

**Putting Patients First:
Harry Benjamin and the Development of Transgender Medicine in the Twentieth Century**

By

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B.A., University of Victoria, 2001**

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTER OF ARTS

**in the Department of History,
and the Cultural, Social, and Political Thought Program**

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ABSTRACT

Dr. Harry Benjamin leant medical legitimacy to transsexualism with the publication of The Transsexual Phenomenon in 1966. Using Benjamin's published works and extensive private correspondence with patients, this thesis examines some aspects of the development of transgender medicine and the relationship between transgendered people and the medical establishment in parts of the twentieth century. It argues that Benjamin's background in European sexology and sex reform, combined with his determination to consider his patients' expressed needs first, put him in the perfect position to develop new treatments for transgendered people. It demonstrates that his patients actively sought medical assistance and concludes that it was ultimately Benjamin's willingness and ability to work outside the bounds of accepted medicine coupled with his patients' drive to live in the gender of their choice that contributed to a significant shift in how the American medical establishment responded to transgendered people in the twentieth century.

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Acknowledgements:

This thesis could not have been possible without the tremendous support of many people. Various faculty members at the University of Victoria have been particularly helpful in my thinking and practice and I extend my thanks to them here: Bill Carroll, Greg Blue, Tom Saunders, and Arthur Kroker. I would also like to especially thank Aaron Devor, who has generously shared many excellent opportunities and words of wisdom, Angus McLaren, who has been a supportive and helpful supervisor, Lisa Surridge, whose encouragement and example have been inspirational, and Lisa Helps, who has been a fantastic and stimulating friend and colleague.

Many institutional support systems also enabled the production and completion of this work. I would like to thank the Kinsey Institute Archives at Indiana University-Bloomington for opening their records, the basis for this thesis, to me as well as the Gay, Lesbian, Bisexual, and Transgender Historical Society in San Francisco, and the ONE Inc. Archives in Los Angeles. I would also like to thank the University of Victoria Faculty of Graduate Studies and the University of Victoria History Department both for their generous funding as well as for their overall support. In addition, I would like to thank the Social Sciences and Research Council of Canada for the primary financial support of this project.

Finally, I would like to thank my family, who have been a constant source of strength and love, pushing me to do my very best. I especially thank Konnor, Michelle, my dad (Gerry), my mom (Catherine), Jennifer, Colin, and Christine for all the ways they've helped me grow.

Introduction

This thesis begins by asking some fundamentally historical questions about what we would now call transgenderism: How has it changed over the course of the twentieth century? When and how did transsexualism emerge as a distinct category of medicine? What were transgendered people's lives like before the existence of gender identity clinics? How have transgendered people responded to, or been a part of, the development of transsexualism? These questions are important not only historically, but also politically and socially. Transgendered people today represent a growing social group of individuals who are often marginalized on the basis of their gender identity, expression, or presentation. We¹ face difficulties in accessing adequate health care, finding social support, being legally recognized and protected from discrimination, harassment and hate-motivated crimes, and are also often accused of either being "dupes" of the gender system or disturbed sexual deviates. Unfortunately, the detailed background research necessary to help us formulate adequate historical responses to many of today's pressing social and political issues related to transgenderism is only just beginning, and this thesis represents only a small step in moving towards a more complete historical picture of transgenderism in the twentieth century.

So who is Harry Benjamin and why focus on him? There are two reasons. The first is simply because Benjamin has been so influential in transsexual medicine. Almost every transsexual today knows the name Harry Benjamin, mainly because the Harry Benjamin International Gender Dysphoria Association, the professional body that sets the *HBIGDA International Standards of Care for Gender Identity*

Disorders,² is named in his honor. His work with transgendered people in the last half of the twentieth century had a major impact on the way transgendered people are seen, responded to, and treated today. While he did not provide surgery to his patients, he opened a dialogue with them about the possibility of changing sex, beginning with the hormone treatments he *did* provide them. Secondly, Benjamin was an important historical figure in that the story of his practice provides a window into the many social factors that have deeply influenced the history of transgenderism, gender and sexuality in the twentieth century. Because of his long and diverse career in medicine, because of his international and interdisciplinary connections to sex reform leaders and organizations (including Magnus Hirshfeld, Eugen Steinach, the Institute for Sexual Science in Germany, and the Erickson Educational Foundation in the United States) and because of his open-mindedness to alternative treatment methods and his keen interest in helping his patients, he was in a unique historical position to affect social change and to leave a record of both the experiences of contemporary trans people and the social changes he observed during the course of his long career.

