VOL.3, NO.2

METAMORPHOSIS MEDICAL RESEARCH FOUNDATION

APRIL 1984

TESTOSTERONE: THE HORMONE THAT MAKES MEN VIRILE MAY KILL THEM

By Dianne Hales, Special to The Register, 1982.

Dr. Estelle Ramey, a specialist in hormone research at Georgetown Medical School in Washington, D.C., warns men that testostercne (the male sex hormone) has a lethal side. It may make them more vulnerable than women to heart attacks and strokes. By studying hormonal differences between the sexes, Ramey hopes to help men live longer.

For more than 20 years, she has observed the interplay between stress and steroids (hormones, including the sex hormones, that have a distinctive ringlike chemical structure). After studying patients with adrenal gland disorders, Dr. Ramey, and Dr. Peter Ramwell--another endocrinologist--focussed on the impact of steroids on the cardiovascular system. During the last 8 years, they have zeroed in on testosterone, and have argued that the hormone that makes men virile may also kill them. For instance, men die earlier than women. In particular, men between the ages of 35 and 55, are twice as likely as women to die of heart dis-

Maleness is a biological risk factor. Whenever male and female animals are exposed to the same stresses, the male succumbs first. In one experiment, male rats forced to swim continuously, consistently sank to the bottom early, while the females kept swimming for as long as 12 days. Given testosterone injections, females became as susceptible as males. Given estrogen, the males became hardier.

Men face subtler stresses than these (cont'd. on n.10)

MMRF NOTES

At the last Board of Directors Meeting, held on March 31st, two of the founding directors (who also held the offices of Secretary and Treasuer, respectively) tendered their written resignations due to reasons of careeral priorities. Succeeding officers were appointed to fill the posts. Susan C. Huxford (a current director on the Board) assumed the office of Secretary, and, Strathle assumed the office of Treasurer upon her appointment as a new director of the Board. was also ap-John pointed as a new director on the Board

The MMRF By-Laws are currently in the process of being drawn up and, together with the MMRF Constitution and the June issue of the newsletter, will be circulated to paid-up members.

It is with pleasure that we announce the two newest members to join our Board of Professional Advisors: Theodore I. Friedman, Ph.D. is a consulting psychologist and psychotherapist who has a private practice "Friedman & Associates" in Chicago. He counsels transsexuals and other gender-dysphorics, and, used to be the Director of "TRANSITION MIDWEST" (now-defunct)--a support group for transsexuals in Lisle, Illinois. He also was the Editor of "GENDER ISSUES NEWSLETTER" (now-defunct).

Roger E. Peo, Ph.D. (cand.) is the Director of "ANDROGYNY UNLIMITED"-- a counselling service for male transvestites, transgenderists and crossdressers recently established in Poughkeepsie, New York. He is currently in the process of writing his doctoral dissertation, which is a descriptive study of females who are in a current relationship with.

(cont'd. on p.2)

Board Of Directors

Rupert Raj, B.A. (Pres./Exec. Dir.)
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MMRF NOTES (cont'd. from p.1)

a male transvestite. On behalf of the MMRF, I wish Mr. Peo much success with his thesis, and, I also want to extend a very warm welcome to both of these new Professional Advisors.

MMRF Directors Rupert Raj and Susan C. Huxford (who is also Executive Director of FACT and Director of GenderServe) will be participating on a panel-discussion at the Combined Annual Meeting of the American Association of Sex Educators, Counselors and Therapists, and, the Society for the Scientific Study of Sex, in Boston, Massachusetts, to be held from June 6-10th. (A full report on the jointly-sponsored conference will be published in the June--or August--issue of the news-leter.

For information regarding registration, contact: William Th.D., Conference Co-ordinator, Bryn Mawr, Pennsylvania 19010 (215-

Please submit your personal listings

for inclusion in the 1984 edition of the Confidential Contacts Directory (which will be distributed to paid-up F-M TS members only in June).

Please also return your completed Confidential Research Questionnaires, if you haven't already done so, and receive your bonus booklet, <u>JOURNAL</u> OF A TRANSSEXUAL (F-M-F).

Please submit any information, referrals, literature, photographs, etc. relevant to F-M TSism for possible inclusion in the forthcoming, MANUAL FOR FEMALE-TO-MALE TRANSSEXUALS.

