

INSTITUTE OF PSYCHOSEXUAL MEDICINE

N E W S L E T T E R

No. 4

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

December, 1975

Dear Doctor,

At the Bristol meeting some members complained that they had heard nothing from the Institute since paying their subscriptions. For the benefit of our many new members I would like to reiterate that we combine all our communications in the Newsletter. This is the only notice of meetings and you will find the minutes of the last meeting and agenda of the next enclosed. If you know of any members who have not received the Newsletter please ask them to write to me.

1. MEETINGS

- (a) The next meeting will be a combined meeting with the Balint Society on

TUESDAY 17TH FEBRUARY 1976 at 8.00 p.m. at the
ROYAL COLLEGE OF GENERAL PRACTITIONERS, 14 PRINCES GATE, LONDON SW7

The Presentation of Sexual Problems

Dr. Michael Courtney will speak on 'Presentation to the G.P.'
and Dr. Fay Hutchinson on 'Presentation in a Family Planning Clinic'.

- (b) ANNUAL GENERAL MEETING

19TH MARCH 1976 at 8.00 p.m. at the
ROYAL SOCIETY OF MEDICINE, WIMPOLE STREET, LONDON W.1.

Please note this is NOT the date given at Bristol as the hall was not available.

- (c) FUTURE MEETINGS

- i. An evening clinical meeting at the R.S.M. London on Friday, July 9th, 1976.
- ii. A weekend meeting at St. Catherines College, Oxford, September 17th - 19th. The meeting will last from Friday Supper - Sunday Tea - Fee about £20. Details of these meetings will be given nearer the time but we give the dates in advance.

- (d) A meeting was held at Frenchay Hospital, Bristol on October 18th, 1976. The Minutes of the meeting are attached to the Newsletter together with the Agenda for the A.G.M. A report of the papers that were presented is given in Appendix A.

- (e) RELEVANT MEETINGS ATTENDED BY MEMBERS

- i. Several members attended the S.C.A.C. Conference 1975 and Dr. Elphis Christopher and Dr. Elizabeth Stanley had a Workshop on Sexuality. Dr. Christopher has written an account of the Conference in Appendix B.
- ii. Mind (National Association for Mental Health) Workshop. Some Sexual Minorities. September 6-7 1975.

Dr. Hutchinson attended the Workshop and has sent me a report which is given in Appendix Bii.

(f) RELEVANT FUTURE MEETINGS

Lancaster Post-graduate Medical Centre.

Dr. Frankland writes to tell me that a weekend meeting on 'Psycho-sexual problems in General Practice' will be held on March 27-8th. Two of our members, Dr. May Duddle and Dr. C. Waing will be among many interesting speakers.

Applications for places should be sent to:- The Dean of Post-Graduate Medical Studies, Gateway House, Piccadilly South, Manchester M60 7LP.

None of us can go to all the meetings we would like to attend so please will anyone who goes to a meeting that is relevant send me a report.

2. CONSTITUTION

At the Steering Committee meeting on 27.10.75 our Solicitor, Mr. Tosh, was able to give us the excellent news that the Institute has been granted Charitable Status, under the title of Trust for Psychosexual Medicine. The implications of this will be discussed at the A.G.M.

Please note the request for nominations to the Council on the Agenda for the A.G.M. They must be sent to Dr. Blair by February 1st, so that a postal vote can be arranged.

It has been found in practice that the members of the Committee who live far from London are unable to attend Committee meetings, and now that the Newsletter regularly keeps members all over the country informed of the activities of the Institute and the work of its Committees, it might be more practical to elect members from outside London who do not live at so great a distance and who would be able to attend meetings, as more active members of the Council are needed for the subcommittees.

3. MEMBERSHIP

Full members 107 Associates 21

A list of new members and changes of address is given in Appendix D.

