inexperienced, and may be unable to give the patient a truly balanced explanation. The consultant admitted that a significant proportion of patients, on learning of these unlikely events, refused surgery, perhaps due to an inability to understand the statistical implications of these statements. This in turn may result in prolonged morbidity (and perhaps even increased mortality) for some patients. Are we not in danger of inadvertently converting 'transparent' information into misunderstanding by some patients, resulting in detriment to their health, and loss of trust in the medical profession?

SYLVIA WATKINS
Honorary Consultant Physician, Lister Hospital, Stevenage

Healthy limb amputation: ethical and legal aspects

Editor – Johnston and Elliot believe that amputation is neither legal or ethical in the treatment of patients with amputee identity disorder (AID) whom they describe as 'wannabes' (*Clin Med* September/October 2002, pp 431–5).

It is important that the group of patients referred to is accurately defined. We believe that there is a group of patients with a compelling and persisting desire to have one or more limbs amputated and that current psychiatric treatments are unsuccessful. Their compulsion is so great that many will injure themselves to achieve their desire.

Money *et al* originally described the condition as a paraphilia (Apotemnophilia)[1] but we believe that there is a separate group of patients in whom there is no obvious sexual component in their request and in whom the condition is more akin to gender identity disorder (GID). There is growing evidence that GID is a neuropsychological rather than a psychiatric disorder.[2] It responds poorly to psychiatric treatment but surgery is reported to have a success rate of up to 97%.[3] Our experience of patients with AID suggests that they too do not respond to currently available psychiatric treatment but that surgery appears to be successful.

Johnston and Elliot suggest that surgery should not be carried out until the condition has been fully researched. However, the patients with this condition are very secretive and ashamed of their feelings and we believe that formal trials of treatment are unlikely to be feasible. The authors correctly say that it is difficult to get a realistic assessment of results following surgery. However, we studied three patients who had had elective amputations between 1997 and 2000. All three had required repeated episodes of pyschiatric therapy before surgery but on follow-up after amputation in 2002 none had required further therapy. Research results can only really be achieved by comparing the effects of surgery with other treatments, for which clearly amputation needs to be available.

They also comment that, although the procedures were carried out with full informed consent and that no complaints had been made, the surgeon could still be subjected to legal action for assault. It is difficult to see who could benefit from such an action, particularly as there are many precedents for removal of normal organs where no prosecution has been undertaken. The circumcision of male infants on purely religious grounds is a case in point.

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ROBERT SMITH
Consultant Surgeon, Falkirk and District Royal Infirmary

KEREN FISHER
Consultant Clinical Psychologist, Royal National Orthopaedic Hospital, Stanmore

AIDS and CFS/ME

Editor – Professor Pinching's essay on AIDS and CFS/ME (*Clin Med* January/February 2003, pp78–82) elegantly links science, literature, and medical history. It also in effect solves the dilemma he addresses, namely poor progress in treating CFS/ME.

AIDS was initially the subject of diverse aetiological speculation but the profound lymphopenia was a vital common denominator and would have focussed meaningful research even before the introduction of techniques for defining CD4 T cells.

In contrast, CFS/ME is a syndrome which pervades much of internal medicine despite the best efforts of epidemiologists to define it more precisely. Discrete diseases have already been identified with symptoms which in some forms of presentation would otherwise have satisfied diagnostic criteria for CFS/ME, for example infectious mononucleosis and systemic lupus erythematosus. Research on this important syndrome progresses when the problem can be defined with sufficient precision.

AM DENMAN,
Emeritus Consultant Clinical Immunologist, Northwick Park Hospital, Harrow