We would be interested to hear the authors' response to these seeming inconsistencies.

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AUTHORS' REPLY: We are grateful to our colleagues at Chase Farm Hospital for pointing out the discrepancies in the Tables of our recent paper, and are flattered that the paper was chosen for such close scrutiny in what sounds like a stimulating Journal Club.

To answer the points:

(a) and (b) This was due to the erroneous transposition of one case (a heterosexual in the onset < 13 group) from Tables 1 and 2 to the "unknown" category in Table 3.

(c) A proof error occurred in Table 2 and the column under core positive with regard to sexual arousal for cross-dressing should read 3, 30, 2 and not 0, 33, 2. After this correction, Tables 2 and 3 then agree in that there were ten subjects with sexual arousal. The discrepancy between these tables and Table 1 is due to the definition used which was slightly different when assessing the DSM–III criteria and the presence of core transsexualism – in the former it was defined in terms of arousal with cross-dressing (a narrower definition) whereby in the latter, a slightly wider definition was used to capture the sense of a total absence of sexual arousal in any aspect of the adoption of the cross-gender role.

(d) This was due to the addition of an "unknown" category to the "referral for surgery" in Table 2, whereas in Tables 1 and 3 these were included in the "not referred" group. To the best of our knowledge, these individuals were not referred for surgery.

While thanking Dr de Taranto and colleagues for bringing this to our attention, we feel these changes do not alter the main results or implications of our study.

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Musical and verbal hallucinations

SIR: Berrios (*Journal*, February 1990, **156**, 188–194) produced a useful literature review and statistical survey of cases of musical hallucinations. However, he does not seem to have read my related review of unilateral auditory hallucinations (Gordon, 1987) nor even my addendum in this journal (Gordon, 1988) drawing attention to it. Hence many interesting points were left unexplored and my conclusions were unchecked. Furthermore, it is now being cited as a 'definitive review' (Shapiro *et al*, 1991). To take some specific points:

Despite reporting personal cases with both musical and verbal hallucinations, Dr Berrios confined his review to musical ones only. Cases in the literature with otopathic auditory hallucinations cannot be clinically differentiated by type (i.e. music, words or elaborated tinnitus). Musical ones are admittedly quite striking given the specific and stirring quality of the evoked music. Indeed, it may not be coincidental that so many great composers had ear disease (Beethoven, Smetana, Schumann, etc). Nevertheless, most attention should be directed to non-musical auditory hallucinations, given their prominence in psychosis.

My references contained cases of musical hallucinations unused by Dr Berrios. There are undoubtedly others not cited by either of us.

I reported interesting relations between the laterality of the ear disease and hallucinations, but did not pursue this. Dr Berrios missed the chance to check this and did not even mention the subjective source of the hallucinations in any of his six new case vignettes.

My claim that hallucinations were more closely related to middle rather than inner ear deafness and to serous rather than purulent otitis was not assessed.

Dr Berrios made no distinction between unilateral and bilateral hallucinations. In medicine, causes of unilateral and bilateral diseases are often quite different. Focusing, as I did, on unilateral hallucinations simplifies correlation with ear or brain disease. Although I do not doubt that ear disease can produce bilateral hallucinations, it is very difficult to show this, even if true, from published reports.

He does not discuss the crucial question of whether ear disease without central disinhibition or neurological or psychiatric disease is a sufficient cause of auditory hallucinations. If so, concomitant brain disease may be a red herring. Dr Berrios claims a link between right hemisphere lesions and musical hallucinations, unsupported in recent well studied cases (Cambier *et al*, 1987; Shapiro *et al*, 1991). This makes it even more unfortunate that he had no comparable matching group of non-psychotic patients with verbal hallucinations linkable to left hemisphere lesions.

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