even begin to frame hypotheses regarding explanatory models of distress.

Thus, the insights of a sociologically and anthropologically informed psychopathology may have been with us sooner, rather than us constantly having to be on guard against seduction by the ideal forms of psychopathology handed down to us by Jaspers. After all, the psychotic disorders and their symptoms are unlikely to be wholly discrete entities and, similarly, psychosis lies along a continuum with normal reasoning and experiences.

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Sexual dysfunction and antipsychotics

The adverse side-effects of antipsychotic medication, including sexual dysfunction, are believed to be one of the main reasons for non-compliance (Smith *et al*, 2002). However, it is the broader issue of sexual behaviour in psychiatry that we need to focus on. Sexuality is important to most patients, as the drive to procreate is strong.

Psychiatric professionals tend not to be interested in discussing sexual behaviour, for reasons such as that they feel it is not important enough, or that it is something private. Apart from embarrassment, worries also arise because of the sensitivity of this issue in the litigation-ridden atmosphere of current practice. Patients' sexual behaviour is usually considered when it is perceived as deviant or when others are felt to be at risk (e.g. in the context of sexual abuse or harassment).

Buckley and colleagues, having emphasised the importance of sexuality to in-patients, have conducted surveys on psychiatric in-patient units. These have shown a 'wide variety of differing management approaches' (Buckley & Robben, 2000) to in-patient sexual behaviour. Also, most mental health facilities perceive sexual behaviour as an 'infrequent problem' (Buckley & Weichers, 1999).

Healthy expression of sexuality is frowned upon and pornographic material is discouraged on most general adult psychiatric wards. This is justified, as it would not be appropriate. Little consideration is given to the idea that freer expression of sexuality may be therapeutic.

Psychiatric in-patients are vulnerable, yet inhibition of sexual behaviour may increase distress, which can be detrimental to mental health. In the era of holistic medicine such an important facet of patient care has to be catered for. We should offer patients ways by which they can express themselves sexually in a safe and private environment. The way forward is to design in-patient wards, and write management policies, that are more 'person-friendly'.

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One hundred years ago

The Edinburgh scheme for a psychiatric clinique

To the Editors of THE LANCET

SIRS, – In your leading article on "The Edinburgh Scheme for a Psychiatric Clinique" in THE LANCET of Feb 1st, p. 318, you appear to bestow your unqualified blessing upon the London County Council scheme for the establishment of reception houses for the preliminary treatment of the insane. You apparently are unaware that each Poor-law district in London possesses one or more such reception houses in the shape of fully-equipped and up-to-date mental wards attached to the various infirmaries. The buildings belonging to the Lewisham Infirmary consist of a handsome separate block, accommodating 11 male and 11 female patients, and fitted with all modern appliances. The system which upon my recommendation has been carried out by the local magistrates and guardians of the poor is to detain all cases of alleged lunacy in the mental block for a variable period before deciding upon their transfer to an asylum. The most gratifying results have attended our treatment. Out of 1382 cases treated during the past seven years 742 have been discharged cured, 144 have died, 20 have been sent to imbecile establishments, and only 476 have been sent to asylums. The majority of the deaths were cases of senile dementia.

The objections to the London County Council scheme are many. The change will simply be from one authority to another, but it will involve the enormous expenditure associated with the building and staffing of at least four large institutions. I anticipate that the buildings alone would cost over £500 000. The expense of collecting the patients from the wide area feeding each reception house must be considered. There is also the hardship inflicted upon the relatives and friends of the patients by making them travel long distances for the purposes of visiting, &c.; but the strongest argument against the proposed change is the stigma of "lunacy" which will rest upon the reputation of every patient who enters a reception house. Under existing

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arrangements no such stigma is attached, the patient has simply "gone into the infirmary," a circumstance to which no disgrace is attached. There is an adage which asserts "that because the kittens were born in the oven it did not make them loaves of bread," but it will be found that by whatever euphemistic title the reception houses may be called they will be lunatic asylums to the public, and it is only those whose work brings them into contact with lunacy who can appreciate the fearful stain left upon a bread-winner and his family by the circumstance that he has been "sent to an asylum." In conclusion, I have no hesitation in asserting that the "early" mental cases are treated efficiently and thoroughly in the London infirmaries and that any change would be for the worse and not for the better. If there be a demand for the utilisation of these unfortunate cases for clinical study, the medical staff of the infirmaries is thoroughly capable of giving that instruction. Your statement that "the expense and moral cruelty of sending to an asylum those early cases which only required a few days' care . . . . . led to the suggestion of receiving houses" is incorrect, as for many years past the London county asylums have been quite full and it is rare to obtain a vacancy until the lapse of a fortnight and often a month after application.

I am, Sirs, yours faithfully,

F. S. TOOGOOD, M. D. Lond.,

Medical Superintendent of the Lewisham Infirmary, Lewisham, Feb. 1st, 1902.

*** It was with a full knowledge of the existence of insane wards in workhouses and also of the treatment of patients in them that we advocated the system of "reception houses." The limited experience of those in charge of the "reception house in the shape of an up-to-date mental ward" at the Lewisham Infirmary is confirmatory of the principle laid down. But before the workhouse wards, where the people of unsound mind are detained prior to being sent to asylums, can be considered as fully equipped and suitable for a psychiatric clinic a great deal would have to be done, as anyone who is fully cognisant of the present system ought to know. Our correspondent's views as to the manner in which the public will estimate the receiving houses (we proposed the term "hospitals") are not in accordance with the views of those who have had larger experience, and his assertion that "any change would be for the worse" is merely the record of an opinion which ought to receive a rude shock. Dr. Toogood concludes his letter by flatly contradicting us, and on completely irrelevant grounds. If he had been familiar with the work and reports of the medical superintendents of asylums he would not have done so, that is, if he has any regard for the accuracy of what he writes. – ED. L.

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