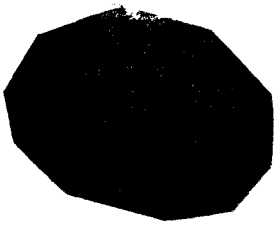


The Maturing Science

1. Background

by HARRY BENJAMIN, M.D.

The phenomenon of gender-role disorientation, that is, of anatomic males feeling themselves to be women and wanting to be women and of anatomic females feeling themselves to be men and wanting to "change sex," has existed in rare individuals since time immemorial. In modern days, it occasionally has been described by psychologists as "total sex-inversion" or with similar designations. Its clinical picture, however, only recently has been seen as a definite, recognizable medical entity, rare in the general population and impressive in its often tragic consequences for the individual.

The first book relating in popular scientific form a probable case of transsexualism may be Niels Hoyer's *Man into Woman* (1933). The noted British sexologist Norman Haire wrote the introduction that made Hoyer's book a semi-medical contribution. It is the story of a Danish painter who in the 1920s became "Lili Elbe" after operations that altered his genital organs. He had been married as a man, but before he could enter into a second marriage as a woman, he died.

My own first contact with the phenomenon, although I was far from recognizing it as such, occurred in the early 1920s. The largest part of my medical practice at that time was concerned with the growing fields of endocrinology and geriatrics, but sexological cases were by no means rare. Among the latter was that of an elderly transvestite who owned a press-clipping bureau. He was a well-educated man, married, and a father. Being separated from his wife, he had his home together with his business establishment and lived there completely as a woman. His family and employees fully accepted his "eccentricity." Outside the house, he dressed as a man.

He had read about the newly discovered female hormone, progynon. This product, then of rather low potency, was the result of long and intensive experiments by Eugen Steinach, professor of physiology at the University of Vienna, and by Professor Schoeller of the Schering Corporation (then of Berlin), the company that manufactures this estrogenic hormone.

My patient wanted to know whether progynon could enlarge his breasts, a prospect that would give him a great emotional satisfaction. With some hesitation I agreed to investigate, and, after a few months of parenteral therapy, a mild gynecomastia was produced to the infinite delight of the patient.

Years later I met my first more immediately recognizable male transsexual through Dr. Alfred C. Kinsey and his associates, Dr. Wardell B. Pomeroy and Dr. Clyde E. Martin. These scientists were then engaged in taking routine sex histories for their work on sexual behavior in the human male and female. The next and perhaps the most important milestone in the history of transsexualism was the "sex conversion" of Christine Jorgensen and the world-wide publicity it created. More patients of this nature were soon referred to me by Christine's doctors, as well as by Christine. By 1953, I had probably examined more cases of gender-identity disturbance than any other clinician in the United States. By 1965, there seemed to be enough clinical material on transsexualism to warrant my writing a book called *The Transsexual Phenomenon.*

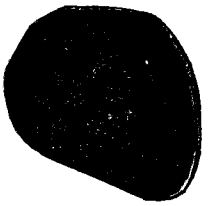
But nothing has been quite as encouraging and gratifying as the decision by Johns Hopkins Hospital, where I personally had or have no official connection whatever, to accept transsexual patients for study by its Gender Identity Committee and, if approved by the committee, for treatment and sex-reassignment surgery. Dr. John Money, psychologist at Johns Hopkins, widely known and respected for his extensive studies on hermaphroditism and related endocrinopathies and sexual disorders, was probably more responsible than any other individual for the decision that such an august institution as Johns Hopkins Hospital would take up this controversial subject and actually endorse sex-altering surgery in suitable subjects. The formation of the committee under the chairmanship of the plastic surgeon Dr. John E. Hoopes, largely for investigational purposes but also for the actual care of patients, was officially announced through *New York Times* reporter Thomas Buckley on November 21, 1966. Two days later, a senior newsman of the Baltimore *Sun*, Weldon Wallace, interviewed thirteen clergymen representing a variety of faiths, as to the moral aspects of the physical change of sex. There were no moral objections to the procedure by anyone. Only one, an official of the Catholic Archdiocese, declined comment. Most members of the medical profession everywhere must have been startled by the Johns Hopkins announcement. Many individual doctors, I like to hope, began to re-examine their own opinion on the subject.

To oppose such surgery in every case as a matter of principle is as wrong from a scientific and human standpoint as it would be to grant a "conversion operation" merely on request. Extended observation and careful screening seem to me indispensable. The technique of the operation itself requires further perfection, in order to avoid the present, not too rare, postoperative complications.

While thanks are due to all the patients who have, with more or less objectivity and altruism, described their deviation, science now eagerly awaits the first truly objective reports from investigational sources, especially about therapeutic results and how genetic men or women have been able to adjust to life and society in the gender roles demanded by their psyche but opposite to their anatomy.

The future may likewise see efforts to solve the riddle of the etiology of gender disturbances. How much can be psychological? How much may be genetic, how much neuroendocrine? What would be the nature of a predisposition to transsexuality, and how much of a role does it play in the final clinical picture? Can the imprinting phenomenon, as observed in animals, find a parallel in humans?

