Main's invitation. However if demand was enough it might be possible to organise parallel projects at other centres.

(b) Continuation Groups. Details for next term are given in Appendix E.

(c) Junior Seminars. Since publishing the list of Junior Seminars we have received details of two seminars run by Dr. Duddle in Manchester, the details are also given in Appendix E.

5. SPEAKERS PANEL

We are grateful to the following doctors who have volunteered to serve on the Speakers Panel:-

Dr. Jo Brown
Dr. Elphis Christopher
Dr. Rosalie Taylor
Miss Valerie Thompson
Dr. Alexandra Tobert
Dr. Mary Wigfield

I hope that others of you will write in, so that the demands for speakers can be shared more evenly throughout the country.

6. LIAISON WITH NHS

I was glad to receive a number of replies to my enquiries.

A. Surrey. Dr. Madge Moore informs me that the FPA Psychosexual Clinics at Weybridge and Woking have been taken over by the NHS. Originally it was intended that these clinics would only be continued while Dr. Moore was working there, but now there has been a swing of opinion, and the NHS has shown interest in training more doctors to do this work.

B. Herts. Dr. Kilvington writes that "The NHS has expressed an interest in the results of our work, in order to assess whether they can support us in future", and asks about follow-up studies. Her letter was discussed at the July meeting and as a result the Research Sub-committee was set up, as discussed in the Minutes.

C. Hampshire. Dr. Dorothy Morgan has written to tell me of the seminar at Winchester, sponsored by the NHS, which pays the fees and travelling expenses of the seminar leader, and also a sessional fee and travelling expenses to the doctors who attend. The seminar is now in its second year, and there are never less than twelve doctors at a meeting.

Dr. Morgan sent me a copy of the report to the Health Committee which produced such satisfactory results. Since we are not all able to express ourselves in such lucid and persuasive terms I have asked her permission to enclose a slightly shortened version of the report (as Appendix F) so that other members could, if they wished, adapt it to their own uses.

I, personally, feel that, not only "the change in moral attitudes" which Dr. Morgan describes, but also the altered expectations of a satisfactory sexual relationship, and the knowledge that help is not always asked in vain, have increased the demand for psycho-sexual counselling. Perhaps, also, an awareness, among various professional workers, of the effects of 'sexual dysfunction' - a child psychiatrist recently applied for seminar training. What are your opinions ? Don't forget to send me your news and views for the next Newsletter and I hope a good number of you will be able to 'Go West' on October 18th.

Yours sincerely,

Katharine Draper

APPENDIX A

Meeting at the RSM on 4th July 1975

ANXIETIES OF THE DOCTOR

Presented by Dr. Sylvia Dawkins' Junior Oxford Seminar

Dr. Main expressed our sadness that Dr. Dawkins could not be with us owing to tragic family circumstances.

Dr. Duncan opened the meeting by reporting on the case of Mrs. T, an attractive, slightly masculine woman of 42, who complained, at a routine pill visit, that she was irritable and felt that life was passing her by. Enquiry revealed that intercourse was very infrequent, her husband recently redundant, was a poor lover and had premature ejaculation. She was afraid to discuss anything with her husband for fear of making him worse - and so was the doctor . . . !

Dr. Barrett then continued "I now take up the story on behalf of Dr. Sylvia Dawkins' Junior Oxford seminar". At this moment I feel very much like the most humble student on a ward round.

After Dr. Duncan had presented her case to the seminar we all confessed to the same anxiety she felt, and this led us to consider and analyse further the other anxieties aroused on both sides of the doctor/patient relationship.

We recognised very easily of course that the patient is anxious. She has lived with an anxiety-producing situation for some time before she seeks help and she has screwed up her courage to come. Little does she know - or we hope she does not know - that the doctor is also anxious, not only on her behalf, but on his own.

The seminar all put forward their own special anxieties; some were common to us all. We all felt anxious not to have our ignorance exposed, either to the patient, or to ourselves. We all dread that moment when we seem to have asked all the relevant questions and all avenues seem to lead to a dead end. Dr. Dawkins assures us that silence on our part then comes to our aid, but it comes very hard with some of us bossy women to hold our peace and wait for what is often the most revealing remark of all from the patient. We are so drilled in our student days in the formal framework of dealing with patients:- take a history, examine, diagnose and treat, that we feel lost if we cannot control the interview and find it hard to let the patient lead us to a 'diagnosis'.

