

hospitals which currently serve as places of safety provides the opportunity to reassess the type of facilities which are appropriate for the assessment of psychiatric emergencies and, if necessary, to rationalise the different services that have developed over the years. This study suggests that the type of assessment facility might, to some extent, predetermine the form of care provided. One is led to question

whether hospital-based assessment, including assessment in psychiatric units, has any place in a community-oriented mental health service or whether a facility within the community (there are many facilities, apart from police stations, which could be considered) is more likely to result in a community-based form of care.

## REFERENCES

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## Conference Report

### *International Conference on Gender Identity*

A two day conference on the theme of transsexualism was held at Charing Cross Hospital on 11–12 December 1986. The hospital is the site of the major British gender identity clinic; it was established by the late Dr John Randall and the surgical work was conducted by Mr Philip who pioneered the successful male to female operative technique of phallectomy and vaginoplasty which has now been widely adopted. The continuation of Mr Philip's work after his retirement by another surgeon has emphasised the conviction of the Charing Cross team that important work is being carried out and that full surgical reassignment must be available for carefully selected people who have shown that they can live in, and will only be content in, the opposite gender role.

The conference was national rather than international although the major Canadian centre at the Clarke Institute, Toronto, was represented. Addresses covered a broad range of themes from the literary style of transsexual autobiographies to the hepatotoxic effect of methyltestosterone, and from the work of the speech therapist in the team to the latest surgical development in phalloplasty which uses a radial artery flap to create the urethra. The present legal disabilities of transsexuals were discussed and an interesting paper on classification clarified the distinction between transsexualism and homosexuality yet noted the curious variants in the relationship of gender identity to sexual orientation. A survey of outcome was reported and Dr Mate-Kole, research psychologist at Charing Cross Hospital and the organiser of the conference, concluded

the meeting with a list of topics for further research; these included better outcome evaluations, study of endocrine and neuropsychological aspects of gender dysphoria, and a wider understanding of the patients interrelationships with their families and their partners.

All the speakers and participants were enthusiastic about the study of gender dysphoria and the continued endeavour to improve the quality of life for transsexual people. Professor Hirsch said that the gender identity work at Charing Cross will continue but he pointed out that 150 new referrals and 700 follow-up patients a year imposed a considerable strain on the resources of the staff and the hospital; he concluded with an appeal to interested psychiatrists to establish regional teams in other parts of the country. In addition to taking the weight off the Charing Cross Hospital team, this would have the additional considerable advantages of convenience for the patients and closer knowledge of the aspects of the lives and relationships of transsexual people which are so necessary for good assessment and selection for the arduous procedure of gender reassignment.

Charles Mate-Kole and I should like to hear from any readers who would be interested to form a research and study group for the problems of gender identity.

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