

Jacobides), when they attended the Maudsley Hospital (they would have been excluded from the control group if this diagnosis had been made), and it should be remembered that only one of the 8 children was rated as "autistic" on his behaviour at that time. The diagnosis of an organic brain disorder on the basis of behaviour alone is generally an unreliable and unsatisfactory procedure, but it does appear that "autism" is frequently associated with organic brain dysfunction. "Autism" was also associated with language deficits. All but one of the 8 children had been impaired in their language development *before* they became autistic. Only one remained without speech at follow-up, but two others had speech so limited as to be of little or no communicative value.

Professor Jacobides is correct in his assumption that many of the cases were seen by him during the time he worked at the Maudsley Hospital, and our behavioural ratings were based in part on his careful records, for which we are grateful.

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TABLE I
Presence of "Brain Damage" in Control Children

Strong likelihood 24:	1 Cerebral lipoidosis 2 Tuberculous meningitis followed by transient hemiparesis (and, in one case, the onset of epilepsy) 1 Hemiparesis from birth 1 Mongol 7 Epilepsy + Focal abnormality on EEG 2 Epilepsy + abnormalities on neurological examination 9 Uncomplicated epilepsy 1 Spike focus on EEG, marked clumsiness, change in development following meningitis in infancy
Probable 5:	2 Gross generalized EEG abnormality 1 Spike focus on EEG 1 Gross motor incoordination 1 Facial asymmetry, left extensor plantar response
Possible 9:	4 Marked clumsiness 3 Uncertain abnormalities on neurological examination 1 Generalized abnormality EEG 1 Premature birth, convulsion in infancy
No evidence of brain damage: 25	

PSYCHIATRIC SERVICES FOR THE DEAF

DEAR SIR,

In his review of the book *Comprehensive Mental Health Services for the Deaf* by John D. Rainer, M.D. and Kenneth Z. Altshuler, M.D., Dr. Minski rightly stresses the need for the development of psychiatric services for the deaf in this country.

However, his statement that "an important aspect of psychiatric treatment is lacking not only in this country but probably throughout the world" gives the impression that there are no provisions here for the deaf with mental illness whatsoever.

Psychiatric services for the deaf have been developing within the Manchester Regional Hospital Board since 1964 when we undertook a survey of the deaf population of two mental hospitals (1). For the past two years out-patient clinics for deaf patients have been held in the Department of Audiology and Education of the Deaf at Manchester University, and requests for assessment of deaf patients have been received from all over the country. At this hospital deaf patients have been admitted for assessment and treatment and a Unit for deaf patients is to be opened in the immediate future, with nursing and other ancillary personnel trained in manual communication methods and conversant with the psychological and psychiatric implications of deafness.

I fully endorse his view that this book should be read not only by all psychiatrists but also by the Ministry of Health and Regional Hospital Boards.

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REFERENCE

- DENMARK, J. C. (1966). "Mental illness and early profound deafness." *Brit. J. Med. Psychol.*, 39, 117.

THE BODY IMAGE OF THE AVIATOR

DEAR SIR,

We were very interested to see the paper by Tucker, Reinhardt and Clarke (*Journal*, February, 1968, p. 233). One of us (A.S.) is currently using the same conceptual approach in the study of motor vehicle drivers. We agree with the authors that the question of the degree of control the operator achieves over his vehicle is vital in determining the changes which take place in his body image. It follows from this that once the operator has left the vehicle his body image will return to its previous boundary, although some time may elapse before it is fully restored. It seems to us essential, therefore, that any tests which are

made on the operator should be done while he is in actual control of his vehicle. We realize that this may frequently present practical difficulties, but feel that the phenomenon would be much better demonstrated under these conditions.

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THE ORACLE OF TROPHONIUS

DEAR SIR,

Professor Kouretas's article (*Journal*, December, 1967, pp. 1441-1446) is to be welcomed since it focuses on a very important field. It would seem helpful, without entering the larger "problems of religions", to clarify the practices which aided men to come to terms with their biological endowments and individual crises, their social heritage and the hardships of existence. The "reification and deification" which resulted in the Greek pantheon will probably repay intensive study such as has been given the other legacies of this period.

Although Professor Kouretas avoids the sin of patronizing the ancients, he misses important aspects of the material he presents. This error is probably due to his adherence to certain modern theories. He draws an analogy between ancient practices and modern techniques and concludes only that they share psychodynamic theory. The comparison with drug treatment is missed.

From the evidence that Professor Kouretas adduces, there was "shock treatment" by the use of hallucinogens. There was "sensory deprivation" in the sense of varying loss of contact with a shared or social world. This too seems largely the result of the drugs.

Timarchus's "magnificent journey through the Universe" and "the underground trip" can be directly compared to "the Trip" of modern days. When under the influence of such drugs the individual is now said to be "high". With the Greeks, although the drugs were in the context of a complex social ritual, their use was described as resulting in a "descent".

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DEAR SIR,

The excellent historical interpretation of the significance of "The Oracle of Trophonius" by

Professor Kouretas refers to suggestion but omits all reference to hypnosis. The suppliant, garlanded as a sacrificial victim, in tight clothes and heavy boots, was purified, drank the waters of Forgetfulness and Memory, and prayed to the wonder-working statue. Arms fixed, carrying the offering of barley cakes, now lying prone, he is torpedoed through a narrow opening into a cave of oppressive darkness.

The fretful infant is rocked to sleep, with decreasing rhythms and the lullaby that ceases before the rocking. Alternatively, the child is raised, clothes tightened firmly inhibiting movement, and, as suddenly, inverted. Light is changed to darkness, with parting shots of "Quiet! Hush! Sleep!". Disturbances of the organs of balance, encircling "mystic" passes, deliberate pressures on carotid sinus, "whiplash" effects, changing intense light to felt oppressive darkness are the mechanics of the hypnotist utilizing mechanical agitation of the brain. Changes of proprioceptivity, exteroceptivity and afferent stimulation lead to suspension of cerebral activity.

The worship of Trophonius was Dionysiac, orgiastic, ecstatic, whereby each devotee could become god. Plutarch describes Timarchus experiencing such transcendental mysticism. Rituals are magical processes explained by mythology. The oracle of Gaia, the Earth Mother, aroused awesome dread, through the mythical guardian, Python.

Apollo had his dreaded Erinnyes, that "bow the heart, bend and break . . . and pierces its way through the murderer, breeding diseases that none may allay" (Aeschylus, *Choephorae*, 64). Heraclitus (c. 500) described the Sibyl of the Cumaean oracle "raving lips uttering things mirthless, unadorned and unscented, reaches over two thousand years", and Plato (*Phaedrus* 244) ". . . and the priestesses . . . when out of their senses have conferred great benefits on Hellas, both in public and private life, but when in their senses few or none". For at Delphi it was the priestess not the suppliant who chewed laurel (cyanide) or was "overcome" by mephitic vapours, yet healing resulted. Belief and expectancy of both healer and sufferer are the vital factors.

The initiate gives up his present position in society, is segregated for stoical training and reintegrates with advanced status. Society uses criteria of sex, age, class and aptitudes for these rituals. Weaning processes rather than feeding, maturation rather than regression, are emphasized.

The Laws of magical healing are comparable, and Charcot ("The Faith Cure", *New Review*, London, 1893) pointed out the similarity of sittings and routines of ancient temples and modern shrines. There is the preparatory stage of the sufferer leaving his home, undertaking an arduous journey, with