Although this thesis is focused on Harry Benjamin, it endeavors to do more than examine the activities of just one person. In it, I hope to address broader questions of social change and to document the social and historical significance of Harry Benjamin and his transgendered patients and correspondents. By looking at the state of sexology and sex reform in Europe in the earlier part of the twentieth century, I hope to illuminate the context in which Benjamin's attitudes and practices emerged and emphasize the interdisciplinary, transnational nature of the social and medical

movement of which Benjamin was a part. Having established that context, it becomes possible to better understand the development of his diagnostic and classificatory systems, as described in his published works, and his relationship to transgendered people, as evident in his private correspondence.

Before outlining this thesis in greater detail, however, it is important to understand how historians have dealt with (or neglected) transgendered history, and what resources are available to the historian who desires to engage with it. In the following section, I outline some of the particularly helpful methodologies that have been developed by historians of gender, historians of the body, and historians of homosexuality. I would suggest that two main problems can emerge from such approaches: the problem of ahistorical or cross-historical categorization of individuals into dichotomies such as male/female, gay/straight, natural/artificial, and the erasure of the individual, lived experience of a minority in works that prioritize and interpret the broader social experience. Further, I point to some existing but under-used sources for developing a more thorough history of transgenderism: the case histories of early sexologists, psychiatric publications on transgenderism, and autobiographies and correspondence written by transgendered people. I also suggest that we look to the history of doctor-patient relationships as secondary sources to frame some of the context of these primary sources. Finally, I discuss two important secondary sources that present good examples of how methodologically successful and politically astute transgendered history can be developed.

Because the history of transgenderism bridges several fields of history, ranging from the history of twentieth-century social movements to the history of

endocrinology and psychiatry, there is a huge diversity of potential sources relating to transgendered history. And yet, despite an abundance of random documentation, there is a scarcity of primary source-based literature on transgendered history. Further, many works look at transgendered history only briefly in relation to other fields of interest. Joanne Meyerowitz's *How Sex Changed: A History of Transsexualism in the United States* (2002) is in fact the only comprehensive text that looks at the history of transsexualism in the twentieth century from an historical perspective, and thus will be discussed in greater detail later. Arguments about what "history has proven" about transgenderism, although common, are as yet unwarranted in this fledgling field. There has simply not been enough primary research done to justify making generalizations about transgendered people, transgendered culture, or the motivations or cultural implications of transsexualism as a medical and social phenomenon.

Questions about the defining and categorization of sexuality abound in the history of sexuality, and especially the history of homosexuality.³ The problem is even more pronounced in transgendered and transsexual histories. As Aaron Devor writes, "the concept of a transsexual as a distinct type of person has had currency only since the latter half of the 20th century."⁴ Thus, transgendered or transsexual historians, like gay and lesbian historians, have often struggled with how to recognize the fact that transgendered people are largely absent from mainstream social histories without using social concepts of gender and sexuality ahistorically. Even the term "transgendered" was not one Benjamin himself ever used, but for the purposes of this

thesis, it will be used as an umbrella term to encompass the variety of trans people with whom he dealt.

Surprisingly, in many of the fields of history where one might expect to find discussion of transgendered histories, there is little written. For example, histories of gender often completely fail to address the question of people who literally defy dichotomous gender definitions, focusing too often on gender as male or female in relation to class or race, for example, looking at particular *versions* of male and female (or masculinity and femininity) without examining the more complex cases of transgendered people.⁵ Thus, historical accounts of gender frequently erase the lived experiences of transgendered people in relying on mainstream gender categories of male and female. For example, people who were born female and lived as men have often been used to characterize the cultures in which they lived as misogynistic, patriarchal or heterosexist. The historical narratives of “passing women” are a key example, in that the terrain of debate is set firmly within the binary male-female gender dichotomy, despite being comprised of stories about people who lived bi-gendered lives. These narratives suggest various potential social reasons why “women” may have chosen to “pass as men.”⁶ Further, these gender historians sometimes emphasize the social construction of gender to such an extent that they deny the agency of individuals living within a particular time frame. Conversely, some histories focus so much on individual agency and expression that they fail to account for the historical context in which their given historical actors existed, denying the important relationship between the individual and their wider socio-historical and cultural contexts.⁷

Methodologies from histories of the body are perhaps helpful here. For example, Thomas Laqueur, in *Making Sex: Body and Gender from the Greeks to Freud* (1990) strikes a fine balance between the individual and her or his society by looking at how knowledge of the body's sex and sexuality actually changed the ways people *experienced* their bodies. Likewise, Elizabeth Haiken's *Venus Envy: a History of Cosmetic Surgery* (1997) argues that cosmetic surgery has been used by both individuals *and* society to physically change the ways that these bodies could be culturally constructed, thus bringing together the desires and agency of individuals who chose to undergo such surgeries and the cultural norms which made such surgeries available or attractive. These works make clear that the social construction, physical existence and lived experiences of people's bodies are essential to understanding both the people themselves as well as the culture in which they experienced their bodies. This methodology can be very helpful to understanding the complex relationship between transgendered people and the societies in which they have lived, as well as understanding the changing nature of what it meant to be transgendered in the twentieth century, as transsexual medicine developed in relation to both medical experts and transgendered people. The insights that the body can not be separated from established social constructs (and vice versa), and that no easy relationship between the two can be established are particularly helpful to developing an adequate methodology for the history of transgenderism.

