

Clarke (1959) on the effect of age on forearm blood flow." Hellon and Clarke did not find a negative correlation between age and forearm blood flow, but in fact found that in a group of 50 men with ages ranging from 18 to 73 years there was a significant increase in forearm blood flow with age ( $p < 0.01$ ). This was also my experience.

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## REFERENCE

HELLON, R. F., and CLARKE, R. S. T. (1959). "Changes in forearm blood flow with age." *Clin. Sci.*, 18, 1-7.

## PIN-UP FETISHISM

DEAR SIR,

In their recent article (*Journal*, July 1965, pp. 579-581), Drs. Raymond and O'Keeffe are apparently unhappy with older theories of the formation of sexual deviations. Elsewhere (1) we have tried to provide an alternative explanation using a learning theory view of these disorders. Your authors' interesting case corresponds well with our hypothesis, if the photographs in question are taken—as the title implies—not as aids to sexual behaviour (as is usually the case) but as sexual objects—i.e. fetishes—in themselves. So it happened that the initial "seduction experience" (looking at photographs) was exciting and produced guilt, but only later was the deviation learned and shaped through masturbation, and this at a time when our hypothesized factor negative to ordinary heterosexual behaviour—his sister's illegitimate pregnancy—came into effect.

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## REFERENCE

1. MCGUIRE, R. J., CARLISLE, J. M., and YOUNG, B. G. (1965). "Sexual deviations as conditioned behaviour: a hypothesis." *Behaviour Research and Therapy*, 2, 185-190.

## TREATMENT OF TRAFFIC PHOBIA

DEAR SIR,

For a period of 18 months we have been following up the case of traffic phobia, reported in the March

1965 number of the *British Journal of Psychiatry* (pp. 277-279). Throughout this period the patient has remained completely symptom-free, and there has been no evidence of symptom substitution. His wife, however, has contacted us complaining of anxiety and phobic symptoms. She found that she could not tolerate his new level of adjustment and wished that he might have another accident. In fact, she became so desperate that she thought very seriously of separation.

Although the wife's complaints may well be related to her own background, it is surprising that the appearance of her symptoms should coincide so closely with the successful treatment of her husband. There is also a striking similarity between wife and husband's symptoms—her fear of travelling alone seems to closely parallel his fear of riding a bicycle in traffic. As symptomatic treatment is relatively short, and induces rapid changes in the patient's behaviour, this may well have important repercussions in the patient's social environment. In the present case, it is quite possible that the wife had adjusted to her husband's phobic symptoms by being sympathetic and protective towards him, but cure of the husband may well have brought about a breakdown in her adjustment. A brief course of behaviour therapy with the wife of the patient, at St. Clement's Hospital, has removed her phobic symptoms in 8 treatment sessions. It would appear that although behaviour therapy brings relief to the patient, by eliminating his symptoms, behaviour therapists might well be advised to take the patient's whole social situation into consideration when embarking on a course of treatment, and to take action accordingly.

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## THE NEED FOR BETTER OUT-PATIENT FACILITIES

DEAR SIR,

Dr. Kingsley Jones's "Suicide and the Hospital Service" (*Journal*, July 1965, p. 625) makes a cogent point for increasing and improving out-patient facilities. Another argument is that if out-patient facilities are poor and hospital services good, more patients are liable to be sent to hospital or be more ready to return, which is neither economic nor in the interest of the patient.

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