Transsexuals On Television

MMRF Directors Susan C. Huxford and Rupert Raj, together with Dr. Betty W. Steiner, Director of the Gender Identity Clinic at the Clarke Institute of Psychiatry, guest-appeared on the "CITY LIFE" program (City-TV, Ch. 57) in Toronto, on February 22nd.

MMRF Professional Advisor, Jude F. Patton, together with Patricia Michelle Castaneda and Nyleen J. Michael, guest-appeared on the "PHIL DONAHUE SHOW" in Chicago, on April 5th.

WANTED!!!

Poems, limericks, free verse on themes related to: transsexualism, transvestism, and androgyny for inclusion in forthcoming book: AN ANTHOLOGY OF TS, TV, AND ANDROGY-NOUS VERSE. Send submissions to: Rupert Raj, METAMORPHOSIS, P.O. Box 5963, Station A, Toronto, Ontario, Canada M5W 1P4.



metamorphosis medical research foundation (mc)

*Gender Dysphoria Syndrome - Female-to-Male Transsexualism *Genitourinary Deficiency - Phalloplasty, Penile Prostheses

P.O. Box 5963, Station 'A' Toronto, Ontario, Canada M5W 1P4 Rupert Raj, B.A. Executive Director

BOOK REVIEW

FEMALE-TO-MALE TRANSSEXUALISM: Historical, Clinical and Theoretical Issues, Leslie M. Lothstein, Ph.D., Routledge & Kegan Paul, 1983 (\$25).

Reviewed by Rupert Raf

I entertain rather mixed feelings about this certainly controversial book. And, I would predict that a high percentage of its readers (professional as well as transsexual) will react strongly negatively. For instance, witness the following caustic comment made by a female-tomale transsexual (F-M TS): "Doesn't sound very good if his treatment is psychological rather than surgical. Does he really think he can talk us back into the kitchen? Not me, boy. Hell no, I won't go!"

Although it is an intensively researched and well-written work--and is even considered by some to be a "scholarly study"--I find it, notwithstanding, to exude a cold clinical approach, which is at once dehumanizing and devoid of compassion, not to mention insensitive and insulting. For example, the author uses female pronouns exclusively-even when referring to post-operative F-M TSs who are now--by definition, and for all practical purposes --men!

Dr. Lothstein's clinical orientation embodies psychoanalysis and psychotherapy as it employs a mental illness model, wherein, F-M TSism is alternatively conceptualized as: a "psychological character disorder", a "severe developmental disturbance" and a form of "female gender-identity pathology". (Note the almost exclusive use of <u>psychiatric</u> diagnostic labels and the nearly virtual omission of such medical, psychobiological terms as "cross-gender identity" and "gender dysphoria syndrome").

Specifically, Lothstein views F-M TSism as "primarily a disorder of the self-system...involving an early childhood developmental arrest, disturbances in ego functions, and stem-| where indicated--subsequent to...

ming primarily from borderline personality and narcissistic disorders." He also believes that F-M TSs are abnormal apart from their "gender pathology" and that "while only a small percentage... (between 5% and 15%) are overtly psychotic or schizophrenic", many F-M TSs, "in addition to their personality disturbances...exhibit a wide range of other psychiatric symptoms: including depression, anxiety, panic attacks, and severe psychosomatic complaints."

The author also misconstrues the F-M TS's masculine identity and male role as a "false self" and "impersonation", respectively. Moreover, he sees the F-M TS as a woman--not as a man--and classifies "her" TSism as a female psychosexual disorder.

Lothstein contends that "while surgery may be beneficial to a few select patients...psychotherapy and not surgery is the treatment of choice" for F-M TSs. Additionally, he argues that "whether or not sex reassignment surgery is indicated. the initial treatment of choice for (F-M TSs) should be intensive, longterm psychotherapy." Furthermore, he declares that "all surgical patients...should be routinely referred for some form of psychological intervention or psychotherapy."

Generally, Lothstein utilizes some form of traditional, psychoanalytically-oriented psychotherapy. Specifically, this may take the form of "a variety of sophisticated supportive (and exploratory) psychotherapies (which at times included some anxiety-provoking techniques and investigative work)." Yet, in actual fact, the "supportive" psychotherapists in these cases, deliberately did <u>not</u> support the F-M TS patients' <u>lifestyle--which</u> was regarded as a psychological "defense".