We also feel the pressure of time very much, and feel we must get everything dealt with at the first consultation, and we are learning that in fact time is on our side, and quite a lot can happen in the periods between consultations. We so often see with dread that worrisome patient coming in for her second appointment with a smile on her face, and things have miraculously sorted themselves out without our active interference. But I think our greatest anxieties are on the patient's behalf. She comes to us asking to make her happy - to make things better - can we help or will we make matters worse ? If we fail, will the patient be left with even less confidence in herself, and in us ? So often we suspect that the relationship which has been brought to us will not stand investigation and the patient is going to have to come to terms with facts which are going to hurt her and perhaps destroy her marriage. Should we interfere ?

Should we encourage the wife of that anxious man with relative impotence and premature ejaculation to tell her husband she has never had those orgasms which she has pretended to have over the years ? Should we try to break down the protective shells which the two people in an unhappy marriage have built round themselves in order to survive, and expose all that terrible vulnerability in order to get the couple to communicate again ?

We are all very conscious of the extraordinary trust which the patient puts in us, and of our own inadequacies, and are in fact gaining confidence in our ability to help. I am constantly amazed by how much patients can resolve their own problems simply from having someone to listen to them. Dr. Dawkins has assured us that she, with all her vast experience, still feels some of the anxieties we feel - I wonder whether the members of the conference still do, and whether if we cease to feel anxious we will cease to be as much help to our patients ?

There followed a general discussion in which many doctors expressed their own anxieties, both past and present, and some ways of handling them.

SENDING FOR THE ABSENT PARTNER

Presented by Dr. Blair's Cambridge Seminar

Dr. Blair started the discussion by stating that Dr. Balint's dictum "Never send for the absent patient" was not accepted by the present group, and went on to postulate reasons why the partner had been sent for.

1. 'Stuck' - due to
   (a) Collusion by doctor and patient that no further work shall be done;
   (b) Blocking by the patient which the doctor recognises but cannot break;
   (c) Fear of doing harm by breaking through the blocking.

2. To test the reactions
   (a) Reaction of patient to suggestion:
      (i) "I will try to get him but I don't think he will come";
      (ii) "Oh no he won't come" - sometimes meaning I don't want him to come;
   (b) How they react together.

3. Curiosity or verification
   (a) The doctor wants to see whether the partner is as the patient describes him;
   (b) The patient induces the doctor to send for the partner to confirm her story and to "get something done about him".

4. To relieve pressure

   If the treatment is getting too difficult for the doctor or the patient bringing in the partner can relieve the pressure.

5. Deliberate therapeutic move, whose purpose the doctor has thought out in advance. More likely when both partners came together at first and the doctor has been treating only one for some time.

Three cases were then presented by members of the seminar. Dr. Miles recounted a case in which there had been collusion, and the real problem had not been talked about; Dr. Stovin a case in which violence between the partners had improved the relationship but not been discussed in treatment; and Dr. Cressy a case in which only sympathy had been shown both to the patient and from the group.

After discussion of the cases it was concluded that seeing couples led to an improvement in communication, that it treated the 'marriage', but could lead to fogging of the real problem with superficial information. It was also observed that in all these cases there was a lack of talk about vaginal reactions, and an inability to deal with fantasies. Some members felt that they were likely to fail completely by sending for the partner but others still felt that it could be useful in certain cases.

APPENDIX B

RAPE

Dr. Judy Gilley
The Rape Counselling and Research Centre
C/o 66 York Way, London N1

The frequency of rape in this country is a question for conjecture. The reported rate of just under 1000 cases yearly probably only represents the tip of a great deal of hidden suffering. Reporting rates in most countries are low, e.g. in the States estimates of the percentage of cases reported vary from 5% to 25% of all cases. We have no evidence that our own reporting rate is not equally low: in fact we have very little evidence about any aspect of rape in this country. The 'sociology' of rape; the way rape victims are dealt with by the police, the legal and the medical professions; the long term effects of rape, all these are not known. Myths about rape are however rampant (see "How to help Rape Victims", New Society, June 1974).

Recently the Rape Counselling and Research Group has been established in London. This is a group of women with varying backgrounds and occupations who are concerned about rape. We hope eventually to have a centre (premises are being negotiated) to provide legal and medical advice for rape victims and also counselling. Although we are not yet fully functional and have been avoiding publicity, we are already seeing a substantial number of women who have been raped. Many of them say that they find the opportunity to talk to another woman who has been raped invaluable; one of our functions will therefore be to put women who express this need in touch with other women who have had such an experience. However, already we are finding that a certain proportion of women who have been raped need referral for expert help, and we are fortunate that several 'psychosexually orientated' doctors have expressed interest and concern and have been willing to see such women.