In addition to balancing the social and the individual, it is also helpful to transgendered history to look to popular gay and lesbian histories. Often written in terms of reclaiming the history of a minority social group, as in Duberman, Vicinus

and Chauncey's *Hidden From History: Reclaiming the Gay & Lesbian Past* (1990), these histories usually involve either identifying key people who were important as individuals to the social movement, as in Vern Bullough's *Before Stonewall: Activists for Gay and Lesbian Rights in Historical Context* (2002), or looking at the roots of gay and lesbian culture itself, as in George Chauncey's *Gay New York: Gender, Urban Culture, and The Making of the Gay Male World, 1890-1940* (1994). Other approaches in this field have focused on events of particular importance to the gay and lesbian movement, as in the case of highlighting the Stonewall Riots in New York, for example.⁸ However, many of these under-theorized histories of gay and lesbian emancipation often emerge unproblematically to fulfill the present needs the GL(BT) movement, and thus fail to adequately historicize their very categories of analysis (in this case sexual orientation). To avoid this trap, it is important to look at why and how the categories of analysis have been chosen, and why and how they do or do not apply. For example, Chauncey's *Gay New York* examines how the emergence of gay identities in New York during the first half of the twentieth century was deeply intertwined with the development of the alternative male gender categories of "fairy" or "female impersonator." The result is a much richer understanding of what it meant to be what we would now call "gay" in New York during this time period, because it does not erase the fact that there is a significant difference *between* what we would now call "gay" and the "fairies" of New York in the earlier part of the twentieth century.

In addition to the various historical methodologies available for dealing with transgendered history, there are also a wealth of primary sources on transgenderism.

For example, in the late nineteenth century, sexologists like Havelock Ellis in England and Magnus Hirschfeld in Germany compiled accounts of gender-variant behavior from people who exhibited it, and historians can now use these sexologists' documentation to access detailed information, albeit second-hand, about the lives of these transgendered people.⁹ Looking at the history of sexology itself can likewise be particularly fruitful in establishing both the medical establishment's opinion of transgendered people, as well as the influence patients had on the development of diagnoses and treatment methods.

Historians can also draw on autobiographies and correspondence to look directly at the experiences of trans people in the past. For example, as early as 1918 and 1922 Ralph Werther/Jennie June published a series of autobiographies under the pseudonym "Earl Lind."¹⁰ The publisher complained in the second volume, *The Female Impersonators*, about the author's incessant desire to have the work made more widely accessible for the purpose of more general social education on this topic, as its sale had been restricted to physicians, lawyers, legislators, psychologists and sociologists.¹¹ Thus, we can learn that this transgendered person not only sought to be recognized socially, but also that s/he lived in a society that did not see his/her gender as appropriate for public discussion. Other biographies such as Charlotte Von Mahlsdorf's recent *I Am My Own Woman* (1995), dealing with the Nazi period in Germany, and Christine Jorgensen's *Christine Jorgensen: A Personal Autobiography* (1967), dealing with the 1950s and 60s, are both examples of sources the historian can use to understand trans people's experiences of particular social contexts. Further, the production and publication of such autobiographies can be telling in and

of themselves. In the 1970s, for example, transsexual autobiographies were fairly common. This reflected both the growing number of transsexuals as well as the wider social interest and awareness (if not acceptance) of transsexuals in society, in part as a result of Benjamin's 1966 *The Transsexual Phenomenon* and the publicity surrounding Christine Jorgensen's "sex change" a decade earlier.

Another set of primary sources for transgendered histories are academic discussions in the psychiatric field, which provide accounts of medical perspectives on transgenderism. Harry Benjamin, for example, often cited much criticism from contemporary psychiatrists who believed that transgenderism could be "cured" through psychotherapy,¹² and by looking at the relationship between Benjamin and his peers, we can get a good sense both of the ways that doctors debated transgenderism, and also of how doctors and patients interacted around issues of gender variance. It should be noted that the evidence provided by such discussions, however, usually reflects the history of diagnoses more than the actual lived experiences of transgendered people.