In defense of the author, however, he does make some very good points. For example, he emphasizes the extreme importance of intensive evaluations (including extensive psychological testing, counselling, and psychotherapy*) prior to--and also,

(cont'd. on p. 4)

BOOK REVIEW (cont'd. from p.3)

surgery (including psychological follow-up assessments).

Specifically, Lothstein points out the need to counsel the F-M TS prior to surgery as to the mostly irreversible effects of the hormonal and surgical procedures as well as their possible hazardous effect, and their practical limitations—especially regarding phalloplasty. He also sets forth the (possible) beneficial value of spychotherapy for F-M TSs and doesn't regard sex-reassignment surgery and psychotherapy* as mutually exclusive.

(*Psychotherapy may possibly be of benefit to certain, carefully-select ed individuals (F-M TSs and gender-dysphoric females) before, during or after sex-reassignment, if, and only if, there is sufficiently clear evidence that this type of treatment is indicated. (That is, where there exists some element of doubt as to the patient's accurate diagnosis as a "true transsexual" and/or where the patient adequatley demonstrates some definitive form of emotional or mental instability).)

In addition, the author also provides the reader with a highly informative historical-mythological-literary review of "women who impersonated men" as well as an equally educational medical-psychological overview of past research and treatment in the field of F-M TSIsm and gender dysphoria

In summary, I propose that Lothstein 's book is as potentially damaging to the TS "cause" as Janice Raymond's THE TRANSSEXUAL EMPIRE: The Making Of A She-Male. Both books contain primary assumptions that are unwarranted and invalid. To wit, Lothstein's basic premise that F-M TSs are essentially women who suffer from an abnormal form of female psychosexuality, which dates back to a very early disruption of their incipient female identification, is just as ungrounded and unjustifiable as Raymond's fundamental notion that F-M TSs are "lost" or "castrated...

women", who are merely "token" or "fake men", who collude with the medical conglomerate to undergo sexreassignment surgery in order to "neutralize" and "neuterize" their biological female sex, so as to effectively "ward off potential lesbianism" or other forms of deviance.

Both Lothstein's and Raymond's hypotheses are largely theoretical, highly speculative and generally inconclusive, not to mention ludicrously far-fetched and absolutely absurd!

The problem, I think, is one of perspective. The professional is on the outside looking in (ie. an objective clinical observation) and the transsexual is on the inside looking out (ie. a subjective, felt experience).

Lothstein's approach to the problem is theoretical, clinical and psycho-analytical—in specific, (neo—) Freudian. Raymond's approach to the phenomenon is ideological, sociological and sexo-political—in particular, radically feminist. The transsexual's perspective, on the other hand, is experiential, existential and phenomenological—ie. a unique, personal sense of one's self—identity (including one's body-image).

That's the problem--a difference in perspectives. What's the solution? More research? More treatment? Another book on F-M TSism? Perhaps one espousing an alternative (psychobiological) point-of-view?...

* * *



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(914)

DEAR RUPERT

I have enclosed a check for \$25 to cover my membership fee.

I am intending to have further reconstructive phalloplastic surgery in April or May at the Eastern Virginia School of Medicine under Or. Charles Horton. They have a gender committee there and do TS surgery besides all types of hypospadius repair work on genetic males. Dr. Horton has been doing genital reconstructive work since 1950 and from all his articles appears to be excellent. I have already been down to Norfolk for a pre-op visit and they made me go through another evaluation to determine if I am capable of living as a male. The whole thing has been absurd and I have had about all I can take. After all, I have been living as a male for 20 years now and had sex-reassignment surgery with all legal documents changed about 12 years ago. This surgery is only going to be a refinement of my phalloplasty. They seem to not understand the meaning or difference between sex and gender

-- "Anonymous"

I am writing to suggest that the author of "SCARRED FOR LIFE" in the February issue, contact Dr. Brownstein of San Francisco as he is very good at cleaning up and re-doing scars and poor surgery. It's awful to think that you'll never be able to go bare-chested! San Francisco is a long way away but NEVER is a lot longer. His address is: Dr. Michael Brownstein, Opera Plaza Building, 601 Van Ness Avenue, Suite 2050, San Francisco, California (415-441-2777).