Notice from the Treasurer:-

The Treasurer thanks those 29 members who have completed Bankers Orders for '75 and '76, and those 50 who have paid their current subscription by cheque. It would be appreciated if those members who have not done so would send their subscriptions for 1975-76 made payable to the Institute of Psychosexual Medicine direct to the Treasurer, Dr. F. Hutchinson, 45, Mornington Road, Woodford Green, Essex, as we are not sending out reminder notices yet in an effort to keep down the expenses of the Institute.

4. TRAINING

Notice from the Training Secretary:-

There will be vacancies after Christmas in a new London group to be led by Dr. Jean Pasmore at Edwardes Square on Friday afternoons.

This should mean that suitable applicants within the London area should be able to find a day and venue to suit them, since Dr. Hutchinson's meetings at Woolwich (the Brook Hospital) on Mondays at lunch time, and mine in Central London on Wednesday mornings. After Christmas the latter will of course no longer be the F.P.A. Group, meeting at Margaret Pyke House, but the members wish to continue and I am most grateful that Mr. S. J. Steele is to find us a room at the Middlesex Hospital, at least for the time being.

Dr. Roland Freedman is to start yet another course of seminars in Newcastle in January (details please see). Dr. Hana Backer is reconvening in Cardiff shortly. Dr. Edna Clitheroe and Dr. Alexandra Tobert are examining the possibilities of new groups in their respective areas of the Midlands. Dr. Jean Gray in Bridgnorth and Dr. Jenny Tisdall in Plymouth are on the move, and Dr. Margaret Whitty has taken over Dr. Dawkins' junior group at Oxford. We welcome warmly our new co-leaders; Dr. Banty Barnes has been assisting Dr. Pasmore for some time. Now Dr. Kilvington, with me at Bedford AHA seminar, Dr. Lucas with Dr. Hutchinson at the Brook are also in action and will be trained with us at Dr. Main's leaders workshop which will meet monthly. We shall see with interest how this method for reproducing new leaders shapes.

ADVANCED TRAINING

There is some difficulty in knowing how best to plan this. Members will know that with the career structure - or lack of it - for our work within the FPA and now the NHS, most of us have seen training primarily as enriching our skills in our normal work settings, and have often been satisfied with the two year schemes. Nevertheless there remain, and have always remained, those who wished to go on. Some have sought advanced training; others have preferred the informal sharing of experience in continuation groups. In general the latter have looked after themselves. The Institute has been happy to bless them.

There are now however a new generation of doctors who seek formal advanced training. I get scattered requests from as far afield as Bristol and Newcastle; Blackpool and Birmingham. Before long too there will be a number of London doctors who are ready for this. We know there are already a nucleus in the West Midlands. But how and where to get these together realistically in order to provide an advanced leader?

It would be helpful if any doctor who has completed two years and who has not had the opportunity to complete the third with an advanced leader could get in touch with me, and say how keen he or she is to do so and how far they would be prepared to travel. I will then see what can be done.

NOTICE FROM DR. G. R. FREEDMAN

REGIONAL POSTGRADUATE INSTITUTE FOR MEDICINE AND DENTISTRY, NEWCASTLE UPON TYNE

A Seminar on Psycho-sexual Problems will take place in Newcastle upon Tyne on alternate Wednesdays at 7.30 p.m. Precise venue to be arranged. It will extend over a two year period commencing in January 1976. There will be a total of 36 sessions, each lasting 2½ hours. The first session will commence on 14 January 1976.

The Seminar will operate on the Balint model. In addition there will be some didactic teaching in the form of symposia, lectures and films. The Seminar Leader and tutor will be Dr. G. R. Freedman, and guest lecturers will be invited from time to time.

This course is directed towards doctors who are consulted by patients with sexual problems, e.g. family planning doctors, general practitioners, psychiatrists and gynaecologists. The number of participants will be strictly limited. The Seminar is approved under Section 63 of the Health Service and Public Health Act 1968. Practitioners not eligible under the Government Scheme for Grants may attend by arrangement and payment of a fee.