Already our experience is that many women have not told anyone about their rape before contacting us. The reasons for this are multiple: fear of a repeat attack, fear of notoriety, fear of facing the police, medical and legal systems (e.g. having your gynaecological history used as 'evidence' in court), fear of facing the possible consequences of rape (e.g. pregnancy and VD), fear of the effects on existing relationships, etc.

The picture of rape which emerges from the States is of a largely premeditated crime: an attack on a woman which involves humiliation of the victim and not simply "relief from sexual frustration" as is sometimes implied. Hence spitting, urination, beating are not uncommon as part of rape and may cause profound distress to the victim.

As a group we are very concerned lest the recent Law Lords ruling on rape should inhibit yet more women from talking about rape for fear of damage at the hands of the court process. Without help for the victim, damage resulting from rape can include protracted fear resulting in social isolation (we have heard of women unable to go out for months on end), crippling introspection on the part of the victim which inhibits all her relationships (why me ?, what about me caused this to happen ?) and seriously damaged psycho-sexual life.

Our other functions will include an examination of the present laws (we have collaborated with the NCCL on the production of a booklet on this), and we have some preliminary research on the way the media treat rape. We need to urge that the implications of rape be included in sex-education programmes for both

boys and girls. We have produced questionnaires for doctors, lawyers and social workers who have come into contact with rape victims so that we may obtain a general picture of how victims are dealt with. We would very much welcome your help in completing these, copies may be obtained from the address above. We are also very concerned to be in contact with doctors with psycho-sexual expertise in various parts of the country who might be willing to see rape victims from time to time. The problem of how to train volunteers to help counsel victims is another issue on which we are seeking professional advice.

APPENDIX C1

TRAINING IN MANAGEMENT OF PSYCHOSEXUAL PROBLEMS

One day Conference at
Southern General Hospital, Glasgow

Short papers were delivered by six speakers purporting to represent different viewpoints on:- Present Approaches to Management.

Dr. Isaac Marks described the behaviour therapist's approach. Aims of treatment should be clearly defined in advance. 'The couple' is the patient. The behavioural tasks must be taught with careful attention to detail. They are not carried out at the Clinic but are set as 'homework'.

Mr. Paul T. Brown, as a Masters & Johnson Counsellor, discussed some research projects and reviewed the literature. He arrived at the conclusion that "an intervention counselling type of approach incorporating dynamic and learning theory formulations in a flexible format . . . had implications for the development and content of training programmes".

Dr. Marion Law described her role as sex therapist in general practice. Male problems tended to be brought to her male partner - her husband, while female problems in the practice gravitated her way. It was important for GPs to ask about 'sex' and to know how to manage patients with sexual difficulties, either themselves or by referral to an appropriate agency.

Dr. James D. Templeton, a psycho-analyst, outlined the development and application of the Balint approach to the management of sex problems. Although one could postulate psychoanalytical origins for these problems, in practice a more direct technique using all appropriate methods was most effective.

Dr. Roland Freedman, speaking as a Family Planning doctor, referred to the clues patients let fall which may indicate sexual problems. Sensitive and sensitised doctors could quickly unravel many emotionally charged problems. It was necessary to develop efficient and quick methods of treatment, and, while behavioural techniques are sometimes indicated, the majority of problems could be solved by relatively brief psychotherapy.

Dr. Philip Myerscough, a gynaecologist, gave good reasons for gynaecologists often not being very interested in dealing with sexual problems.

The afternoon was spent in group discussions led by the principal speakers. The goal was to find common ground in the design of training programmes.

There was a universal feeling that there should be much more attention paid to sexual functions and dysfunctions in the medical undergraduate curriculum.

In the post-graduate field much more should be available and for various disciplines; non-medical as well as medical. There should be, in addition to seminar training, didactic teaching about psychological mechanisms, behaviour therapy, etc. It was concluded that different areas had different needs and that the provision of facilities would vary greatly from place to place.

A business meeting, chaired by Dr. R. A. Parry, completed the day's proceedings. It was decided to form a North British Society to study human sexual problems. The steering committee has representatives from different regions and from different disciplines (some non-medical). The detailed functions of the Society remain to be defined.