-- Emmon Oninda, California

I'm looking forward to my first issue! I am so impressed that there's a paper just for the F-M man. I really think this is super and I haven't even gotten an issue yet. I'm a pre-op TS--getting ready for the mastectomy. I can't wait!! I think getting theses off will be

even better than the actual penis. The mastectomy is being performed at Mount Sinai, New York in April. Dr. Bernard Simon is the plastic surgeon. The operation is \$4,000 for his fee. Whew! High! I'm involved with a beautiful person. We've been steady for 5 months now. If I can be of any help to others, I'm all for it. Thanks for the info'. Please rush me my first issue. I'm really anxious!

--Rhon

New Zersey

I've just begun living full-time as a male. Some of my T4s, T3s, etc. have my female name while others have my male name. When filing my income tax claim do I use my male or my female name? Or, do I file two claims? Or, do I file under both names and include a letter of explanation? Your help in this matter will be greatly appreciated.*

-- 2. D. H., Ontario

(*File your income tax claim under your <u>present legal</u> name and include <u>all</u> 74 and 73 slips together with a letter of explanation).

(cont'd. on p.8)

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Agent for FOCT

FOUNDATION FOR THE ADVANCEMENT OF CANADIAN TRANSSEXUALS Telephone: (416) P.O. Box 291, Station 'A' Hamiltoni, Ontario Canada L8N 3C8 obyn Douglass is a 30-year-old brunette beauty whom you may have seen recently as Stacy Keach's seductive lover, Eve, in a Mike Hammer TV movie or as one of Steve Martin's sensational playmates in The Lonely Guy. Her usual mode of dress is softly feminine; her favorite perfume is Bellodgia. But for seven weeks this year she stomped around in wing-tipped shoes and Aramis men's cologne and loved it.

The cross-dressing was for her lead role in Her Life As A Man, an NBC telefilm in which she plays a female journalist, Carly Perkins, who passes herself off as the male Carl Parsons to get a job on a sports magazine. Mare Singer plays Carly's live-in boy-friend and Laraine Newman a woman who falls in love with 'Carl.' In a perfect cameo, Joan Collins appears as a football team owner who believes Carl is out to seduce her.

"It's a pretty darn good parallel to *Tootsie*," Douglass concedes. "And I discovered my own man just as Dustin discovered his woman."

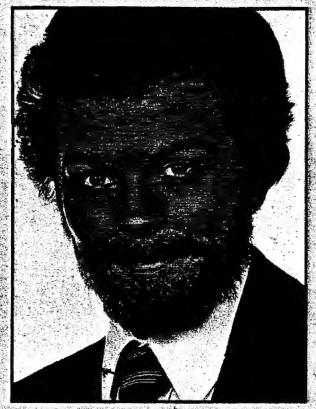
Murray's the man

The man she "discovered" was not super-macho ("I studied a weightlifter and how he walked in a parking lot every night, but I decided that wasn't for me."); in fact, Carl talks like Bill Murray. She taped Murray's voice in Stripes and repeated his lines for 1½ hours every day of the seven-week shoot.

Her man was 5-foot-7, about 155 pounds (she's 120), and hairy. At the studio, she'd submit to a minimum three-hour makeup session, including the five-part application of a moustache and beard "that really itched the heck out of me." Then she'd put on a male-molded body pad and her clothing.

"The thing I put on last was my wing-tipped shoes. It's great to wear a pair of sensible shoes like that. I swear to God, I loved them! The weight of those brown wing-tips that were my favorites really gave me a feeling of power—that the space where I was standing was mine. They wanted to get me some Gucci loafers and all that fancy-shmaney GQ (Gentleman's Quarterly magazine) stuff, and I said, 'No—it doesn't feel like a man to me. I just want good old conservative

My Life As A My Life As A



Robin Douglass was a 'real man' in wing-tips and whiskers for her part in the NBC special about a she-man showing on CITY Monday at 9 p.m.

wing-tips like my Dad's."

Douglass admits to heroworshipping her father, a pediatrician and air force colonel. As a child growing up on army bases (her father switched services later), she was more likely to go dragging through the house in his shoes than in her mother's high heels. "And perhaps that's why I picked Bill Murray's voice, giving military commands, in Stripes. There's a lot of my father in me."

(Gentleman's Quarterly magazine) stuff, and I said, 'No — it doesn't feel like a man to me. I just want good old conservative Davis. Though her interest in

acting eventually overshadowed a veterinary career, it didn't eclipse her involvement with animals. She and her boyfriend, Joel Cory, share their house on Lake Michigan in Illinois with assorted stray cats and an Alaskan malamute rescued from a sled team.