In terms of secondary sources for historians of transgenderism, very few good historical works exist. Joanne Meyerowitz's *How Sex Changed: A History of Transsexualism in the United States* (2002) is the most recent and comprehensive work to examine the history of transsexualism, and in it Meyerowitz looks at how popular culture allowed the transmission of new ideas about body and gender in the twentieth century to connect transgendered people not only with each other, but also with doctors who could help them achieve their desired goals, and most importantly, with the idea that being transsexual was an option in their lives. This idea, she

argues, gave birth to a new possibility in American gender categories. It allowed people who were assigned one sex at birth to live outside that designation and to express their gender identities as something other than the normative expectation. Meyerowitz uses twentieth-century American cultural, medical, and social developments to understand transgendered people's experiences and gender expressions in relation to the culture(s) in which they occurred. Her approach is historical and socio-cultural, but it is also empowering to transgendered people in its political awareness and the respect it gives to transgendered people, and because of its strong basis in historical methodologies, it provides an excellent example of the need for further historical research in this field. Susan Stryker has likewise written about the rise of transgendered social activism in the 1980s and 90s, outlining the social context in which transgendered people were empowered to express themselves in opposition to dominant sexual and gender norms, thereby creating significant evidence of the subtle complexities of the transgendered experiences and their relationships to mainstream society.¹³

Finally, understanding the history of doctor-patient relationships must be central to understanding the structure by which it became possible for people to undergo "sex changes." As Roy Porter argued, medical encounters must be placed within the appropriate historical contexts in order to fully appreciate the many factors at play.¹⁴ Indeed, we must pay attention to both the specific individual interactions between doctors and patients as well as wider social systems of medical recognition and specialization.

The thesis is divided into three chapters. Chapter one looks at the historical context in which Benjamin's career developed. It discusses several shifts in medicine in the first half of the twentieth century that would later affect Benjamin's treatment of his transgendered patients, including the shift from a gonadal to a hormonal and chemical definition of sex, the shift from what we would now call homosexual and transgendered patients being viewed as "sexual deviants" to being viewed (at least by sex reformers) as an empowered social group entitled to legal, social, and medical recognition, and the shift from the conflation of sex, gender, and sexuality to their recognition as separate and distinct categories. It also introduces the reader to early endocrinological experiments and the organizing efforts of sex reform activists such as Magnus Hirschfeld in the first half of the twentieth century. These events framed the evolution of Benjamin's career, and I argue that, although Benjamin moved into transgendered medicine somewhat accidentally, he was well positioned to do so. His experience with tuberculosis, alternative medicine, and hormone research, in addition to his interest in sexuality and his ties to prominent European sex researchers and activists, made him the ideal person to develop and promote the treatment of transsexuals.

The second chapter looks in depth at Benjamin's published works, including his ground-breaking 1966 text *The Transsexual Phenomenon*, which outlined both his clinical understanding of transsexualism and how he envisioned the social struggle of the transgendered people he had encountered in his practice. Benjamin's argument that the medical establishment needed to support the social emancipation of transgendered people through hormone therapy and surgery marked an important

historical moment. His premises were later used as the basis for many other published works and ultimately, in part, by the transgendered social movement. *The Transsexual Phenomenon* was the first truly trans-positive and trans-centered medical text to publicize transsexualism in the United States. It continued to be read by professionals for over a decade, and is still referred to in many publications. It also outlines how Benjamin delineated categories of sexuality, the difference he established between transvestites and transsexuals, and the social issues that he considered important to transgendered people.

The third chapter seeks out the voices of transgendered people themselves, by looking at a sample of several hundred letters that transgendered people wrote to Benjamin, now stored at the Kinsey Institute Archives at the University of Indiana. The voices of these letter writers provide an invaluable historical source for developing an account of transgendered people's experiences both with society at large and with the medical establishment. I argue that Benjamin's correspondents provide evidence of their own individual experiences, but also of why Benjamin was so important to the development of transsexual medicine; during the 1960s it was almost impossible for transgendered people to access doctors who were equipped to deal with transgendered people expressing a need for hormone treatment and sex-reassignment surgery. Many of the writers described their social situations, their feelings about their gender identity, and their struggles to access adequate health care. I look at several important themes that emerged from the experiences about which they wrote to Benjamin: the role of the medical establishment, the role of the media, and their social experiences with family, employment, and homosexuality.

Finally, in the concluding chapter, I briefly review developments in transgender medicine shortly after the publication of Benjamin's *Transsexual Phenomenon*, and suggest potential directions for future research.

