

thrombolytic therapy. Whether further stratification of this subgroup, on the basis of a bedside enzyme assay, will improve prognosis is unlikely and has not been subject to prospective study. Until then, the policy of '... depend(ing) heavily on classical changes on the ECG to aid diagnosis' would appear correct.

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Breast reconstruction at a district general hospital

There are a few important points that I would like to raise regarding the above paper which was recently published in your Journal (November 1993 *JRSM*, pp 630-3), in which a small series of 19 Becker breast reconstructions were presented. I felt it pertinent to comment on this paper as we are currently auditing the last 200 post mastectomy Becker reconstructions done in our department.

Reconstructive breast surgery is not something to be done by the 'dabbler' and it has, in fact, almost become a subspecialty of plastic and reconstructive surgery. To provide a full service one should be trained in all aspects of the reconstruction and be capable of carrying out insertion of implants, transfer of myocutaneous flaps and also skilled in free microvascular tissue transfer. Many adjunctive procedures are also required, such as adjustment of the other breast either by mastopexy or reduction mammoplasty and nipple areolar reconstruction.

There are many minor aspects of this paper that plastic surgeons would object to, such as the use of the mastectomy scar for implant insertion and also the inordinate amount of time taken to reach full expansion of the subpectoral prosthesis. What though is more damning is the fact that in the undressed state, 43% of the patients and 53% of the external assessors graded the final cosmetic result as either poor, terrible, or fair. This is something in the current climate of medical audit that is totally unacceptable. Another important point is the fact that 58% of patients did not ever, in fact, reach full expansion of the device.

The authors also comment that their experience with tissue expansion in the post radiotherapy patient is favourable from their experience of two patients. In our present audit it would appear that the vast majority of our cases of implant exposure are in the post radiotherapy cases and it would appear prudent to insert some form of normal tissue into the area prior to expansion being commenced in this particular group.

The authors also comment on the unavailability of a plastic surgery opinion in their hospital but I am sure that had an opinion been asked for, this would have been easily forthcoming from their local regional reconstructive plastic surgery department.

Finally, in the current climate of increasing claims of medical negligence being made, one would have to be somewhat foolhardy to put into print that, reconstructive breast surgery 'can be performed in a District General Hospital by a General Surgeon without plastic surgical experience'. I am sure that that statement would be totally unacceptable in a court of law and I am certain that the Medical Protection Societies would be unable to mount a viable defence of someone who used that argument to justify them performing operations for which they were not adequately trained.

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The author replies

We agree entirely that reconstructive breast surgery is not for dabblers, but for those with a special commitment and aptitude, be they plastic or breast surgeons. McLean has, however, missed the point. Although complex techniques require considerable training, basic techniques such as tissue expansion can be learnt by any surgeon with competence, interest and a general training, in the same way that a plastic surgeon can be trained to dissect the axilla.

The use of tissue expanders by general surgeons is well established¹⁻³. A careful search of the plastic surgery literature reveals a great paucity of data to compare with our own 'damning' results. Such a judgement is unwarranted and premature, as the 58% of patients not fully expanded at the time of the study have now completed the cycle of expansion, with considerable improvement in their overall assessment.

McLean misquotes our paper when referring to the unavailability of a plastic surgeon. Indeed, we have acknowledged the invaluable advice of two such colleagues who have provided much encouragement and tuition. Both support the role of a breast-dedicated surgeon in this rapidly changing field, and endorse a philosophy of cooperation and dissemination of knowledge, rather than the reverse.

Much of the current enthusiasm for breast reconstruction is driven by escalating patient-led demand. This has not been matched by a significant increase in the number of plastic surgeons in the UK. Until this imbalance is redressed, increasing waiting lists will dictate the need for more collaboration of the kind we have been fortunate enough to enjoy in Winchester.

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- 3 Thompson AM, Chetty U. Appraisal of breast reconstruction with a tissue expansion technique. *J R Coll Surg Edinb* 1990;35:4-6

A Girl Called Georgina

Dr Pryor's kind review of my book¹ in your journal (January 1994 *JRSM*, p 62) was neither particularly accurate nor generous. My original 1961 work, *Over the Sex Border*, reprinted as an adjunct to my autobiography, was the first comprehensive study of its kind from the rare case histories of 40 transsexuals from the 50s. It was written to bring to the attention of both medical profession and public the very real problem of transsexuality, and to comfort transsexuals who were fighting not only their own problem but also the medical profession and society who were less than sympathetic. From the acclaim at the time it would appear that I succeeded and, although transsexualism has come to be accepted today as a real medical entity and surgical techniques have vastly improved, the essential medical and legal facts detailed in my original work remain as accurate now as when it was written. It is also a unique historical record of those easily forgotten pioneering days.

Dr Pryor says the book emphasizes that gender cannot be changed, etc., and that this is no longer considered so. I do not speak of gender but of biological sex, and I state clearly that hermaphrodites brought up in the role contrary to their biological sex nearly always choose to stay in their psychological role of rearing. Indeed, Dr Pryor appears to confuse this with transsexualism, the subject of my study, in which individuals choose quite the opposite.