Her boyfriend, a voiceover expert who's the Pop! in .Snap! Crackle! and Pop!, shares her love for animals "and for everything else — including my career."

Cory, 16 years her senior, financed trips to California and helped support her for the year and a half before she got her first break in the film Breaking Away.

During her last assignment, Cory often thought he'd reached a man at the other end of the line when he'd phone her at night in Los Angeles. "Sometimes after I'd worked 16 hours my voice went so low I couldn't recuperate it without a rest," Douglass explains. "Joel really knew it wasn't a man — but he always had to ask. My mother would, too."

Even in person, her alter ego confounded a lot of people. "My agent didn't know me. He walked by me three times on the set, and then when he did recognize me, he shook my hand. He never welcomes me that way."

Real role reversal

The odd thing is that Douglass, too, was affected by the masquerade. "Usually if I get upset when I'm working, I'll go to my dressing room and maybe cry. But this time if anyone was on my case I'd think: If this person doesn't lay off me I'm going to punch him out!"

Since completing filming, she's donned the disguise twice — once for a segment of TV's Bloopers And Practical Jokes and once for the NBC press tour in Los Angeles. Dressed as a male journalist, she attended screenings, luncheons, and press conferences with reporters from around the country.

At the end of two days, NBC president Brandon Tartikoff got on stage and announced the ruse to promote the TV-movie. There were gasps from the audience, "especially the men on either side of me, one of whom had been with me all morning."

Douglass says she'd been happy to dress in drag again. "And it's got nothing to do with anything in my personality that craves to be a man, although I do love all the goodies men get—the respect that I got as a man on the street, when I was doing my research, and even on the set, where they knew I was really a woman.

"I find men more fascinating now than before. Every person has a male and female side and it's so wonderful to be able to experience the other side. Boy, is it neat! Doesn't it make you want to rush out and do it?"

- Pat(ricla) Sellers



"MY LIFE AS A MAN" (opposite) by Patricia Sellers (freelancer), Starweek Magazine, March 10-17, 1984, Toronto Star Newspapers Limited. Reprinted here with permission.

PASSING: WHAT ARE THE PRIME ELEMENTS?

As a F-M transsexual, have you ever gone out and felt that everyone was staring at you? Do you sometimes experience that deep-gut, dreadful paranoia that you are the center of very negative attention? Or are you still facing the starting point; watching your fear continually overrule your courage to begin the feat of "coming out", which is the inevitable obligation...to be true to yourself?

Since most F-M men are often smaller and shorter than the average man, it is quite common and understandable for us, as F-M men, to have fears of dressing publicly in male attire. There is the fear of "being read", the fear of being unable to find clothing that fits and the fear of taking that glant step, the first step toward outwardly portraying what is felt inside. So how do we get past these fears? Where do we start?

As usual, the beginning is the best place! For a pre-operative (and even pre-hormonal) F-M man, one of the first steps is the flattening of the chest, camouflaging the fullness of the breasts by means of taping or binding, or both. Another advisable measure is to create the likeness of the male genital bulge by wearing a jock-strap and a sock, a pair of briefs with a rolled-up sock pinned to the inside of it, or something of that nature. If the F-M man is small framed, the donning of a short, extremely masculine hair-cut will take much of the attention away from the shape of the face. And mascara, very lightly applied on the upper lip, darkens, lengthens and emphasizes the fine hair usually present, tho' often unnoticed atop the mouth. Last but certainly not least, if health..

permits, a weight-lifting routine is very helpful in building muscularity. Making the most of our bodies, by whatever means available to us, in conveying our masculinity, is one way of building confidence as well as courage to progress.

Spring is here and with it, a host of attractive fashions for men. One of these is the "layered look", the wearing of more than one shirt -- one atop the other, to create a bulky yet delineating look. Fullcut trousers or "baggies" complete this trendy look, which is suitable for adventurous men on the go. For more conservative men, there are a variety of suits and blazer-trouser co-ordinates made of thin, cool fabrics. (Suits are ideal for producing a fuller, masculine appearance, while providing a neat conservatism).

The main element in an F-M man dressing as the male he is, is confidence. As the saying goes, "You are what you feel--you are what you are inside". And if we honestly and with confidence portray the masculinity we feel inside, we may find that "passing" is something that is easier done than once believed! It all begins within us....

