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OPENING ADDRESS BY THE CHAIRMAN, Professor C.J. Dewhurst, Professor of Obstetrics
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All speakers in the discussions will please give their names, and we will try and record them so we will know who is who. The press are not present at any part of this meeting. There will be a press conference held at the end of this meeting, that is to say, tomorrow evening, about six P.M., when all the speakers presenting papers, and myself, will be present. A photographer will be present at the meeting and will take photographs of persons who are delivering papers, and also he will be available, I understand, at dinner this evening. Morning coffee and afternoon tea will be in the Adams Room, where we have just come from. Lunch and dinner will be in the Georgian Room, which is opposite the Adams Room, on the opposite side of the corridor.

That is the end of the specific announcements I have been asked to make, and I will move on to what is down in the program as the Chairman's Opening Remarks. You will be glad to know these will be comparatively brief.

This Symposium is on Gender Identity, and all the problems which surround it.

Now, I believe it is wise to be as clear as possible about our terms of reference so that we all know what we are talking about.

Although you all believe you know what you are talking about, what you believe may not be what the person next to you believes, or someone at the other end of the room.

I imagine it would be presumptuous of me at this time to attempt any kind of definition of what we are talking about, but to me, it seems to be that we are discussing a situation when doubt exists in the mind of an individual about their true sex, when there is no anatomical ambiguity to give rise to this doubt. Now, if we are going to discuss this we are going to have to discuss it in depth. Not only in, perhaps, its most extreme form which most of us know as transsexualism, but other forms when the doubt may be of minor degree, perhaps when it is insufficient to stop at dressing from time to time, as a member of the opposite sex, which many of us would agree to call transvestism.

But if we are going to try and discuss this problem in depth we are going to come across many, many questions that I hope will be answered during the course of this symposium.

One question that immediately arises from the brochure is whether, in fact, there is a fundamental difference between transvestism and transsexualism, or whether they are not degrees of the same condition. I put this forward simply as one of the many questions which will arise.

All I intend to do is to pose a few questions which I hope will be answered during the course of this meeting.

I will do no more than to put them forward to you now, hoping that in my closing remarks I shall be able to answer some of them.

If we take the first group of questions, concerning the nature of the problem under discussion, as a scientist I hope we will learn something of the nature of the problem under discussion. What, for instance, do we know already of its origin? Under what circumstances does it arise? Are there certain consistent endocrine, or enzymatic, or chromosomal changes associated with it?

What physical investigations are required? in any patient who appears

to be suffering from transsexualism or associated conditions? What investigations are likely to be helpful to allow us to learn more about the underlying cause of the condition? How often, if ever, is there any physical ambiguity of sex to go with the confusion in the patient's mind?

These are a number of questions which occurred to me about the underlying nature of the condition.

Now, another group of questions concerns what I would regard as cure of the condition. As a clinician, I like to think that I consider cure of any condition as important. And if we regard the condition as an abnormality, that would be cured by getting the patient to accept their true anatomical sex, can we say that this is ever possible?

I certainly regard this as one of the most difficult conditions that I have ever come across in clinical medicine. Is a cure, in that sense of the word, ever possible? How should it be approached? At what age is it wise to take it very seriously? Every case record that one reads concerning a case of transsexualism makes it clear that the very first indications are evident in early childhood, and I never miss an opportunity like this, when I am speaking in public, to remind pediatricians of this very point.

It should be suggested to them that they must take the early manifestations of transsexualism very seriously indeed.

If we do that, will we sometimes be taking it too seriously?

Is there an age, after which we can say, in that sense of the word: 'cure is no longer possible, but we must do all we can to arrange for the patient to assimilate their desired sex as smoothly as possible'?

Then I move on to a number of questions about gender identity as a clinic. Now, there is no gender identity clinic in the sense that a building exists, where a group of doctors work, in this city.

Sometime ago I suggested to some of my colleagues that we should form a loose gender identity clinic, which we have formed and it does exist and it is operating in London at the present time. To some extent it is hampered by lack of central premises, but we believe that it is, we are, doing useful work insofar as we can. But there are problems here, too. If we are considering an individual for assimilation into a new sex, considering in particular sex reassignment surgery, what criteria are we to accept? As to whether the patient should be accepted or ~~rejected~~ ^{so far as} surgery is concerned.

Am I to be swayed when I see a patient, with whether I like them, whether they seem to fit well into a new sex, or are there other criteria that I ought to be looking for and noting down that will help me to decide the genuine from the spurious?

What safeguards are required before we undertake surgery? What investigations are necessary and what technique should be employed? And what surgical complications exist, because undoubtedly there will be surgical complications. Some of them I know from my own personal experience.

And the last little group of questions concern the legal aspect of things. What is the precise legal position of a patient before surgery is undertaken? If they dress, shall we say, as a woman and go out into the streets?

After surgery has been undertaken, what is the precise legal position? Is legal re-registration possible as the laws framed at the moment in this country?

As I understand it if we are to recommend registration into the other sex, of the male to a female sex for instance, that what we are doing is certifying that a mistake was originally made. Can we, in fact, say that that is so?

When we are considering a problem like transsexualism when there is no anatomical ambiguity in the vast majority of cases?

Is marriage legally possible, in this country at any rate? Is it successful? And lastly, but by no means the least from our point of view, what is the legal position of the surgeon who undertakes sex reassignment surgery of this kind?

Well, those were a number of questions and undoubtedly there will be more. I simply wanted to bring them up in the hope they would make people think, if, during the course of the discussion that they can answer them, well and good.

But I hope somehow, that most of them will be answered before the symposium is over.

Now I have talked for long enough, and it is time that I introduced the first speaker, who is Dr. Peter Scott, a consultancy physician at the Maudsley Hospital, in this city, and it gives me great pleasure to ask him to give the opening paper on the Clinical Aspects Of The Problem Of Gender Identity. Dr. Scott...