

atrophic testes, a normal-sized penis, sparse body hair, XY karyotype, high oestrogen level, and low 17-KS level; their conclusion is that a primary failure of androgen led to the desire for sex change. They describe a female who stopped menses at 28, developed acne, hirsutism, had a deep voice and an enlarged clitoris; their conclusion is that an elevated androgen level led to the desire for sex change.

Unfortunately for the authors' hypothesis, both these clinical pictures are typical of the anatomically normal male and female after a period on oestrogens (for the male) and androgens (for the female)!

Had the authors fully read the references they cite, they would have learned that a case to which they refer of a male transsexual with 'oestrogen-secreting testicular tumour' (Stoller *et al.*, 1960) confessed years later to having secretly taken oestrogens since puberty (Stoller, 1968).

The clinical picture of transsexualism may indeed be, in some or even all cases, contributed to by a deficiency or excess of androgen at a critical developmental period. However, before anyone other than these three authors seriously cites this report as evidence, they had better get proof that these patients were not receiving contra-sexed hormones before the study. Many transsexuals do just that, and present themselves as biologically intersexed so as to mobilize the otherwise static hand of the surgeon.

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PENILE VOLUME RESPONSES, SEXUAL ORIENTATION AND CONDITIONING PERFORMANCE

DEAR SIR,

I should like to criticize the article by Barr and McConaghy in the October 1971 issue of the *Journal* (Vol. 119, p. 377).

The method of measurement described is somewhat inaccurate because of the difficulty in standardizing the volumetric strain ratio of the average penis. Because of this one is not interested in volume change, rather in volumetric strain, i.e. du/v .

A more accurate method than the use of a finger stall and tin can would be to skin glue a soft material strain gauge in the axial direction of the penis. This would then give the linear strain. Presuming that a penis has isotropic properties, the volumetric strain will be approximately three times the linear strain.

This has the advantage of digital read out, and the technique could also be used for measurement of female responses.

I wish to thank Mr. James Forfar, B.Sc., for his technical help.

T. O. CLARK.

*47 Northholme Road,
London, N.5.*

MENTAL HEALTH RESEARCH FUND LECTURE

DEAR SIR,

I should be most grateful if you would once again publish an announcement about the Fund's annual lecture.

Professor Sir Denis Hill will be giving the 1972 Sir Geoffrey Vickers Lecture at 5.30 p.m. on Wednesday, 23 February 1972, in the Edward Lewis Theatre, Middlesex Hospital Medical School, Cleveland Street, London, W.1. His title will be *The Purposes and Organization of Psychiatric Research*. Admission will be by ticket only, which can be obtained from the Secretary, Research Committee, Mental Health Research Fund, 38 Wigmore Street, W1H 9DF.

J. M. TANNER.

*Mental Health Research Fund,
38 Wigmore Street,
London, W1H 9DF.*

LONG-ACTING PHENOTHIAZINE PREPARATIONS IN THE TREATMENT OF SCHIZOPHRENIA

DEAR SIR,

Recent reports in the literature (1, 2) have commented upon the efficacy of long-acting phenothiazine preparations in the treatment of schizophrenia. Our experience in County Down, where we have started 250 patients on these drugs, has confirmed these impressions. All except a very few have been inpatients. Of the 200 remaining on these drugs, half are out of hospital and half are still in hospital.

The two main problems which have arisen have been extrapyramidal side-effects and depression. The extrapyramidal side-effects which have caused most trouble have been dystonic reactions such as facial spasms and grimacing. Perseverance, modifying the dosage of fluphenazine, and anti-parkinsonian medication usually deal effectively with these. We have found an increased incidence of suicidal attempts and a tendency for more violent methods to be used. Of the first 80 patients started on this treatment, a total of 18 have made suicidal attempts. Seven had made these attempts before starting treatment with fluphenazine; 14 made suicidal attempts after treatment was begun. These figures include three who made suicidal attempts both before and after treatment with fluphenazine.

There have been no successful suicides among our