APPENDIX C2.

BRITISH ASSOCIATION OF BEHAVIOURAL PSYCHOTHERAPISTS

Dr. John Bancroft of Oxford invited me to spend a morning with the annual workshop of this association, to use it as I liked to convey how we work and to have a dialogue.

With considerable trepidation I met them at York University; a beautiful pale grey place on a pale grey day, with lovely lakes and ducks and a fountain like Geneva - well, smaller! There were about 25 in our sex therapy group; others were doing other things; they were multi-disciplinary, with nurse co-therapists and young clinical psychologists from various countries; from a professor of psychiatry to a girl medical student. (How young and pretty they look today; like the policemen!)

I said a bit about what is special in our method and we had open discussion and looked at some of their cases in our light. Their case material might have been ours. Their approaches were as varied as ours; dogmas and drugs; dildos and dilators; but a good deal of intuitive sensitivity as well. My persistent interest in what all this meant, in emotional terms between them and their patients, was clearly new to some and even threatening to some. But I observed no closed minds, and hope they did not find mine so. It was a lively morning.

Before I left there was earnest discussion about what they would do with their final afternoon. Would they continue discussion of surrogate partners; of racial and cultural differences in therapy; would they role-play the feedback of the conference ? Or, as a distinguished Maudsley man pointed out, it was a big day at the races in York; Piggott and the like would be riding ? This made them seem my kind of people!!

As I high-tailed it towards the bar with John Bancroft and a pretty and perceptive American clinical psychologist, they were grumbling, as we grumble, about how poorly Masters and Johnson report the psychotherapy which we all know they must do. They were clearly eager to identify and conceptualise the emotional content of what they do. I was able to say that this is precisely what our seminar method is about.

I left with the optimistic feeling, not that they are blind - for they are not - but that we are fortunate. As Tom Main has repeatedly said, it is not what we do, but the depth in which we can study it, which is our unique strength.

I hope this dialogue will spread; many of them hoped so too. They are as overworked and struggling with waiting lists and techniques as we are. Co-operation, at least in parallel, should be possible.

APPENDIX D

NEW MEMBERS

M. S. Barrett
36 Haywood Road,
Oxford.
Oxford 55771

N. Crane
9 Penllwynn Park,
Carmarthen, S. Wales.
0267-6370

J. Duncan
Westfield,
Steeple Aston, Oxon.
Steeple Aston 40277

B. James
The Oast House,
Five Oak Green,
Tonbridge, Kent.
089-283 2714

D. M. King
Squirrels Nook,
Oakglade,
Northwood, Middlesex.
Northwood 23961

B. Law
99 Woodvale,
London N10 3DL.
01-883 7127

P. Shirley-Quirk
White House,
Flackwell Heath, Bucks.
Bourne End 21325

M. Stewart
3 Orchard Road,
Middlesborough, Cleveland.
0642-66047

Overseas Member

E. Koadlow
661 Inkerman Road,
Cawfield 3162,
Melbourne, Australia.

APPENDIX E

CONTINUATION GROUPS

A. Miss Valerie Thompson, 81 Harley Street, London W1N 1DE.
There will be NO meetings in August but meetings will be resumed as usual in September.

B. Liverpool continuation seminar.
This group meets fortnightly, during term time on Fridays from 12.00 noon - 2.00 p.m. at FPA, 9 Gambier Terrace, Liverpool 3.
Secretary: Dr. Gladys Robinson. Leader: Dr. Elizabeth Gregson.

C. Farnborough Hospital Post Graduate Medical Centre.
The group will continue to meet at 12.30 p.m. on THURSDAYS:- September 11 and 29, October 9 and 23, November 6 and 20, December 4 and 18.
Please note that these dates are NOT the same as those arranged at the last seminar, owing to previous bookings at the PMC.

JUNIOR SEMINARS

Two seminars are run in Manchester by Dr. May Duddle.

1. Alternate Mondays 8.00 p.m. in Postgraduate Common Room, Psychiatric Department, Withington Hospital, Nell Lane, Manchester 20.

2. Alternate Fridays 12.00 noon. Old FPA Headquarters, 65 Palatine Road, Withington, Manchester 20.

APPENDIX F

Draft Report to County Health Committee - 13th September 1973
Dr. Dorothy Morgan

FAMILY PLANNING SERVICE - PSYCHO-SEXUAL TRAINING

At a recent meeting of medical officers working in 'X'shire Family Planning Clinics concern was expressed at the limited facilities available in the County for patients with marital problems. At the present time there is only one marital problem clinic in the County.

