

CORRESPONDENCE

Motorcycle messenger mania			
A R Cope, FRCS, and others.....	1560		
Gender reassignment today			
F C Rutter, MB; A P Rubin, FFARCS; R P Snaith, FRCPsych	1560		
Child abuse and osteogenesis imperfecta			
C R Paterson, DM, and Susan J McAllion, MB	1561		
Adult epiglottitis			
M Chester, MB, and others; Linda V Booth, MRCPATH	1562		
Psoriatic science			
B S Baker and others.....	1562		
Compulsory treatment in the community for the mentally ill?			
G Thornicroft, MB	1562		
Secretor state of patients with insulin dependent or non-insulin dependent diabetes mellitus			
P-J Lamey, MB, and others	1563		
Hormonochemotherapy in advanced breast cancer			
R W Blamey, FRCS; Helen J Stewart, FRCSed; Margaret W Ghilchik, FRCS, and others; M R Williams, FRCS, and M P Mohajer, MB	1563		
Euthanasia in The Netherlands			
Else Borst-Eilers, MD	1563		
Doctors with AIDS			
Lesley Kay, MRCPATH	1564		
Testing for HIV			
P Noble, FRCPsych	1564		
Control of HIV infection with confidentiality			
M Barnham, MRCPATH, and M McEvoy, FRCPATH	1564		
Severe rombergism due to gentamicin toxicity			
D G Swain, MRCP; R Duncan, MD, and I D Melville, FRCP	1565		
Gonadotrophin hormone releasing analogues open new doors in cancer treatment			
A J Arnold, FRCS, and A D Desmond, FRCS	1565		
Waiting for Godot			
I McKinlay, FRCP	1565		
Waiting list statistics			
R Tilston Austin, FRCSed	1565		
Hospital and community health service costs: England and Scotland compared			
A C A Glen and J K M Hulbert, MD	1566		
Spending more on turning patients into people			
R N Baldwin, MRCP	1566		
Physiotherapists and rehabilitation			
T Simon	1566		
Obstetrics on the labour ward			
J S Samra, MRCOG, and others	1566		
Soviet health care at first hand			
P J Carter	1567		
Confidentiality and AIDS			
C Shepherd, MB	1567		
Medical research and training			
Sir Christopher Booth, FRCP	1567		
Death of Oscar Wilde			
J B Lyons, FRCPi	1567		
Points Butter and government food policy (A A McInnes); Prognosis in asthma (C K Connolly); Familial adenomatous polyposis (J P S Thompson); Alzheimer's disease: ignoring achievements (R Levy); Access to personal health data held on computers (F V Flynn); Walking through labour (Sheila Kitzinger); Diagnosis of deep vein thrombosis (J Martin and E Cameron); Medicine and the media (S Dickens); Obstetricians on the labour ward (D J Houghton); The Isle of Wight's new hospital (P Brand).....	1567		

- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Motorcycle messenger mania

SIR,—Further to the Minister of Transport's recent launch of a scheme to provide suitable training for motorcycle couriers, you may be interested to note that the accident and emergency department of St Bartholomew's Hospital has been investigating the increase in injuries resulting from this type of service. We questioned all 33 motorcycle messengers attending the department over nine months. The results are summarised in the table.

Seventy per cent of the couriers who attended

*Details of riders attending St Bartholomew's Hospital
accident and emergency department*

	Average	Range
Age of rider (years)	22.3	17-27
Power of motorcycle (cc)	403	125-1000
Riding experience (months)	49.1	3-144
Riding that particular machine (months)	9.2	2 days- 36 months
Previous accidents per rider per year	0.7	0-4
Days off work due to accidents in past year	2	0-20
Expected days off work after this injury	14	0-90

the accident and emergency department had had an accident in the past year and they had been riding that particular machine for an average of only 9.2 months.

The mean cubic capacity of newly registered motorcycles and mopeds in 1986 was 199.2 cc with 82% of these vehicles being below 400 cc (personal communication, Motor Cycle Association). This compares with an average of 403 cc among the injured motorcycle couriers, indicating that these couriers use particularly powerful machines. High acceleration does not appear to be necessary for the job but unfortunately the method of payment is in most cases "by the job" or by the distance travelled. This piecework would suggest that the inexperienced rider would be tempted to drive faster and take more risks.

In London 550 companies are listed as providing couriers but no records exist on the number of riders concerned. There is no legislation to force companies to ensure that their employees have insurance, road tax, or roadworthy vehicles. Furthermore, few keep accurate staff records.

Although the scheme launched last month is a voluntary code of conduct for couriers, it is hoped that more courier companies will appreciate the

need for such a scheme. At present only 15 of the 550 companies have expressed an interest.

Clearly only a small proportion of accidents affecting couriers have been studied. Ten accident units serve central London, and data are currently being collected from them. The figures shown in our table highlight the prevalence of such accidents, representing considerable morbidity. Fortunately, there have been no recorded deaths yet, but one cycle dispatch rider was killed two months ago in central London (personal communication, City of London coroner). Accident prevention is clearly a role in which the medical fraternity must be actively concerned, especially as this affects an already vulnerable group of road users.

A R COPE
P R DRISCOLL
D V SKINNER
C A J McLAUGHLAN

St Bartholomew's Hospital,
London EC1A 7BE

Gender reassignment today

SIR,—I can understand Mr Grant Williams's reservations about gender reassignment when he