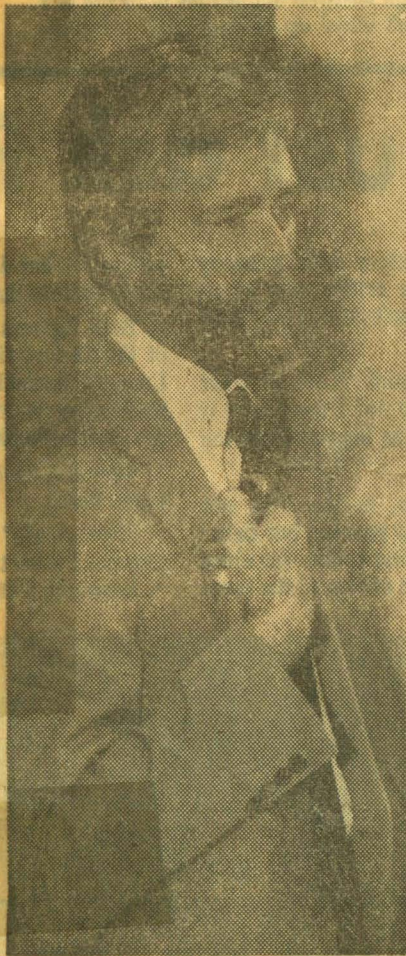


Transsexual
Surgery

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Hopkins abandons sex-change surgery



DR. JON MEYER
Sex surgery no advantage

By Sue Miller

Questioning the medical value of transsexual surgery, the Johns Hopkins Hospital has abandoned the program that over a period of 13 years changed the sexual identity of about 100 persons.

The decision to close down one of the first programs of its kind in the country comes largely as a result of a study of 50 transsexuals showing no significant difference in successful life adjustment between those who undergo surgery and those who do not.

"It appears as if surgical intervention has not done anything objectively above and beyond what's accomplished by passage of time," said Dr. Jon K. Meyer, a Hopkins associate professor of psychiatry who conducted the study.

The study, reported today in the August issue of *Archives of General Psychiatry*, is the first to compare a surgically-reassigned group with an unoperated group of transsexuals.

The specialist, who also is director of the Sexual Behavior Consultation Clinic at Hopkins, said most transsexuals—those who want to identify with and assume the role of the opposite sex—are males, primarily between age 20 and 30.

A transsexual's typical complaint is that he is "a man trapped in a woman's body," said Dr. Meyer.

"There seems to be a period in the life of these patients when they have an acute desire for surgery," he said. "If

that time passes without surgery, they lose the intensity of this desire and frequently go on to a fair life adjustment. Psychotherapy can often help these individuals adapt to life without surgery.

"Sex reassignment surgery confers no objective advantage in terms of social rehabilitation, although it remains subjectively satisfying to those who have pursued the trial period [usually two years] rigorously and have undergone surgery."

The non-operated patients don't readjust to the sexual norm with family and children, he said, but they find an alternate sexual lifestyle, such as homosexuality or transvestism "that is comfortable for them."

Some 100 to 150 patients a year have been treated at Hopkins but only four to six percent have gone on to the radical, irreversible surgery, which costs between \$5,000 and \$10,000.

Much time is spent exploring the patient's underlying reasons for wanting a sex change. During this treatment stage, the Hopkins specialists found that these patients have experienced ex-

tremely painful relationships from their earliest years.

"It [the surgery] does not cure what is essentially a psychiatric disturbance and surgery does not demonstrably rehabilitate the patient," said Dr. Meyer.

Although the surgery has not been offered at the Hopkins for the past few months, the demand for it has not diminished, the psychiatrist said.

Patients who are determined to go through with a sex change are being referred to medical centers at the University of Virginia in Charlottesville, Case Western Reserve University in Cleveland and Stanford University in Palo Alto, Calif.

The male-female ratio among those who say they want surgery is 4 to 1. Dr. Meyer attributed this male-weighted ratio to the fact that early in life boys have to give up their identification with mother and girls don't, and because of this, males are more vulnerable to perversion.