In recent years there has been a noticeable change in the code of moral behaviour and an associated increase in the incidence of strain within marriage and of breaking marriages. This has been reflected in an increase in the number of problems which are brought to light in family planning clinics and for which the clinic doctor is expected to give both help and advice. Most family planning doctors have not received the special training which is necessary before adequate help can be given - (indeed the moral background against which advice is needed is foreign to the upbringing of many doctors). The dilemma which faces most family planning doctors is whether they should refuse the patient help when she asks for advice with her marital problems - falling back on the excuse that the doctor's role in the clinic is merely to give family planning advice - or whether the patient who honours us with her confidence should be given help. I believe, and I hope that the Members of the Committee will agree, that help should be given providing the doctor concerned has had the necessary training.

Not all family planning doctors would be either willing or suitable to do this work. I believe however that ideally within the 'X'shire Service there should be a pool of trained doctors who would be available to staff marital problem sessions in each geographical centre/town in the County.

Psycho-sexual training is undertaken in Seminars, that is in groups of twelve to fifteen doctors who meet at regular intervals over a period of two or three years under the guidance of a highly skilled Seminar Leader. Were the Committee to agree to sponsor this training two approaches to the problem are possible. A limited number of selected doctors could be seconded to attend the very limited number of Seminars which are held in London and possibly in other large centres. This would involve the Committee in the fees for attendance at the Seminars, sessional payments to the attending doctors and travelling and subsistence charges, and would result in a gradual small increase in the pool of trained doctors in the County. Alternatively it might be possible to arrange for Seminars to be held in 'X'shire for the exclusive use of County staff and the consequent simultaneous training of some 12-15 doctors. Enquiries for the provision of a seminar leader should be made to the Secretary of the Training Committee of the Institute of Psycho-sexual Medicine, Dr. P. Tunnadine, 111 Harley Street, London W1.

If the Committee support this proposal the Seminar would be held initially for two years. At the end of the two years the doctors would be assessed for their suitability to proceed to a third year with the Seminar and at the end of the third year they would be available to run their own marital problem sessions. Whilst attending the Seminars, however, a considerable knowledge of the skills needed for this type of work would be acquired and the doctors would begin to be able to deal with many of the problems which face them in their clinics at the present time.

How would the Family Planning Service and the community benefit from this training ? At the present time when a patient at a clinic presents with a marital problem and the doctor is prepared to listen a considerable amount of time is occupied, resulting in a delay in seeing other patients waiting to be seen by appointment and in a consequent frustration for the clinic staff, lay workers, and other patients. On the other hand when a doctor is receiving training she has begun to learn some of the skills required to deal with these problems. Consequently not only can the interview be shortened, but the patient can be offered constructive help suited to her particular needs. Not infrequently patients claim that the problems which they are experiencing within their marriage are related to the form of contraception which they are using. Doctors at Family Planning Clinics frequently find that the patients are reluctant to consider the use of a particular form of contraceptive which would otherwise be completely suited to their special needs because of the problems which their friends have ascribed to its use. Any help which can be given to patients with marital problems will help to overcome this difficulty and the reluctance to attend clinics which many of those in the greatest need still have.

MINUTES OF THE MEETING OF THE INSTITUTE OF PSYCHOSEXUAL MEDICINE

held at the Royal Society of Medicine
on 4th July 1975

1. Apologies for absence were received from Drs. Blend, Dawkins, Edge, Gregson, Jones, Leather, Marshall, Orton, Pasmore and Skinner.

2. The Minutes of the previous meeting were signed.

3. A. Secretarial Report

BUPA. The Secretary had been told by telephone by BUPA head office that BUPA do not cover patients for treatment of sexual problems.

The Steering Committee had decided to do nothing at the moment to try to get this altered but that members should be advised to send in claims where appropriate as at present as some are apparently successful. Members of the Committee would try to make unofficial enquiries.

Becoming a Charity. Mr. Tosh, the solicitor who is dealing with this, came to meet the Committee and explain the present position. He made the following points:

(a) A simple charitable trust. Founders place money in the hands of trustees. These trustees have objects.

(b) A less simple form of this. There is a 'body' in the background which has a membership. Membership money is put into the Trust but the Trustees have control of it.

