

first time outside Europe and America'. I wish to point out that the first such case, which was also the first case outside the white and negro races was, so far as I know, described by me in 1963 (4). This was in a Chinese boy in Hong Kong. I have subsequently seen two more in the Chinese here (5). All had multiple tics, copralalia and various echo-phenomena.

Concerning the occurrence of the condition in Asians, isolated unreported cases are said to have been seen in the native population in Taiwan (Hsu, written communication, 1969), Korea (Lee, written communication, 1970), Thailand (Suwana, written communication, 1970) and Malaysia (Simons, written communication, 1970). As regards Indians, antedating Professor Prabhakaran's report are the reports of two cases. The earlier report (1) which was in 1962 was on a 16-year old boy who, I am quite satisfied after going through the report, was not suffering from Gilles de la Tourette's disease. The main features were shouting and talking to himself, withdrawal, odd behaviour and posturing. But he had none of the typical features of the syndrome—tics, copralalia and echo-phenomena—and was more likely to be suffering from childhood schizophrenia or something else. Unsettled though the criteria for diagnosis of the syndrome may be, it is doubtful if the diagnosis should be made without multiple tics, which appear central to the condition. The other report was on an 8-year old boy (2). Here, although the resemblance to the syndrome is closer, there is nevertheless room for doubt. The main features given were 'fits . . . every few minutes . . . each attack involves all the four limbs and head and neck with the vocal utterances of barking and flickering of the eyelids—all for a fraction of a second'. It is most unusual even for severe tics to take the form described. The clinical picture is reminiscent of myoclonus.

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BASIC PSYCHOANALYTIC CONCEPTS

DEAR SIR,

I have been practising psychiatry and psychoanalysis for more than 45 years. After hospital appointments in Germany I was consultant at the Tavistock Clinic for 21 years. I am at present Director of Group Psychotherapy at the Columbus (Ohio) State Hospital. I am a Fellow of the American Academy of Psychoanalysis and of the Royal Society of Medicine.

For many years I have been very interested in the question of transference and non-transference relationships in any therapeutic setting, including psychoanalysis. To give an example: in 1965 I said at a Congress in Madrid, 'The transference is not the only operative relationship within the analytic setting. It is always combined with the realistic human interaction, which is very different from an irrational projection-relationship.'

This fact of a dual relationship should be realized very clearly. Ultimate help can only be expected—after an often necessary revision-therapy—from a personal interaction relationship without which no form of therapy can be effective. This relationship is as old as Methuselah and need not be newly named 'working or therapeutic alliance'. This seems unnecessary and only blurs the issue.

Long before 1965 I mentioned these facts in various publications. To me it seems irrelevant whether this form of relationship is implicitly built into the fabric of analytical theory. It was everywhere long before, and the innovation is the forging of transference into a powerful therapeutic tool, while the other part of the interactions is not new at all. Freud gradually modified his ideas, as I think, and tried to put his new concept into existing conditions with increasing insight and experience. To regard the human interaction as a 'by-product' of analytic thinking seems to be unwarranted. Why should everything be put to the account of psychoanalysis? Transference in its special use is a new idea, general human interaction has always been there.

There are still very few remarks about the question of transference in the American literature. I myself have used various opportunities of speaking at international meetings and have included the problem in my writings, lately in my just published book 'Contemporary Dynamic Psychotherapy'.

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