1. Changing Paradigms in the First Half of the Twentieth Century:

Historical Influences on Benjamin's Later Work with Transsexuals

The twentieth century saw drastic changes in the social and medical construction of gender and sexuality in the West, especially for those we would today call gay, lesbian, transgendered or intersexed, and this often impacted the actual experiences of these people. At the beginning of the twentieth century, sexuality, gender, and the body's physical sex (maleness or femaleness) were seen as even more completely intertwined than they are today. Most social institutions expected and demanded that a person be either male or female, that women and men be attracted to each other, and that a person's gender match their sex, to the extent that even recognizing homosexuality often meant a redefinition of men and women's physical bodies. When those who did not conform to that paradigm (gays, lesbians, transgendered or intersexed people) were encountered, a variety of repercussions ensued, including both their social marginalization, and ultimately the development of *new* paradigms to make sense of their existence.

Likewise over the course of the twentieth century, gays and lesbians themselves began to question and organize socially in order to take a more active collective role in the institutions that shaped their lives, whereas at the beginning of the twentieth century they were largely seen by the medical establishment as isolated, psychologically pathological sexual deviates. By the *end* of the twentieth century it was possible for a person who was born female to become male (and vice versa), for two women or men to legally marry (in some places), and for intersexed adults to

demand that doctors be held accountable for what they saw as the medically sanctioned genital mutilation that had been performed on them as infants. Although some of these types of events took place prior to the end of the twentieth century, developments in medicine, the law, and other social institutions made such happenings much more possible, and certainly more frequent, by the end of that century.

This chapter will explore several important shifts in the social construction of sex, gender and sexuality in the twentieth century as background to understanding the career of Harry Benjamin. It will look first at how sex shifted from being defined through the gonads to also being defined chemically through the hormones and endocrine system, changing the nature of how one's sex and body could be perceived and controlled. It will then look at how various sexual minorities organized themselves as empowered social groups. Finally, it will look at how sex, gender and sexual orientation came to be separated conceptually, allowing for the realistic possibility of undergoing a "sex-reassignment" process based on the idea that one could physically change the body to suit the mind, a concept that would have made little sense at the beginning of the twentieth century when it was thought that one's birth sex (as determined through the gonads) dictated the kind of person to whom one should be attracted, the gender to which one belonged, and the nature of one's psyche.

Harry Benjamin's career spanned the better part of the twentieth century, and he was in a unique position to witness to some of these changes, as well as to participate in them. In order to understand both his role in historical developments as

well as the context in which he worked, I will also look at Benjamin's exposure to and involvement in the events surrounding these paradigmatic shifts. By the 1950s he was treating gender dysphoric patients (patients who had unusual or problematic gender identities or experiences) with "opposite sex" hormones, his reasoning being that in many cases their gender problems could be attributable to a hormonal disturbance or imbalance, and thus might be curable by re-balancing the individual's hormones. Further, he found that such individuals seemed to respond well to hormone treatment, and that they felt more calm and at ease when their hormones were adjusted to the levels of the "opposite" sex. This idea, now regarded as pioneering within the field of transsexual medicine, built on a longer tradition of experimental endocrinology to which Benjamin had been privy because of his early training as a European endocrinologist in the first decades of the twentieth century. The treatments Benjamin developed were actually built on a fairly long history of "opposite sex" hormone usage and experimentation. By looking at the emergence of hormone use in western medicine in the early twentieth century, I trace how such hormonal therapies came to be employed by Benjamin when treating patients troubled by gender issues.

The first scientific discovery and use of "sex hormones" for therapeutic research occurred in the late nineteenth century, when researchers conducted testicular experiments to understand the impact and effect of the testicles on the body. At that time, one's sex and sexuality were associated with one's gonads, but the discoveries resulting from late nineteenth and early twentieth century testicular experiments allowed for a subtle but substantial redefinition of how sex, sexuality and

gender and could be both found and manipulated in the body. Nelly Oudshoorn places the field of sex endocrinology within a wider context of imagining gender:

Instead of locating the essence of femininity or masculinity in specific sex organs, as the anatomists had done, sex endocrinologists introduced a quantitative theory of sex and the body.”¹⁵

But early endocrinological discoveries were in fact made as a result of the long-held belief that sexuality could indeed be located in the gonads.