--Khalil

TS RIGHTS ORGANIZATION

I am interested in setting up a TRANSSEXUAL RIGHTS ORGANIZATION on the east coast (Stateside) similar to the one in California. I would like to hear from any interested, dedicated persons, especially those with special skills in setting up such a group.

We have got to get better organized and allow transsexuals the freedom they deserve and all the rights of any other individual with any other medical disorder, regardless of the level of understanding of the disorder.

Write: Len, TS RIGHTS ORGANIZATION, c/o METAMORPHOSIS, P.O. Box 5963, Station A, Toronto, Ontario, Canada. DEAR RUPERT (cont'd. from p.5)

Once again I am pleased to read your publication and to see the dedicated meaningful quality of it.

I am not able to fend off a bit of envy, if not frustration, in that my publication, GENDER ISSUES NEWS-LETTER, is no longer being published After two years of trying, the number of subscribers was much too low to permit keeping the effort going. I still feel that a newsletter of interest to all gender-concerned persons in North America is needed, but I do not yet know how to bring it to fruition.

I am pleased to serve your organization in an advisory capacity. I will do what I can whenever I can. As to referrals, I have given your name to the few female-to-male individuals I have come in contact with. One that I know of has subscribed and feels very aided by the information and consultation offered.

Again, congratulations on your continued fine work in helping persons with gender problems.

--Theodore I. Friedman, Ph.D., Friedman & Associates, Consulting Psychologists & Psychotherapists, Chicago, Illinois

I was very pleased to receive my METAMORPHOSIS Honorary Life Membership Certificate. I will be having it framed as it is certainly impressive. Your newsletter keeps getting better and better. I enjoyed the latest issue. I will be appearing on WJZ-TV in Baltimore sometime before June to talk about my penile deformity and my developmental history related to gender identity development. I have enclosed another small donation to help you along.

--Daniel Herzog, M.S.W., Vice-President II, American Foundation For Gender And Genital Medicine

Thank you for your very nice newsletter. I'm enclosing my \$25 membership fee plus \$12 for 6 back issues (1982). I'm 51 years old, divorced, now live alone. About 8 years ago,...

after many tests, the doctors found I had XXY chromosomes (Klinefelter's Syndrome). I have a small penis. small, undersized testicles and am sterile. I now receive a male hormone injection every month which makes me feel better and more sexual but it hasn't helped with my loss of erection. Before the injections, I did enjoy cross-dressing at home, but after injections, I lost interest. I've never had any counseling so it's been difficult to understand my feelings and lifestyle. I am bisexual and tho' I was married for some years, I find I'm happier now (divorced) to live alone. I tried the gay life but was not happy with that life-style (tho' I do fully enjoy oral sex with men and women). As I'm now past the time for any major change, I just need a better understanding of myself and would like to know more about men who have XXY chromosomes, their feelings and life-style. So, I would very much like to correspond with anyone who also has Klinefelter's Syndrome.

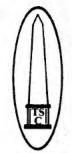
--Charles P.O. Box 604, Apopka, Florida 32703

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TS COUNSELING

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WHAT MUST BE

In this world of Bitterness I am sometimes found distressed As to my identity And the man I want to be.

Through the days I come and go And when they see me, they don't know The thoughts that clamor in my head Most of which cannot be said.

Having what is feminine
And being told that it's a sin
To want to be a man instead
And from my femaleness to have fled,

I am waging war against What's inside of me, and hence I'm confused beyond belief (And that's the root of my grief).

To seem to be a female to The majority (who rules) When inside, I am a man And I know I'll have to stand--

Steadfast--facing a great crowd
Wearing my all-manly shroud
There seems to be a large need for
Courage now, if nothing more,

* But I'll take that stand, I know

No longer can I now lay low

And just merely pretend to be

Something that won't make me free.

I'm a man and I must prove
That to those set in their groove
Then, I'll have the self-respect
To show my manly intellect.

--Khalil

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Questions Of The Month

- 1) WHAT WERE YOUR REACTIONS TO THE FOLLOWING FILMS: "SYLVIA SCARLETT", "VICTOR/VICTORIA", YENTYL", and, "MY LIFE AS A MAN"?
- 2) WHAT WAS YOUR REACTION TO DR. LOTH-STEIN'S BOOK, FEMALE-TO-MALE TRANS-SEXUALISM? AND, TO RUPERT RAJ'S BOOK REVIEW (ON PAGES 3-4)?

