General. Firstly, we did not extract the year of birth of our patients, so that their allocation to the periods used by the Registrar General would have been of uncertain accuracy. Secondly, as there is evidence that the seasonal distribution of births may vary significantly from one part of a country to another, we did not think it appropriate to compare in this respect the population of our patients, domiciled largely in South London (and of unrecorded place of birth), with that of the population of England and Wales.

However, through the kindness of Dr. E. R. Bransby and Mr. T. A. Dibley of the Department of Health and Social Security, we have recently been able to study month of birth, by diagnosis, of all first admissions to psychiatric wards in England and

TABLE I
First admissions to psychiatric beds, England and Wales, 1970,
for those born 1921-53

Year of birth	Schizo- phrenia	Manic depression	Neurosis	Person- ality disorder	All non- psychotic diagnoses
1921-	542	794	1,444	263	3,928
31-	294	253	823	191	2,043
36	362	229	963	246	2,274
41-	460	215	1,005	372	2,497
46-	606	184	1,110	598	3,137
51-53	237	56	394	340	1,540
1921-53	2,501	1,731	5,739	2,010	15,419

TABLE II

Observed distribution of season of birth for first admissions to psychiatric beds, England and Wales 1970, compared with the distribution expected from that of the general population,

1921-53

Diamoria		Quarter				
Diagno	SIS	1st 627·8 653	2nd 653·4 687	3rd 629·4 582	4th 590·5 579	
Schizo- phrenia	Exp. Obs.					
Manic- depression	Exp. Obs.	434·0 484	452·0 429	435·0 417	409·9 401	
Neurosis	Exp. Obs.	1,438·7 1,416	1,500·8 1,518	1,446·5 1,399	1,353·1 1,406	
Personality disorder All non- psychotic diagnoses	Exp. Obs. Exp. Obs.	505·5 489 3,870·0 3,834	524·6 526 4,031·3 4,114	504·8 545 3,883·2 3,850	475·1 450 3,635·0 3,621	

Wales during the year 1970. These figures may appropriately be compared with those of the general population. The tables show the results of this comparison (using James' method), and these clearly support our findings of an excess of birth in the first quarter of the year for both schizophrenia and manic-depressive psychosis. The quarterly comparison (3 degrees of freedom) gives a χ^2 of 6.53 for schizophrenia, 7.87 for manic-depression and 9.92 (P < 0.02) for these functional psychoses taken together; while for all non-psychotic diagnosis, χ^2 is 2.37 P = 0.50). It remains to be seen whether the figures for subsequent years will confirm this pattern.

E. H. HARE. J. S. PRICE. ELIOT SLATER.

The Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent, BR3 3BX.

THOUGHT-STOPPING TECHNIQUES DEAR SIR.

The helpful articles by Stern-September 1970, Vol. 117, p. 441, and by Kumar and Wilkinson, September 1971, Vol. 119, p. 305, offer great promise in the treatment of the phobias of 'internal stimuli', and no doubt many psychiatrists will now be applying these methods. A small modification of the method has been found helpful. The patient is equipped with a plastic hollow cylinder with many prickly projections on its outer surface; the cylinder is a hair roller, costing one penny. This is held lightly in the hand of the relaxed patient and the unpleasant thought sequence is evoked as described by the above authors. At the therapist's command 'Stop' the patient grips the plastic cylinder for about one second. After this a pleasant scene is evoked to reestablish relaxation. The slight discomfort caused by gripping the prickly roller is a very effective thoughtstopper and the device is easily carried by the patient in the pocket for practice in everyday situations.

KATHLEEN M. WARTNABY.

Netherne and Fairdene Hospitals, P.O. Box No. 150, Coulsdon, Surrey, CR3 1YE.

TRANSSEXUALISM WITH GONADAL DYSGENESIA

Dear Sir,

The paper on this subject which appeared in your issue for September 1971, Vol. 119, p. 391 is embarrassingly naive, and the authors appear inexperienced in the research problems of transsexualism.

They describe a male with breast development,