In 1849, a German zoologist, A.A. Berthold had surgically “freed” the testicles of experimental roosters, leaving them to float in the roosters’ body cavities. He then compared these roosters to castrated roosters, and found that while the castrated roosters developed the characteristics of hens, the first group remained masculine.¹⁶ He killed the roosters to examine their internal organs, and found that the reason the first group had remained masculine was because the “freed” testicles had grown into their intestines, developing a new blood supply.¹⁷ He deduced that the testicles must produce a substance that circulated through the blood, since there was no other outlet to the body from the testicles (having been dislodged from their usual placement in the genitals).¹⁸

The existence and importance of other hormones in the body became more widely evident in the late nineteenth and early twentieth century, often with dramatic results. Conditions previously considered tragic and chronic, such as cretinism and diabetes, were actually found to be deficiencies, curable with hormone treatments. By 1855 Claude Bernard had theorized the body to have an internal chemical environment that was balanced through the production of internal secretions in all

organs of the body.¹⁹ In 1902, British researchers Ernest Starling and William Bayliss discovered the hormone which caused the pancreas to release enzymes during digestion,²⁰ and in 1905 Starling coined the term for hormones, which he described as “chemical messengers” that traveled through the blood from the productive organ to the rest of the body.²¹ Because these “messengers” were now known to travel throughout the body, “sex hormones”, by default, although created in the gonads, were no longer restricted to that location.

The discovery of hormones provided vast potential benefits for human health and inspired many to imagine how the body might come under greater human control through medical experimentation. The earliest forays into endocrinology combined rigorous scientific methods and more maverick attempts at experimental human applications. Scientific researchers were able to develop important frameworks and theories for understanding *why* the body reacted in a particular way, but it was often those doing more radical experimentation who were able to produce the dramatic results that forced the development of new scientific paradigms. For example, in 1891, George R. Murray, inspired by the laboratory work of Sir Victor Horsley, was able to cure a congenital hyperthyroid disorder with extract from a sheep’s thyroid, but had no theory to explain the cure.²²

Similarly, experiments with “sex hormones” were turned to a range of human applications. For example, one of the early applications of “sex hormones” sought to counter the de-masculinization of the aging male body, and proponents went so far as to claim that mortality itself was likely just due to a hormone deficiency. Once it had been proved that cells could be grown and sustained outside the body, some scientists

imagined the day when all the body's cells could be sustained despite the body's decay. Hormonal "rejuvenation therapies" provoked widespread discussion about the nature and function of "sex hormones," especially during the 1920s and 1930s, by which time they had been developed and marketed.²³

In 1899, Charles Édouard Brown-Séquard, a Paris physician, had presented the results of the first "rejuvenation therapy" to the French Biological Society. Brown-Séquard, at 72 years of age, had given himself subcutaneous injections of a mixture of testicular blood, semen and "juice extracted from a testicle, crushed immediately after it ha[d] been taken from a dog or guinea pig."²⁴ He had injected one cubic centimeter per shot, ten times, and wrote that

The day after the first... and still more after the two succeeding ones, a radical change took place in me, and I had ample reason to say and write that I had regained at least all the strength I possessed a good many years ago... For more than twenty years I had never been able to do as much.²⁵

Based on his own bodily experience with the injections, he theorized that all disease resulted from an insufficient production of internal secretions, and he reasoned that if a person's disease could be cured by supplementing an animal hormone, the source of the original human disease (hormone deficiency) could be deduced. Brown-Séquard's work became immediately famous; and, throughout the 1890s, physicians from around Britain, France, Russia and the United States requested his extracts so that they too could experiment with them.²⁶

As Merriley Borell has argued, Brown-Séquard used common-sense ideas about sexuality, including the notion of the seminal economy (that loss of semen

resulted in weakness and degeneration) to make sense of his work within its social context.²⁷ Diane Long Hall also points out that Brown-Séquard's work played on the gonadal definition of sexuality, according to which it was thought that the gonads were the location of femininity and masculinity.²⁸ Nevertheless, while Brown-Séquard's work did play on older notions of sexuality and the body, the results of his experiments opened new ground for understanding sexuality in an altogether different way, both by inspiring further work into the nature and function of testicular extracts, and by contributing to the shift from a gonadal, anatomical definition of sex, to one based primarily in the chemical and hormonal. This latter definition of sex and sexuality – as chemical and hormonal – would come to be crucial for Benjamin and the treatments he developed for his transgendered patients.

By the early twentieth century, testicular experiments were mainly associated with the works of two prominent, yet very different researchers: Serge Voronoff and Eugen Steinach. Voronoff, a Russian-born Paris physician, had first become interested in the role of testicles and testosterone in 1898, when he had noticed, on a visit to Cairo, a distinct difference between eunuchs who had been castrated before and after puberty. Based on this observation, he decided that the function of the testicles had to be physiological as well as sexual.²⁹ In order to satisfy his curiosity in this matter, and having been inspired by the new idea of organ transplantation, Voronoff began a series of animal experiments that would lead, by the 1920s, to his famous “gland-grafting” technique of rejuvenation.³⁰