Applications should be made to the Regional Postgraduate Institute, The Medical School, The University, Newcastle upon Tyne. NE1 7RU as soon as possible.

5. SPEAKERS PANEL

Two further volunteers have written that they are willing to go on the Speakers Panel.

Charlotte Jones Judy Dewsbury

As with all our activities, we wish to devolve as much as possible, so we still hope to hear from more doctors who are willing to speak for the Institute.

6. VACANCIES IN PSYCHO-SEXUAL PROBLEM CLINICS

I have been asked to help to find suitable replacements for sessions that are vacant. By publishing details here we hope that they will reach all members who may be interested.

CITY AND HACKNEY DISTRICT (TEACHING)

VACANCY at PSYCHO-SEXUAL COUNSELLING SESSION at 6 pm WEDNESDAY

For further details apply to:- Dr. J. Leaver, Community Health Office, 285 Morning Lane, E.9.

7. LIAISON WITH NHS

I continue to receive encouraging accounts of special sessions that have been taken over by the N.H.S. In Cumbria Dr. Catherine Waind's psycho-sexual clinic has been taken over by the AHA and she is paid as a Clinical Assistant, and Dr. Hana Backer has been asked to continue her sessions in Cardiff under the N.H.S.

8. RESEARCH

NOTICE FROM THE RESEARCH SUB-COMMITTEE SECRETARY

Thank you for over 40 letters indicating your co-operation in our projected research. Comments about shortage of time and scarcity of patients have been noted, but it is impossible to answer each letter individually.

The Committee have discussed several subjects for research and have scrutinised many different methods of procedure, but it was thought to be impractical to include 50 or more doctors in a complicated "instrument of measurement".

We are now planning a study of the effect of treatment of non consummation by members of the Institute. We want to study the number presenting in a specified time in specified settings; the number who achieve consummation, and the characteristics of those who present and their relationship to final outcome.

9. PUBLICATIONS

The paper which Dr. May Duddle presented to the Institute last March, and summarised for us in Newsletter 2, has now been published in the BRITISH JOURNAL OF PSYCHIATRY, August 1975 Vol. 127, p. 169-70.

I would like to hear details, or preferably receive a reprint of any other publications by members.

10. CLINICAL SECTION

The administration of the Institute is ONLY a means to an end - the study and treatment of psycho-sexual problems. Our repeated requests for letters and case studies have fallen on deaf ears. Dr. Tunnadine has sent me some thought provoking notes which are published under Appendix C. Let me have your reactions by the next Newsletter.

Yours sincerely,

KATHARINE DRAPER

APPENDIX A

BRISTOL MEETING

Intractable Non-Consummation - A Study of 4 Cases

The first case was presented by Betty Orton, who prefaced her remarks by saying that it had taken them all some courage to present their failures but they hoped that this would lead to gaining further knowledge for future cases. She then presented the case of Mrs. G aged 37 with a husband of 34 (the second marriage). Her first marriage had ended in divorce for non-consummation four years ago. She was referred to Dr. Orton by a Psychiatrist who had been treating her depression for two years. After eight visits the patient failed to keep further appointments. Mrs. G was aloof, well dressed and 'made up to the nines', including false eyelashes. During her first marriage there was no intercourse, but the hymen had been ruptured. Her husband had two children by a previous marriage but was very frightened by his wife's rejection.

When Mrs. G was examined it was just possible to insert one finger but she complained that she could not touch herself without gloves, that her husband was too rough and she was always too tired for intercourse.

Dr. Orton approached the case mainly to encourage examination and touching because she felt she had already had two years psychotherapy from the Psychiatrist. She was aware of feelings of anger at the patient's failure to respond to treatment.

During the discussion that followed it was remarked that some of this annoyance may have been due to the method of referral and that the patient had not initiated treatment. Her original complaint was depression. It was also felt difficult to treat a woman who had already had so much treatment elsewhere. The need to make an early decision as to whether a patient was suitable for treatment was explored.