Dr Pryor is wrong to suggest that I am *one such case* who has been able to adapt and lead a happy and useful life in *my chosen gender*. As my autobiography relates, my own

circumstances are unique. *I did not change my name: As a physical and genetic hermaphrodite this was done officially when my birth certificate was corrected from 'Boy' to 'Girl' as a result of affidavits from my father, a surgeon, and a sexologist. The correctness of this change was also verified in the High Court in 1972 and, as described, was made in 1960 and not 1957 as Dr Pryor states. Some of these minutiae are of minor importance but when one has spent a lifetime*

helping people it is always nice to get things right and hope to be appreciated.

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- 1 Somerset Georgina. *A Girl Called Georgina*. Sussex: The Book Guild, 1992

Book reviews

Urodynamic & Reconstructive Surgery of the Lower Urinary Tract Tony Mundy 386 pp £165
ISBN 44303348X London: Churchill-Livingstone, 1993
This latest book from the pen of Professor Tony Mundy is a very welcome contribution to the urological literature and will prove a pleasurable addition to the book shelves of urologists, gynaecologists and general surgeons: indeed, anyone with an interest in pelvic surgery. It is also a vindication of the single author approach, particularly in a specialist area. The approach taken is based firmly on

functional assessment and evaluation by urodynamic study with respect to pre-operative diagnosis and most importantly to outcome. By and large Professor Mundy manages to steer a steady course between the pitfalls of individual authoritarianism whilst at the same time retaining a balanced view of the options in management. A very welcome feature is the detailed description of surgical anatomy which has not always been a feature of British surgical texts. The numerous illustrations are first rate and reflect an excellent understanding between author and the artist Philip Wilson. Although one might assume that much of lower tract reconstruction lies largely in the province of the 'super-specialist', there is undoubtedly much in this volume which will be of interest and of value to those with a more general commitment in pelvic surgery. It deserves to be widely read by all those practising pelvic surgery and should also serve as a valuable reference source.

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Some recent books

Molecular Aspects Of Anticancer Drug-DNA Interactions, Vol 2. S Neidle, M Waring (pp 356) ISBN 0333602382. Basingstoke: The Macmillan Press Ltd, 1994.

Molecular Genetic Medicine, Vol 3. T Friedmann (pp 184) ISBN 0124620035. London: Academic Press, 1993.

Movement Disorders, Vol 3. C D Marsden, S Fahn (pp 529) ISBN 0750614129. Oxford: Butterworth-Heinemann, 1994.

The MRCGP Examination: A Guide For Candidates and Teachers. R Moore (pp 183) ISBN 0850841933. Devon: Royal College of General Practitioners, 1994.

New Rituals For Old: Nursing Through the Looking Glass. P Ford, M Walsh (pp 261) ISBN 0750615818. Oxford: Butterworth-Heinemann Ltd, 1994.

Nutrition In Primary Health Care: Experiences In Pahou, Benin, PDS-Pahou Series 3b. U H Renqvist, A Sagbohan, S Inoussa, J A Kusin, E Alihonou (pp 48) ISBN 9068320815. KIT Publications, 1993.

Operative Surgery and Management, 3rd edn. G Keen, J R Farndon (pp 970) ISBN 0750613777. Oxford: Butterworth-Heinemann Ltd, 1994.

Recent Advances In Paediatrics, No. 12. T J David (pp 243) ISBN 0443048711. Edinburgh: Churchill Livingstone, 1994.

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Tamoxifen and Breast Cancer: What Everyone Should Know About the Treatment of Breast Cancer. M W DeGregorio, V J Wiebe (pp 112) ISBN 0300059922. London: Yale University Press, 1994.

Taping Techniques: Principles and Practice. R Macdonald (pp 170) ISBN 0750605774. Oxford: Butterworth-Heinemann Ltd, 1994.

Toxocara and Toxocariasis: Clinical, Epidemiological and Molecular Perspectives. J W Lewis, R M Maizels (pp 169) ISBN 0900490306. London: Institute of Biology, 1993.

Treating Acromegaly 100 Years On. J A H Wass (pp 221) ISBN 1898099057. Bristol: Journal of Endocrinology Ltd, 1994.

Walter and Miller's Textbook of Radiotherapy: Radiation Physics, Therapy and Oncology, 5th edn. C K Bomford, I H Kunkler, S B Sherriff (pp 607) ISBN 0443028737. Edinburgh: Churchill Livingstone, 1993.

WHO Manual For the Standardized Investigation and Diagnosis Of the Infertile Couple. P J Rowe, F H Comhaire, T B Hargreave, H J Mellows (pp 83) ISBN 0521431360. Cambridge: Cambridge University Press, 1993.

The Yearbook Of the Royal College of Obstetricians and Gynaecologists. J Studd, C J Brown (pp 303) ISBN 0902331612. London: RCOG Press, 1993.