

electrical techniques. The obstacles in timing are a good deal less formidable than is generally believed. The treatment is unpleasant, but in my own experience more patients object to being given electric shocks than to the nausea following apomorphine. The apomorphine regime which we currently use, and which I have reported elsewhere (1964), is certainly not one which may result in the breakdown of a patient's health. Whether or not there is any "personal degradation and humiliation" will depend almost entirely on the attitudes of the therapists. In any case, having to indulge in or to simulate perverse acts of which the patient is often ashamed may be degrading and humiliating in itself, and it is difficult to see why it is less so if he is wired up to a mat and more so after apomorphine. We do not find that the central depressant properties of apomorphine interfere with conditioning, whatever the theoretical considerations may be. It is unfortunate that Barker has constructed a comparison of the two techniques around his two cases. The result of the first is that after 18 months the patient was abroad and presumed symptom-free. The other suffered relapse less than a year after treatment by the "better" technique.

My colleagues and I have been attempting to compare electrical and pharmacological techniques in an anti-smoking clinic. Controlled comparison is extremely difficult, but the pharmacological technique seems to us to be a good deal more effective. We have also been combining the two approaches. I recently saw a mackintosh fetishist whom we successfully treated thus 18 months ago. In view of Barker's paper, I asked him whether he would care to say which of the techniques was most successful in producing aversion, and which he found most unpleasant. His replies are probably the most interesting features of his case, and will be fully reported later. In short, however, he said that though the electric shocks were more unpleasant than the nausea (which we aim to ensure is minimal and short-lived), yet the apomorphine sessions were the effective ones.

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#### REFERENCE

- RAYMOND, M. J. (1964). "The treatment of addiction by aversion conditioning with apomorphine." *Behav. Res. Ther.*, 1, 287-291.

#### HISTORY OF CANADIAN PSYCHIATRY

DEAR SIR,

A lively interest has developed across Canada in the history of medicine in general and in the history

of Canadian psychiatry in particular. The Canadian Psychiatric Association has established a Committee on the History of Psychiatry which is now attempting to prepare a comprehensive bibliography.

We would like to request the co-operation of your readers in helping us to obtain information about books, articles, including unpublished theses, etc., dealing with the history of psychiatry in Canada. Detailed information or vague references would be equally welcome. They could be sent to

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We should also be very pleased to receive superfluous or unwanted books of historical interest in this field, reports, pamphlets, letters or memorabilia which might throw light on the early days of psychiatry in Canada. In cases where documents of unusual interest cannot be released, we should, in any event, like to correspond about them with a view to arranging for reproduction.

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#### KORO—A CULTURE-BOUND DEPERSONALIZATION SYNDROME

DEAR SIR,

Following Dr. P. M. Yap's interesting paper (*Brit. J. Psychiat.*, January, 1965, pp. 43-50) it may be of value to describe a further case of Koro which came to notice in the British Military Hospital, Singapore, in 1964.

The patient was a married Singapore Chinese male aged 28 years who worked as a general labourer in a nearby Transport unit. His work record showed that he had lost a considerable period due to going sick with minor physical disabilities. He presented himself to the unit medical officer with a friend firmly grasping his penis, stating that the organ was visibly shrinking into his abdomen and that if it disappeared completely he would die. In appearance he was obese with loss of frontal hair (a photograph taken 1 year ago for his identity card was available for comparison). The generative organs showed no obvious disease, but were minimally hypoplastic. Physical examination showed no somatic illnesses, and in particular bilateral inguinal hernia and myxoedema