Dr. Rosalind Hinton presented the case of Mrs. D who was 37 and had a husband who was 36. They had been married for 13 years. She was seen for 17 sessions and is still attending. Mrs. D presented in an unusual way. She 'phoned the Clinic and was obviously in such a state of distress that one of the Clinic staff visited her at home and arranged for her to be seen at a special session by Dr. Ruth Coles. After Dr. Coles had failed to make progress she referred the patient to Dr. Hinton for auto hypnosis. Mrs. D was most anxious that she "wanted to get right" and have a baby. She was 37 but looked about 19. Her husband was a straightforward person, they had a good relationship and regular intercaural intercourse in which they both had an orgasm with the penis on the clitoris but no penetration. Mrs. D's mother had had boyfriends and frequently went out in the evenings leaving the patient at home with her father, a rather shadowy ignorant fellow.

She relaxed under hypnosis and could accept insertion of a finger but not in reality. When asked to draw a picture of a vagina she produced a sketch of a thick walled tube with a tiny lumen.

Dr. Jennifer Tisdall presented the case of Ruth and Brian both in their mid-thirties. For Ruth this was a second unconsummated marriage. Therapy has continued for 9 months, but patient was still attending.

Ruth first presented to Dr. Tisdall's GP husband with a physical complaint but he was aware of underlying anxiety and after some discussion referred Ruth to his wife for psycho-sexual counselling.

Ruth was a warm lively person (everyone's Aunt Pam). She expected the pain of intercourse to be terrific. Her first husband was in the services, put towels on the bed before intercourse to mop up the bleeding and she was so terrified that intercourse never took place. Intermittent attempts, gradually failing, eventually led to separation. She saw various doctors who told her to pull herself together. Her father was bedridden with rheumatoid arthritis but was warm and affectionate. Her mother on the other hand was shy and when she was young showed no feelings, always discouraging any show of affection by the husband. Her mother surprised Ruth by asking Brian to live at their home after the failure of her first marriage. Brian was gentle and persuasive and eventually persuaded her to accept sex to the extent of enjoying mutual masturbation.

Ruth was then seen by Dr. Hugo Milne's Psycho-Sexual Clinic at Bradford where dilators were inserted under G.A. She then felt ready for intercourse but was still afraid to be hurt.

On examination it was quite easy to insert one finger and finally a speculum but she still felt that something was wrong and that sex was a "no go dangerous area".

Her husband was small, sandy and appeared emasculated. His parents had separated and after his mother's remarriage he had witnessed intercourse with her new husband. At one point there was a big row in which the dilators were thrown across the room and broken. The course of treatment was very fluctuant. The couple seemed anxious to succeed but whenever the wife was making progress the husband then appeared unready. Throughout the Doctor had had to work very hard.

Dr. Hana Backer presented the case of Mrs. A who had been married for 20 years. She was referred by a Consultant Gynaecologist because it was found difficult to examine her when she was having treatment for menorrhagia. When she appeared at Out-Patients she was very well dressed. At the beginning of the interview she moved her chair and carefully placed it so the Doctor could not see her face clearly. She did not understand why she had been referred to Dr. Backer and was angry that the Doctor had not made her better by an operation.

She then told Dr. Backer the history of a rape in childhood, when she had been evacuated to the country. She was 7 years old at the time and when walking back from school had been assaulted by an older boy with whom she had been friendly. It was so dreadful that she did not tell anyone but eventually it was dragged out, repeated to the GP and to the Police. She was returned to her mother in London, there she was taken to the Child Guidance Clinic where the examination of her feelings only led to further feelings of guilt. The boy was sent to prison.

During the telling of this tale she only showed real feeling and cried when she said she could not talk to her mother. She had not asked to be sent to Dr. Backer for treatment and when Dr. Backer offered her a further appointment she declined.

