gas chromatography is now used in our unit for the determination of amphetamine substances in urine.

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PSYCHOGENIC DYSPAREUNIA

DEAR SIR,

Following the publication of my article on the treatment of psychogenic dyspareunia by reciprocal inhibition (Journal, March 1965, p. 280) a number of people wrote who were interested in the follow-up of these patients. The original group of four which included the two cases reported have now been followed up (by post) for over two years. There has been no relapse of the presenting illness. One patient recently delivered herself of a son. One patient has

subsequently needed treatment for a depressive illness, which responded to medication. The cases now treated in the series number eleven. None have relapsed, though one or two patients were rejected on the grounds that there were obvious problems in the marriage of which dyspareunia was only the presenting symptom.

There would seem to be no reason on theoretical grounds to anticipate relapse once intercourse has been enjoyed to normal orgasm, since the effect of reinforcement would presumably be towards facilitating the act.

Although starting with a different theoretical framework, the late Dr. Joan Malleson treated a far larger number of cases than I have done by more or less similar means and with excellent results (1, 2). As I have continued to see further cases, I have been convinced that whatever theoretical psychological framework one bases one's psychiatry on, a large measure of the success is due to the relationship developed and persuasion used by the therapist, whether one looks upon this as an anxiety-reducing effect in the application of behaviour therapy techniques, or as part of a transference situation.

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