(c) We need to decide who are the founders - the Committee then decided that the members of the Steering Committee and Dr. Stephen Pasmore should be named as the founders.

(d) 'X' pounds must be provided by the founders - this can come from membership money and it was decided that £50 should be put in a separate account - i.e. the Trustee Bank Account. Any two Trustees can sign cheques.

(e) There must be professional accountants.

(f) Trustees have to pay any expenses predating date of deeds.

(g) The Trust is for Psychosexual Medicine. It has an Institute.

(h) The Institute must have a Treasurer and Secretary for the Institute and of the Trust.

(i) There must be an Annual General Meeting.

(j) Some of the objects and aims must be modified as they are not charitable.

Future Meetings. The next meeting, arranged by the Bristol doctors, will be 18th October 1975 at The Postgraduate Centre, Frenchay Hospital, Bristol. The programme is not definitely arranged yet but it is proposed to hold the meeting from 11.00 a.m. to 3.00 p.m. and discuss cases of intractible non-consummation in the morning and have a speaker in the afternoon.

Post Graduate Medical Federation. A letter has been sent explaining that the Institute has taken over the administration of psycho-sexual seminars from the FPA and asking for the facilities whereby GPs attending these seminars can claim expenses under Section 63 should be continued.

3. B. Treasurer's Report

Membership = 90 members, 14 associates, 1 overseas member (Dr. Shinburg from Australia).

The Income is £504
Expenses 167.94
On deposit 308.43
Balance 37.06

The balance is required for registering as a Charity.

In future subscriptions will be due on September 1st. Bankers Orders are being prepared.

Associate members who paid £5 please contact the Treasurer.

3. C. Secretary of Training Committee Report

It is hoped that a leaders workshop will be held in London in the autumn - also a new junior group (Dr. Main and Dr. Pasmore).

A new group at Bridgenouth has started.

It is hoped to start one, or perhaps two groups in the Plymouth area in the autumn.

There are vacancies in Dr. Lewis' group in Birmingham held on Tuesdays at lunchtime. Will anyone interested contact Biddy Chapman, or the FPA Birmingham.

3. D. Editor's Report

Some members are now writing for the Newsletter but more letters are wanted.

Dr. Morgan from Southampton has written to the Area Health Authorities and has managed to get them to pay the expenses of all the members of the Winchester seminars. A copy of this letter will appear in the Newsletter so that other seminars can make use of it.

4. Any other business

A. Letter from Dr. Kilvington

The following extract from a letter from Dr. Kilvington was read to the meeting:

"I write partly in response to your request to hear of local developments and partly with a request of my own.

"The AHA has expressed an interest in Hertfordshire in results of our work, in order to assess whether they can support it in future. They ask if any follow-up studies have been done in my own clinic or elsewhere.

"I propose to do a small follow-up study of cases in St. Albans. I am well aware that the information will be very scanty and of not much medical value, but it would show willing and may give some sort of idea of trends. My idea is to circulate 50 most recent patients, excluding those who failed to keep their first appointment. I also would like to exclude cases which I judge to be unsuitable referrals. We would ask simply if the consultations had been, i. helpful, ii. worthwhile, iii. of great value, and we would take great care to impress patients that confidentiality was respected.

"Please would you let me know

1. If any doctor finds herself in a similar position and is attempting the same thing.
2. If a better (but still simple) questionnaire has been suggested.
3. Any comment.

"I anticipate that from 50 patients we would be lucky to get 25 answers and that the likelihood is that the dissatisfied patients would not reply. The request for a study came immediately from Middle Anglia Branch who would, I think, finance the project and help with duplication. I myself am quite willing to do the work though I know that it will involve a good many valuable hours!"

After discussion it was decided to set up a subcommittee to look into the question of evaluation of our work. The following members were proposed and seconded for the subcommittee: Drs. Branley, Brown, Draper, Kilvington and Shirley-Quirk.

4. B. Dr. Thompson asked whether there is any known counselling service for the aftermath of rape and if not should the Institute organise this. It was decided that we should consider discussing this at a future meeting but meanwhile anyone interested in studying this should write to Dr. Tunnadine.

A clinical meeting followed events in the doctor/patient relationship - Drs. Duncan and Barrett from Oxford on the fears of doing harm and Drs. Blair, Creasy, Mailes and Stovin from Cambridge on sending for the other partner.