Dr. Main summed up the discussions by saying that all these cases had showed a defect in the Doctor-patient relationship. It was useless to search in the past unless we could understand the present and this could be studied in the present relationship. There had been a failure to understand the psychological frigidity. One Doctor had been gentle and sensitive while the patient had had rape fantasies. The patient tends to push techniques in different directions and the Doctor must watch the way in which this works. These cases showed not a failure of the patient or the Doctor but a failure of the Doctor-patient relationship.

The Resolution of Marital Conflict by Psycho-therapeutic and Judicial Process

After lunch we had a talk by Mr. Murch, who discussed how people used Institutions, for instance the law, GPs, Marriage Guidance, to resolve marital conflict and asked why people chose different Institutions.

The Marriage in Distress Market

Robert Chester studying the extent of the 'market' in 1960 found that about 9% of marriages taking place in that year would end in divorce. It is possible to foresee another rise up to 25% and possibly another 25% may be under stress but struggling on. This would make happy marriage a minority and there will be many different people attempting to help in this situation.

How do Couples cope with Distress?

1. Contain the distress within the family (more male than female pattern of of behaviour).
2. Attempt to seek help.
3. Divorce.

1938 10 000 1969 60 000 1974 133 000 divorced.

More people are seeking divorce all the time, but 75% re-marry within 4 years. Children are moved from one marriage to another and new and complicated familial relationships develop.

Divorce as Means of Resolving Conflict

When a marriage appears to breakdown the emotional balance in the family is upset, leading to increasing tension. Usually some sudden action or crisis provokes a final upsurge of tension which will lead to separation. Legal machinery then helps to resolve the conflict and later to reach some equilibrium.

The Way in which the Law Provides Help

1. Partisan support and emotional sympathy.
2. Some restraining influence.
3. A Judge will be powerful and neutral authority to help contain anger and feelings.
4. In the future the possible evolvement of Court Welfare Officers, who will be neutral, may provide conciliatory machinery. Authority of the law helps patients to work through feelings of anger, acting as sympathetic containing authority.

Machinery for psychotherapeutic resolution

There is confusion by the multiplicity of services. The General Practitioner is usually the first line of defence and his skill should be developed to increase his potential to assist.

At What Stage do People Seek Psychotherapeutic Help?

Figures seen by the Marriage Guidance Counsel have stayed static at 19, to 20,000 per year, although recently have risen to 24,000, but this is still only a fraction of the divorce rate.

1. These patients retain a continuing commitment to marriage.
2. They are prepared to see the Therapist as someone with a key to the problem.
3. They are liable to project their own strength on to the Therapist and deny any personal ability. They are more dependent than those who tend to divorce for a solution.

Mr. Murch then left the meeting to discuss whom we saw in the clinics and why they chose this particular source of help.

Katharine Draper

APPENDIX Bi.

29.6.75

SCAC CONFERENCE 1975

Elphis Christopher

In July this year the Standing Conference for the Advancement of Counselling (SCAC), which has a large membership of voluntary statutory and professional organisations held a three day Counselling Exchange at the Central London Polytechnic. The aims of the Exchange were to give practising Counsellors a wide view of the counselling scene and, also, most importantly, to meet and share ideas and experiences. About 250 Counsellors from all over the country attended - marriage guidance counsellors, student and school counsellors, counsellors for the disabled and many others. Participants selected their own programme from the large amount of workshops running concurrently. There were workshops on relationships (led by Audrey Newsome) disability counselling (led by Dr. Wendy Greengross) family therapy (led by Margaret Robinson and Ian Falleen) group process (led by Andra Goldman of MIND) psychodrama, a new therapies workshop which included co-counselling, Gestalt, Bioenergetics and transactional analysis. There was also a Sexuality Workshop led by Dr. Elizabeth Stanley and myself. Reports from counsellors showed that the 'Exchange' was an exciting and challenging event. Sometimes it was frustrating (because you could not do all that you wanted to) and disturbing and upsetting for some of those counsellors who opted for new areas of experience. The working party (who set up the Exchange) were on hand to provide support for counsellors who get into difficulties.

