longer established drugs and study the available literature critically (extending of course beyond the information supplied by the drug company).

4. Keep up to date with the literature on new drugs but only prescribe these ('category three drugs') when category one and two drugs have failed and the condition is severe enough to warrant the potential risks of a new substance. Careful and controlled administration is the rule here.

I think that these ideas may be particularly useful to trainees.

S. V. Oakes

Midland Nerve Hospital,
Elvetham Road, Edgbaston,
Birmingham

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PROGESTERONE AND PREMENSTRUAL SYNDROME

Dear Sir,

After reading Gwyneth Sampson's paper (*Journal*, **135**, 209–15), I had recourse to my ancient physiology textbook and read there that progesterone has very little effect when given orally. It may be that absorption is better by the vaginal or rectal route, although this strikes me as unlikely.

Richard H. Lawson

The Surgery, School House,
Weston Road, Congresbury,
Somerset BS19 5JA

Dear Sir,

It is true that progesterone has little effect when given orally; it can, however, be given intramuscularly, vaginally, rectally or by implantation into the fat of the abdominal wall. Nillius and Johansson, reporting on several studies, found absorption of progesterone was rapid by these routes, usually resulting in high plasma levels within the first two hours and peak plasma levels within the first eight hours after administration. Plasma levels corresponding to those encountered during the luteal phase of the menstrual cycle were attained with an i.m. injection of 25 mg progesterone in oil or 100 mg progesterone used vaginally or rectally. Langecker reviewed other studies showing that progesterone is readily absorbed rectally or vaginally. In a group of women with premenstrual syndrome studied in a metabolic unit we found progesterone administered vaginally in the same dosage regimes as in our paper produced appropriate rises in plasma progesterone levels.

G. A. Sampson

Middlewood Hospital,
P.O. Box 134,
Sheffield S6 1TP

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THE EFFECT OF PSYCHOSIS ON GENDER IDENTITY

Dear Sir,

The reported incidence of transsexualism in England and Wales is 1 in 66,000 with a ratio of four males to one female. The likelihood of an individual developing hypomania is greater, but the likelihood of the two together must be very small. I report a case study of a transsexual patient who developed hypomania and the effects this had on his gender identity.

This 29-year-old male to female transsexual had presented five years previously requesting a sex change operation. He had had the feeling that he was a woman trapped inside a man's body since he was 6 years old. The management of the case consisted of helping him to live and adjust as a female, including the taking of stilboestrol for a period of two years. He functioned well as a female and was reviewed at six monthly intervals.

One year ago he came to the hospital in a very disturbed state with elation of mood showing a diurnal variation, irritability, distractibility, pressure of talk, flight of ideas and grandiose delusions. A diagnosis of hypomania was made and he was treated with phenothiazines. During the psychotic phase he showed no transsexual feelings, discarded his female attire, thought the whole idea of living as a woman was ridiculous and that he was really a man. He dressed in male clothes. As the psychosis improved the transsexual feelings gradually reappeared. During this time he showed ambivalence about his gender

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