Transsexual Newsletters

GENDER REVIEW, Federation For American And Canadian Transsexuals (FACT), P.O. Box 291, Station 'A', Hamilton, Ontario, Canada L8N 3C8 (5 issues, \$7.50 per year).

METAMORPHOSIS, Metamorphosis Medical Research Foundation (MMRF), P.O. Box 5963, Station A, Toronto, Ontario, Canada M5W 1P4 (Bimonthly, \$15 per year, Free to members).

OUTREACH NEWSLETTER, Outreach Institute, P.O. Box 368, Kenmore Station, Boston, Mass. 02215 (TS/TV/TG, Quarterly, \$10 per year).

THE PHOENIX-MONTHLY INTERNATIONAL, P.O. Box 62283, Sunnyvale, California 94088 (TS/TV, \$30 per year, Canadians add \$6, Foreigners add \$12 (first class) or \$18 (airmail))

RENAISSANCE UPDATE, 1

San Juan Capistrano, California 92675 (Periodically, \$20 per year; Make cheque payable to: John Augustus Foundation).

SHAFT NEWSLETTER, Self-Help Association For Transsexuals (SHAFT),

South Ascot, Berkshire, England SL5 9UX (Bimonthly,
410-employed, 46-unemployed).

THE TRANSSEXUAL VOICE,
Hapeville, Georgia 30354
(Bimonthly, \$12 per year, Foreigners add \$3; Make cheque payable to: Phoebe Smith).

* THE TV/TS TAPESTRY, Tiffany Club, * P.O. Box 19, Wayland, Mass. 01778 * (TS/TV, Quarterly, \$30 per year, * Foreigners add \$5 for first class).

Professional Newsletters

EEF NEWSLETTER, Erickson Educational Foundation (EEF), P.O. Box 532, Djai, California 93023 (Periodically, Free, TSism, G.D.S., etc.).

HBIGDA NEWSLETTER, Harry Benjamin International Gender Dysphoria Association (HBIGDA), Stanford, Calif. 94304

(Periodically, \$60 for 2 years).

TESTOSTERONE (cont'd. from p.1)

lab rats but their homes may also make them vulnerable to a possible result of the stressful life: cardio-vascular disease. Ramey's research suggest that testosterone acts through other chemicals in the blood particularly after age 40, to increase blood clotting and help form fatty deposits inside artery walls. Both can lead to heart attacks and strokes.

Women face a much lower risk. Estrogen protects them during their child bearing years, and they have relatively low testosterone levels to begin with. But remove a woman's ovaries before she's 20, and she's just as likely as a man to develop heart disease before 50.

An obvious solution might be to give men estrogen--which may directly shrink fat deposits in the arteries-but, even in small amounts, the female hormone makes men impotent. But, Drs. Ramey and Ramwell have found that testosterone acts largely through the prostaglandins (chemicals involved in blood clotting) to produce its dangerous effects. Drugs like aspirin--which block the prostaglandins--may help save the heart.

Some pundits now argue that the stress of changing status will physically hurt women--if they live and work like men, they will die like them. But Ramey's research shows otherwise: It's testosterone, not stress, that gives men more heart attacks. High-powered jobs, in fact, may be healthy. It isn't responsibility and power that kill but rather, lack of control.

Dr. Ramey does believe the recent evidence that sex-hormone levels may significantly affect brain development, but she doesn't believe that the biological advantages men may have--particularly in visual-spatial perception--explain their social advantages. Women, she remains convinced, are better at some skills than men, but are socially restrained from using them fully. For example, women are born with greater linguis-

tic ability but they don't become great politicians or speechmakers; they are more likely to be thought of as gossips. Women also have greater dexterity but they are still more likely to do needlepoint than neurosurgery. The hormonal effects on our behaviour are a reality, but they don't explain the roles our society assigns to men and women in decision-making.

Dr. Ramey continues to work for the equality of the sexes in very different areas: to help women advance in science, business and politics, and to give men the chance of living as long and as healthfully as women do.

(This article is a sequel to the one featured in the February 1983 issue of "METAMORPHOSIS", entitled, "TESTOSTERONE: The Bonding Hormone").

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