The Sexuality Workshop, attended by about 60 people, started with an introduction to the development of sexual identity by Dr. Sidney Crown, a psychiatrist from the London Hospital. The following day was spent seeing explicit sexual films, the Glide films from America, alternating with small group discussions led by male and female leaders. The purpose of these groups was to examine our own attitudes and feelings to the films and also to our own sexuality rather than talking about 'cases'. Since our society seems to have such confused and dishonest attitudes towards sexuality and gives so little positive teaching about it, the workshop provided an opportunity to reassess our feelings, especially towards sexual behaviour different from our own. It is also reassuring to see other human beings doing what you do and enjoying it. Although this experience was threatening to a few people on the whole the reaction was one of exhilaration not titillation as some might expect.

The workshop was completed by an appraisal of the different kinds of therapy available for sexual difficulties.

I was able to attend other workshops after I had completed my stint as 'Leader'. I chose the Disability Counselling Workshop in which several disabled people participated. It proved an enlightening and moving experience. The Medical Profession did not rate very highly; the handicapped resented the patronising attitudes to which they were often subjected. It seems we have a great deal to learn here about the needs and expectations of the disabled.

I also opted for the group process workshop and must confess to an almost complete lack of understanding of what was going on but am stimulated to find out more about this. I ended by attending the Psychodrama Workshop ably led by Hilary Ratre who got us 'encountering' and acting out imaginary situations. For me as a leader and follower so to speak the experience was a rich and full one and congratulations must go to Janet Evanson, the FPA representative on the SCAC Committee, who thought up the idea of the exchange.

APPENDIX Bii

MIND (NATIONAL ASSOCIATION FOR MENTAL HEALTH) WORKSHOP - SOME SEXUAL MINORITIES

September 6-7-1975

Fay Hutchinson.

I was invited to attend this Workshop through the FPA Education Department, and regret that it was not more widely publicised as I am sure many of our members would have found it of value.

The object of the Workshop was to "encourage professionals, such as doctors, counsellors, social workers and teachers to attend, and promote a frank exchange of views and information." In the event very few "professionals" were present and most of the members were representatives of one or other of the minority groups, so that the exchange of views was limited and the meeting was less useful than it might have been.

The first speaker, Alison Hennigan of the Cambridge branch of Friend - the befriending and counselling group of the Campaign for Homosexual Equality, clarified some of the terms used to define the sexual minorities.

Then there was a talk on some aspects of the Law as it affected sexual minorities. It was shown that when the Law is used to restrict sexual experience, e.g. making homosexual experiences under the age of 21 illegal, it is not enforceable, but its existence can increase the difficulties of those who know themselves to be homosexually orientated in coming to terms with their sexuality, and if they are active, exposes them to the risk of blackmail or exploitation.

I found the most valuable part of the Workshop was a number of presentations on the experience of being a member of a sexual minority given by a transvestite, transexual, male homosexual, female homosexual and paedophile. These personal histories were given with great honesty and frankness, and showed some of the difficulties faced by the different speakers. The common problems were a sense of isolation, extreme loneliness, a sense of difference compared with peer groups from an early age, usually before the age of 11, the need to "lie about their feelings" and the dangers of developing a "ghetto mentality" when they felt they could only be comfortable and accepted in their own groups, because of the hostility or antagonism of society.

The second part of the programme looked at the lack of provision in the statutory services for giving specific help, and discussed how counselling and befriending services had been developed by the different groups to supply this need.

There was a good deal of criticism against the "professionals" - particularly doctors, for their lack of information and understanding, and a firm belief was expressed that only a similarly inclined person could really understand and support a minority member. I thought some of the criticism was justified - some showed signs of paranoia, but that the workshop, particularly when we divided into smaller groups for discussion, was the right format to get a "dialogue" going.

There was some discussion on the training and selection of helpers. This varied from the befriending, self-identifying "us against the rest of Society" attitude of some of the groups, to the more "professional" - a dirty word - type of training and supervision of counsellors advocated by others.

