

statements, we would refer them to Dr Eastwood's own "In my opinion, psychosomatic ideas have presented a considerable impediment to the serious study of a number of important diseases." Is the truth not simply that Dr Eastwood values only one part of clinical medicine, that concerned with physical measurement?

It has been our intention in this detailed reply to Dr Eastwood's criticism to be explanatory rather than defensive. We are quite happy, however, to move on to the offensive.

It seems to us that what Dr Eastwood's letter has made manifest is not our own 'scientific slackness' but his own uncritical prejudices about clinical medicine. We recognise them, we understand them, but we cannot share them. It was our intention in writing this book, and it remains our intention, that they will not be shared by the future general practitioner.

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VASECTOMY FOLLOW-UP

Sir,

From his follow-up study of 175 vasectomised men, Dr Drury reports an improvement in the physical and emotional relationships of over 50 per cent. I doubt whether he is justified in drawing these conclusions from his data.

There is little argument that vasectomy is an efficient means of producing irreversible sterility with no physical harm to the patient. Most reservations concerning the operation lie in the psychological sphere and it is here that research needs to be done. It is now widely agreed amongst psychiatrists (whether for or against vasectomy) that the removal of a man's fertility by a mutilating operation causes a profound and serious disturbance to a man's body-image, evoking fears of castration, impotence, and demasculinisation. Psychological readjustment to his damaged self-image is made by seeking reassurance that the feared loss of sexuality and manliness have not occurred.

The vasectomised man is very likely to be driven by anxiety to dwell on sexual matters and this may be erroneously interpreted as 'increased libido' by the unwary observer. He is also likely to try to reassure himself that his sexual abilities

have not been destroyed, leading to an increase in coital frequency. Ziegler *et al.* (1969) found that men reporting sexual problems after vasectomy (e.g. impotence and premature ejaculation) were also those men reporting the highest increase in coital frequency. From this he concluded that increased coital frequency is a *neurotic*, rather than a healthy, response to vasectomy.

Assuming the psychiatrists are correct, it would seem to be much too shallow an approach to ask men "to rate the effect that vasectomy had upon their feelings of masculinity" or to ask a couple to complete a postal questionnaire (probably together) asking whether their physical and emotional relationships were "better" "worse" or the "same". How, for instance, should the impotent man with increased coital frequency reply? David and Helen Wolfers (1974) in their book *Vasectomy and vasectomania* strongly criticise the Simon Population Trusts 1969 survey of 1,000 cases for using just this technique and say "To ask people to state whether their sexual lives or marital harmony are better, worse or the same, is about as useful as the measurement of electric current with a divining rod."

Fortunately most vasectomised men easily make the required psychological readjustment; a few, disastrously, do not and it is of the utmost importance that this latter group is identified before operation.

More research is certainly needed to help us understand the consequences of vasectomy. In my view meaningful results will only be obtained by independent observers (not the operators) using in-depth psychiatric interview techniques.

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ASSESSMENT OF APPOINTMENT SYSTEMS

Sir,

Both the Joint Working Party on the General Medical Services (1974) and the House of Commons Expenditure Committee (1974) have recommended that general practitioners should periodically review their appointment systems so as to detect and correct problems. For this reason alone, it was pleasing to read Dr Lloyd's report of a consumer survey of his appointment system, published in your September issue.

Unfortunately this paper demonstrates a number of methodological shortcomings. It is important