Transsexualism and Sex Reassignment, a new Johns Hopkins Press book edited by Richard Green, M.D., and John Money, Ph.D., is scheduled for publication in November. It is previewed here by special permission of the publisher. Dr. Harry Benjamin is identified on the book's dedicatory page as "the pioneer of transsexual research." Dr. Ira B. Pauly is associate professor of psychiatry at the University of Oregon Medical School, Portland. Dr. Ruth Rae Doorbar, who provided the sketches (drawn by transsexual persons) to illustrate her chapter on psychological testing of transsexuals, is a Park Avenue psychologist. The text here reproduced was published originally with the support of the Erickson Educational Foundation and is copyright © 1969 by the Johns Hopkins Press.



Of Sex Reassignment

2. Men Who Would Be Women

by IRA B. PAULY, M.D.

I shall deal here with a syndrome of disorders referred to as transsexualism, in which the individual has irreversibly accepted a gender identification opposite to that of his normal biological identity. The desire of the individual to deny and change his biological sex, and to pass into, maintain, and be accepted in the gender role of the opposite sex is so great and intense that it becomes the sole, consuming preoccupation of his life.

The final and most characteristic expression of transsexualism is the desire to achieve the anatomical appearance of the opposite biological sex, by surgical and/or hormonal means. The so-called "change-of-sex" or "conversion" operation has become possible because of advances in surgical technique since the first such operation was reported in 1931. Particularly for the biological male who wishes to be altered so that his anatomical structure will closely approximate that of a female, this procedure has been perfected to such a degree that the male transsexual (after surgery) not only appears to be a female but can function sexually as a female. For the biological female who wishes to assume the male anatomical structure and function, the situation at the moment is far less advanced and involves more prolonged and complicated plastic surgical procedures.

We are dealing with a continuum on which every individual occupies a particular place. Not only are there behavior gradations between the abstract concepts "totally male" and "totally female," but there are chromosomally and hormonally determined intersexed conditions. Therefore, we must discard the biblical polarity of the male-female, masculine-feminine dichotomy and reorient our thinking along a scale of subtle nuances of behavior. We are concerned with the extreme end of this spectrum when we consider individual cases of transsexualism. But even at the extreme, there are differences. A presentation of cases will illustrate this point more clearly.

The first patient, A.D., was seen on two occasions in July 1966. Although a biological male, this individual has lived as a female for the last four years and has passed and been accepted by society as a female. Therefore, A.D. will be referred to in the feminine gender, as it would be inconceivable for me to refer to this person in any other manner. I consider A.D. to be an excellent example of male transsexualism, and her story is quite typical of that which the true transsexual presents.

Six months prior to seeing me, A.D. had obtained plastic surgery for breast augmentation and was pleased with the excellent results. She had become very frustrated and depressed because she had been unable to obtain the final step in her transformation to the female status. If she were not successful in obtaining the "change-of-sex" or "conversion operation," she feared she might do something desperate. By this she meant that she had contemplated both suicide and self-mutilation of the genitalia in hopes that this would force the situation to such a point that she would be able to obtain sex-reassignment surgery.

She gave the following past history (in the relating of which I will revert to the masculine pronoun, because A.D. was accepted by his family and everyone who knew him then as male until the age of nineteen when he permanently assumed the feminine role): His father was a nondenominational minister who traveled frequently when A.D. was young; the family moved quite often, so that the child was never in the same school for longer than one year. Very little was said of the father other than that he was frequently absent and certainly not an important member of the family. Toward his mother, A.D. felt and still feels "very close" and has tremendous admiration for her as "an ideal person."

As early as he could recall, A.D. related, "I never had any normal interests and wanted to become a girl and change my name to Pat or Francis." He recalled loving to dress in his mother's clothes and always preferred to play with feminine things and toys. On one occasion, when he was given a fire engine, he became very upset and cried, saying he wanted a doll. There was almost constant conflict between A.D. and his parents when he insisted upon being accepted as a girl. However, in the fourth grade, he was successful in persuading his parents to allow him to have his own way, except that he had to wear boys' clothes to school. Subsequently he was relatively happy, leading a kind of double life—attending school dressed as a boy and doing quite well, and then returning home to dress and live as a girl. By the time he was in the eighth grade, he recognized that he was very different from others, and began to feel awkward and uncomfortable around people. Male students teased him for being effeminate and A.D. began avoiding school. He developed symptoms that in retrospect appear psychophysiological, forged notes to justify absences, and took long walks alone in the woods.

At age fifteen, he left home because of strife in the family, which increased particularly as a result of his progressively effeminate behavior. School and social interaction therein had long since become unbearable. He moved to a large city, where he worked for two years as a bus boy and generally tried to get lost in the crowd. He then moved to San Francisco and experimented with homosexuality, becoming involved with a homosexual crowd. But he could not tolerate homosexual males and discontinued this involvement after only four weeks. Certainly he was attracted to men as sexual partners, but only to normal men who were heterosexual and who would accept him as female.

At the age of nineteen, A.D. saw Dr. Harry Benjamin, who was the first person to offer help. Female hormones were prescribed, and A.D. began to cross over to the feminine role completely and permanently. Never since has she (I will revert here to the feminine pronoun again) regretted this.

At that time, A.D. underwent an extensive course of electrolysis for the removal of facial and chest hair and since then has been accepted unquestioningly as female. As mentioned earlier, a breast augmentation plastic surgery gives her the appearance of having well-developed breasts, and she continues to take female hormones.

On one occasion, A.D. sought psychiatric help, because of her frustration and difficulty in obtaining the wished-for conversion operation. After twelve sessions she stopped the treatment and reported it as a very negative experience, because the psychiatrist refused to accept her as female and insisted that she become a man again.