I felt that the workshop gave me more insight, and that I feel more comfortable in trying to understand some of the people who seek help in our work. As we have found in our seminar training, it is mainly by studying an individual case in depth that we can learn, and I thought the case histories and group discussions were most useful in this way.

I hope that if Mind organises a similar meeting again, they will give us advance notice, so that we can circulate our members.

APPENDIX C

CLINICAL SECTION

True or False? Some Ideas for Study - Prue Tunnadine

Our research committee are now working apace. However nothing yet seems to have come of my proposal that the newsletter be used for the exchange of clinical experiences. I offer tentatively a few recent observations of my own. The confirmation or refutation of any one of them would make a useful short paper; but I and a handful of others are in danger of becoming the "spokesman" of the Institute. This is not my wish. Who will write them for us? Anyone who is interested is welcome to the basic idea! I have phrased them deliberately in the language of confident theses. They are not, of course; - just strong clinical impressions. Come on, someone! Show me I'm wrong! Or right!

1. The woman who walks in is suitable for psychosomatic therapy; the referred patient's sexual difficulty may be the tip of a psychopathological iceberg.
2. Psychosomatic therapy works in (say) six sessions for patients whose inhibition has developed at verbal adolescent level, and whose prohibitions are on either (a) adult uncontrolled sexuality alone, in which case psycho-gynaecological techniques are enough or (b) on uncontrolled behaviour in general, in which case we need to interpret the defensive system as revealed in the face to face doctor patient relation.

In contrast to these, patients whose uncertainties about their own value stem from pre-verbal pre-adolescent levels require to act out a true dependent transference; and seduce us into this (which we may or may not be competent to handle) by implying in effect when we offer psychosomatic interest in their sexuality "No I'm not a woman ready for this body stuff; I'm a child needing psychotherapy". This may be diagnostic at first interview if we can spot it.

- 3. The mind-body language of vaginal complaint relates to a woman's role as a lover; the mind-body language of breast complaint relates to her self-image in the maternal role.
- 4. "Who presents" may be diagnostic of the nature of the problem, and a clue to treatment in terms of "the patient is the one who comes". For example in non-consummation the woman coming alone indicates a problem with her own desires and responds well to psychosomatic techniques. The couple coming indicates mutual projection system i.e. the "patient" is the collusive pair, and needs different techniques.

Please note that 4. is not the same question as my hobby horse about sending for a partner who has not volunteered; on which topic may I end with a flippant note which my seminar found amusing.

Patient (with wax in his ears) "Doctor, I'm very deaf. I can't hear a word my wife says"

Doctor "Yes, I know the treatment for that. Bring your wife along and I'll give her lessons in voice production".

Of course this may prove necessary. Or the man may eventually need an air encephalogram. And maybe he'd hear better if he looked up occasionally from behind the sports page! And maybe he'd do that if his wife was saying anything as interesting as the sports page!

But first things first, perhaps!

Prue Tunnadine

APPENDIX D

Change of Telephone Number

Dr. Jean Pasmore - New Number - 01-373-8888

Change of Address

Jean Kilvington,
122 Marshalwick Lane,
St. Albans,
Herts. AL1 4XD.

C. Roberts,
Rory Cottage,
Taylors Lane,
Trottiscliffe,
Maidstone, Kent. ME1G 5D5.

Wendy Roles,
Lake House,
Valley End,
Chobham, Surrey.
Chobham 8876.

Ruth Skrine,
49 Woodcote Grove Road,
Coulston, Surrey.
01-660-4545.

New Members

R. Coles,
1, Homesgrove,
Henleaze,
W.O.T. Bristol.
0272-62-7827.

J. Coombes,
13, Holly Park,
Huby,
Nr. Leeds, Yorks.
0423-72391.

M. M. Eggleston,
The Grange,
North Curry,
Taunton TA3 6LR,
Somerset.
082-349-336.

Rosalind Hinton,
The Vicarage,
Pucklechurch,
Bristol BS 173RD
027-582-2260.