Voronoff argued that by grafting sections of testicle from young animals onto the testicles of aging men, he could restore their youth and masculinity. The concepts

of youth and masculinity were tightly interwoven with “rejuvenation therapies” and can be traced back not only to the work of Brown-Séguard, but also to older cultural notions of virility and potency. This culturally available conceptual link made Voronoff’s testicular experimentation appealing to a wide public. Voronoff claimed that sheep and goats “became more youthful-looking, bolder, and more aggressive” when they were implanted with new testicle grafts,³¹ and he proposed that such grafting would have similar effects on men. Thus, his controversial “Monkey Gland Grafting” technique became widely known in Europe and the U.S., and sparked a media frenzy on the new possibilities of using animals in medicine to promote human health and well-being.³²

Meanwhile, between 1921 and 1938, Eugen Steinach, director of the Physiological Section of the Institute of Experimental Biology in Vienna, was also experimenting with the use of animals and their gonads and hormones, but in the field of sex research and physiology. Unlike Voronoff, whose work was more popular than scholarly, Steinach was a well-respected researcher; he was nominated for the Nobel Prize in physiology six times.³³ Steinach’s experimental work resulted in several innovations: first, he developed the “Steinach Operation,” perhaps the most popular of the “rejuvenation therapies.” Secondly, he explored the relationship between hormones and physiological development, and finally he discovered, through animal experimentation, that large doses of “opposite sex” hormones would partially alter the sex of the individual.³⁴ These last two discoveries contributed greatly to the new paradigm for understanding how sexuality was determined and distributed in the body, and each of his innovations came to have important implications for later

understandings of sex, gender, and sexuality as well as for Harry Benjamin and his patients.

Steinach's early animal experiments, like others' previous work, involved removal and transplanation of the gonads. In so doing, he believed that he had discovered that surgical tying the vas deferens had a rejuvenating effect (in elderly rats), and because he was able to re-create this effect, he theorized that by destroying the reproductive tissues of the gonads he was stimulating the interstitial tissue of the testicles. Like Voronoff, Steinach simply transferred this notion to the human body and advocated a similar procedure in men, through the "Steinach Operation," surgically tying one of the vas deferens. The "Steinach Operation" was very well known, and was advertized through testimonials throughout the Western world, as in, for example, the New York Times story of a 98-year old man who claimed to have been completely revitalized from the operation.³⁵ Many famous advocates, including Sigmund Freud, also underwent the operation.³⁶

In addition to developing the "Steinach Operation," Steinach was among the first to be able to manipulate and have some understanding of the relationship between the endocrine system and the physiological development of sex characteristics. At the Institute for Experimental Biology, where Steinach worked, scientists used embryologist Wilhelm Roux's "bomb principle," that is, the idea that the norm can be discovered by looking at the abnormal.³⁷ Using this theory (a popular one in the history of endocrinology), Steinach was able to "create" a variety of "intersexual" conditions through animal experimentation, with the idea that he could then determine the "normal" development of physical sex characteristics. He

used various techniques for changing the physiology of guinea pigs and rats, and was thus able to prove that sex was not purely determined through the gonads, but could also be influenced by the endocrine system and hormone therapies. In some of the experiments he castrated animals, while in others he injected hormones. In both cases, the results were striking. Steinach found that he could alter the creature's life span, sexual preference, social behaviour (gender), and physiological sex through endocrine treatments such as castration and hormone replacement therapy. To propose a theoretical framework that could explain these results, Steinach (with Walter Heape) published a book called *Sex Antagonism* (1913), in which they put forward the theory that female and male hormones, like women and men, were naturally both antagonistic and complementary. The text was thus able to explain how it was that bodies had both "male" and "female" hormones, and yet were only (usually) one or the other.³⁸

In that same year, Steinach also published the results of his experiments with hormonal "sex-changes" in an article called "Intentional Transformation of Male Mammals into Animals with Pronounced Female Sex Characteristics and Feminine Psyche."³⁹ His now famous "guinea pig series" of photographs showed how, by modifying the hormones of various guinea pigs, he could produce what he called "feminized males" and "masculinized females." These animals, for all intents and purposes, developed along the lines of their "opposite" sex, and were the first to receive hormonal "sex-change" therapies.

