with murder. At Court, the defence made submissions based on the Beard findings supported by the Majewski opinion. The Court accepted a plea of not guilty to murder—but guilty to manslaughter.

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GONADAL LESIONS IN TRANSSEXUALISM

Dear Sir,

It is almost unanimously admitted that transsexuals have functionally and structurally normal gonads. The few exceptions reported are probably fortuitous associations. However, we do not know of any systematic research on the gonads of these patients. We suggested as early as 1971 that gonadal lesions might occur quite frequently, and a study of 10 cases—6 female and 4 male—has confirmed this supposition.

In all 6 cases of female transsexuals the ovaries were polysystic with granulo-thecal hypertrophy and sometimes with stromal luteinization. One had primary amenorrhoea, 2 had secondary amenorrhoea (at the age of 25 and 28 respectively) and 3 had disorders of the menstrual cycle. One of the female patients had a male type of facial and genital hair distribution (in the absence of any hormonal treatment). There were also some small hormonal anomalies: constant decrease of urinary oestrogens (under 10 μg/24 h), and in one case the value of testosterone glucuronide was increased (32.0 μg/24 h).

In the males there were also gonadal lesions. The testes had a polymorphous aspect: low cellularity, some tubules with spermatogenesis arrested in initial stages. This was noticed in three out of four males. In one case the tubes were completely hyalinized. Secondary sexual characters were deficient: facial hair was sparse or absent. The level of total oestrogens was high: over 10 μg/24 h and the level of testosterne glucuronide was low—under 70 μg/24 h. In all 10 cases the karyotype was normal.

In our opinion gonadal lesions, obviously nonspecific, accompanied by small hormonal anomalies are frequently present in transsexualism. Their significance is uncertain, but the possibility that they are secondary to a disorder of the hypothalamo-hypohyseal area cannot be excluded.

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THREE DIFFERENT FORMS OF DEPRESSION IN ONE FAMILY

Dear Sir,

The grandfather used to drink socially. His wife's death at the age of 32 marked the onset of heavy drinking. His drinking was episodic, and, according to his son, associated with depression, he was never seen by a psychiatrist. The possible occurrence of alcoholism as a part of depressive illness is well known. He had few relatives and no friends.

His son, aged 54, had an impulse to drive his car into a wall, following the loss of his week's wages in gambling, and came to hospital. The death of the son's only daughter in 1964 had pushed him into heavy gambling, and he sold his car and house to pay for his debts, while his wife had to go out to work again. Still he could not stop gambling every now and again. Heavy losses occurred twice, each time after losing his job. At hospital he showed evidence of depressive illness, and was treated with tricyclic antidepressants and family therapy from May 1977. He and his wife are now able to enjoy a better family and social life than they ever had even before their daughter's death, and as his depression lifts his gambling stops. He describes himself as a loner. The relationship between pathological gambling and depression has been studied by various authors, including Moran (1970: *British Journal of Addiction*, **64,** 419).

Their daughter had a case record in three general hospitals, each time after taking an overdose. The first was precipitated by her father going out with a woman not his wife, and the last by her own separation from her boy friend. On the first occasion the psychiatrist's opinion was hysteria, and on the second reactive depression. She was not seen by a psychiatrist during the third and fatal admission because she was too ill, yet the notes strongly support the possibility of genuine suicidal attempt and depression. She had no emotional support from her parents, who expressed guilt feelings for that.

Paykel has offered a model for the modifying factors between events and illness. The nature of the event, a loss, its undesirability and significance, were similar in the three patients, and the lack of emotional and social supports probably played a role in the precipitation of illness in all of them. The father's ability to stop gambling for over a year now is probably related to the better emotional family life. This case supports Paykel's model through three generations of one family.

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