G. Howard,
The Garden House,
Warren Park,
Kingston Hill,
Surrey.
01-942-7855.

R. S. Hutt,
9 Bina Gardens,
London, S.W.5.
229-7107.

J. Lawrence,
38, Lonsdale Road,
Oxford,
Oxon. OX27EW.

D. Milne,
116, Redland Road,
Bristol, BS6-6Q7.
0272-45415.

H. Mountford,
Cardinal House,
The Green,
Hampton Court, Surrey.
979-6922

A. D. Parsons,
Psychiatric Department,
Kings College Hospital,
Denmark Hill,
S.E.5.
01-274-6222, Ext. 2337.

Riaz Saeed,
863 Ashton Road,
Clayton,
Manchester, 11.
061-370-7115.

Mary Smith,
Briarley,
14, Enville Close,
Newport, Mon.
0633-62658.

S. M. Snead,
Beaufort Lodge,
Lilleshall,
Salop.
095-284-4560.

C. Waind,
14, Woodland Road,
Ulverston,
Cumbria, LA 1200X.
0229-53086.

Overseas Member

C. R. Deller,
33 Hynes Road,
Dalkeith,
W. Australia 6009,
Tel. 86-6995.

MINUTES OF THE MEETING OF THE INSTITUTE OF
PSYCHOSEXUAL MEDICINE -

Held at Frenchay Hospital, Bristol on 18th October, 1975.

In the morning 4 cases of intractable non-consummation were presented by Drs. Orton, Hinton, Tisdale and Becker. Each was followed by discussion.

After lunch Mr. Mervyn March spoke about the Resolution of Marital Conflict by Psychotherapeutic and Judicial Process. This was also followed by discussion.

There was a short business meeting.

Dr. Blair suggested that a suitable time for the A.G.M. would be Friday, 27th March, 1976 before the meeting on 28th March, 1976 of the National Society of Family Planning Doctors. Dr. Tunnadine thought the Society had changed the place of their meeting to Bournemouth. A vote by show of hands indicated that members would prefer to have our A.G.M. in London and no decision as to date was made.

Dr. Hutchinson gave a brief financial report as follows:-

£264 in current account
£270 in deposit account

105 full members
25 associate members.

Dr. Hutchinson then suggested that the institute should hold a week-end residential meeting during next year and suggested Barrow Court, Bristol, who had a vacancy in August. Members voted for a residential weekend meeting but not in August if possible.

AGENDA FOR A.G.M. OVERLEAF

NOTICE OF A.G.M.

The A.G.M. of the Institute will be held on March 19th 1976 at 8 p.m. in the Marcus Eech Library of The Royal Society of Medicine, 1 Wimpole Street, W.1.

AGENDA

- 1) Apologies for absence
- 2) Reports from Officers of the Steering Committee
 - i) President
 - ii) Secretary
 - iii) Treasurer
 - iv) Secretary of Training subcommittee
 - v) Editor of Newsletter
 - vi) Representative of Research subcommittee
 - vii) Secretary of accreditation panel
- 3) Discussion
- 4) Election of Council
- 5) Any other business

Nominations for the Council must be proposed and seconded by a member and be submitted in writing to the Secretary of the Steering Committee (Dr. Blair, Waldron Cottage, Waldron Road, Harrow-on-the-Hill, Middlesex) by February 1st 1976.

The present Steering Committee members are:

President: Dr. Main
Secretary: Dr. Blair
Treasurer: Dr. Hutchinson
Secretary Training subcommittee: Dr. Tunnadine
Secretary Accreditation panel: Dr. Pasmore
Editor of Newsletter and representative
of Research subcommittee: Dr. Draper

Other members: Drs Dawkins, Tiedale (Plymouth), Gregson (North West),
Marshall (North East), Naismith (Scotland)