

Correspondence

Migraine Symposium

Sir,

Certain remarks are attributed to me in the printed version of the discussion. There are obvious errors in the transcript of this part of the meeting and it is unfortunate that I did not realize this was to be printed without correction. I was able to see and to correct the transcript of my main contribution to the meeting.

My views have already been set out in the *Journal* (J. Coll. gen. Practit. (1962), 5, 86) and should any member attending the migraine symposium desire to raise any other points I would be grateful if he would get in touch with me.

Birmingham 27

K. M. HAY

Sir,

In the report of a symposium on migraine sponsored by the College in July 1963 I was astonished to find no reference to the basic role of psychotherapy in the treatment of this condition which responds to this approach just as readily as any other psychosomatic disease. Passive patients are the personality type most commonly encountered in migraine as in neurosis generally and are more highly motivated for and responsive to therapy than authoritarian patients; as they learn in therapy or from life experiences to become more assertive and self-accepting and to relax their over-conscientious and perfectionistic drives their migraine ceases to be a serious problem.

This symposium seemed to me to fail badly in adopting a narrow "specialist" approach rather than the holistic one worthy of a meeting organized by general practitioners.

Hornchurch

S. E. BROWNE

Biological Sex Patterns and Modern Living

Sir,

My article in the February *Journal* (J. Coll. gen. Practit. (1963), 6, 35) is well criticized by Margaret Stacey and I fully agree with all she says. It is essential that a general practitioner and a patient can fully understand the problems discussed. This is not a theoretical paper, but a pamphlet which I hope will give easy understanding and make the life of many people happier. A hypothetical community, a man with his everyday problems, a woman who is tired and lonely, is a clear concept. Surely, biological and sociological concepts must be kept apart in a scientific work. Here, the opposite is needed. Fuse problems into the simplest manner and we can help most. The most difficult part of writing this article was to keep out theoretical discussion and give clear reasoning.

Wellington, C.1.

E. PHILIPP

Dr Philipp showed his letter to Mrs Stacey before submitting it to the *Journal*

and she comments as follows [EDITOR].

It is generous of Dr Philipp to receive my criticisms so well. This is an area where medicine and sociology (not to say psychology) are so closely mixed as to be inextricable. Progress in treatment is only likely to come from co-operation between doctors and social scientists. Dr Philipp is to be congratulated on his far-sightedness in seeing this.

He will, I know, bear with me if I beg leave to disagree again. In the first place I submit that he *did not* keep theory out of his articles. Any concept which seeks to explain a situation is a theory and he produced what seemed to me a rather complicated one to explain to patients why their marriages were being difficult. Is it not clear and simple to say to patients (1) you may have difficulties in your physical relations which may affect your everyday life because men's and women's rates of arousal and relaxation are different. Understanding this can help couples to "meet each other half way". Or to say (2) you may have difficulties because nowadays men's and women's roles in marriage and in society are different from what they were in your parents' youth? Or (3) that there is a very wide range of male/female relations to be found and no couple need think themselves "queer" because their adjustment to each other is quite different from their neighbour's?

There are, of course, many other possible causes of marital difficulty, but these were the ones with which Dr Philipp was dealing.

Sharing with patients our understanding of their situation as we see it from our point of view as medical or social experts can surely only help them towards maturity. Obscuring the facts will not help them in this way, although it may ameliorate a particular crisis. It will not help them in the longer run because it leaves them without the true knowledge and still dependent when the next crisis arises. And surely our goal is to help people to a general maturity as well as to help them over an immediate crisis?

University College of Swansea

MARGARET STACEY
Research Fellow in Social Studies