Steinach's results were, on the one hand, directly in line with contemporary expectations of gender, sex, and sexuality; the feminized male guinea pigs developed

as physiologically female. They behaved as female guinea pigs were expected to, and they attracted and were attracted to male guinea pigs.⁴⁰ Steinach's experiments seemed to confirm the general belief that sex, gender, and sexuality all had the same origins. Further, they also partially confirmed the long-held belief that sexuality was located in the gonads; it was through modifications to the gonads that the majority of Steinach's experiments worked. On the other hand, Steinach's experiments with animal sexuality had much more radical implications; no longer was sexuality *only* located in the gonads -- it also had to be recognized as hormonally driven. Similarly, a strict division between male and female was no longer possible. It was clear that hormones played a part in anatomy and physiology (which we now call "sex") and behavior (which we now understand as "sexual orientation" and "gender"). And although Steinach, like his contemporaries, understood what he called "sexuality" in a way that conflated what would later be called sex, gender, and sexual orientation, his work was also significant in isolating these concepts from one another by providing empirical information which challenged the dominant cultural paradigm in significant ways.

In 1918, Steinach published "Conversion of Homosexuality through Exchange of Puberty Glands," with a Viennese urologist named Lichtenstern in which they claimed to have cured homosexuality by implanting the undescended testicles of heterosexual men into homosexual men.⁴¹ In performing the operation, Steinach reported finding special "F-cells" in the interstitial tissue of homosexual men's testicles, a claim that was widely disputed in more expert histological circles, but one which nevertheless seemed to confirm the sense that homosexuality resulted from

some kind of gonadal anomaly. Steinach thought that “hormonic events may eventually bring about the particular type of abnormal psychic condition known as homosexuality,”⁴² and worked on this premise in his endeavors to “cure” homosexuality.

Although Steinach’s train of thought regarding homosexuality may be read as clearly homophobic to the modern reader, historically speaking it can more fruitfully be understood as a reflection of the fact that Steinach sought a physiological explanation for homosexuality based on the evidence of his hormonal experiments and the fact that, at that time, he did not distinguish between sex, gender and sexual orientation. Furthermore, Chandak Sengoopta has shown how Steinach’s work with homosexuals was encouraged and supported by Magnus Hirschfeld, an influential contemporary homosexual activist, who was also anxious to locate a biological explanation for homosexuality. To Hirschfeld, Steinach’s results provided the perfect scientific and social explanation for homosexuality. As Sengoopta has argued, “one could appeal to biology in order to affirm the identity and demand autonomy, without actually subverting the conceptual power of traditional ideas of male and female.”⁴³ While Steinach’s evidence could have also been used to argue that homosexuals were by nature pathological and required biological treatment in order to effect a cure, the social climate of sex reform activism, coupled with Hirschfeld’s own belief in the scientific solution to social problems contributed to his interpretation of Steinach’s work as a positive development for contemporary sexual minorities.

While Steinach’s work was based on older notions of anatomical and gonadal definitions of sex, gender, and sexuality, sex reform activists throughout Europe (and

especially in Germany) were beginning to organize around social issues relating to sexuality, and, more importantly, homosexual activists were beginning to come together around the notion of having a sexual identity, or sexual orientation. This emerging notion of a shared sexual identity provided the basis for another major shift in cultural definitions of sex, gender, and sexuality in the twentieth century, and for a questioning of what we would now call the heterosexist idea that men and women are naturally attracted to each other and that part of what it means to be a man or a woman is to be attracted to the “opposite” sex. By claiming identities and rights based on the fact that two men or two women could be attracted to each other, these activists stretched the limits of what it meant to be a man or woman. By separating whether a person was male or female from their choice of sexual partners, the rise of what would now be called the gay and lesbian social movement played a significant part in twentieth century attitude shifts towards sex, gender, and sexuality and later allowed Benjamin to perceive trans people as a distinct social group.

The international sex reform movement of the early twentieth century was led by Magnus Hirschfeld, a doctor and social and sex reform activist from Germany who insisted that collaboration between the medical profession and sexual minorities would result in a more socially just society. He argued that there was a gender continuum between male and female and that “sexual intermediaries” were a mixture of the two extremes; he thus grouped what would today be called homosexual, transgendered and intersexed people together, and placed great importance on their physiological characteristics. As a doctor and “sexual intermediary” himself, he actively organized to create social change through the institutions of law and

medicine and worked to establish international and interdisciplinary networks of like-minded intellectuals and activists. Hirschfeld's views were fairly consistent with those of Karl Heinrich Ulrich, a lawyer who, between 1864 and 1879, had published twelve volumes on his theories about the origins and nature of what he called Uranism.⁴⁴ Ulrich's theory was that there existed a third sex, comprised of what he called "Urnings." He believed that Urnings were men with female souls and, based on his knowledge of early embryology, posited that all embryos had two "germs", one that determined sex and one that determined sexual attraction.⁴⁵ In the case of Urnings, these two germs were in conflict. Ulrich, who identified as an Urning, argued that Urnings should be legally allowed to love and have sexual relations like anyone else.

Hirschfeld, on the other hand, believed that there was a continuum of gender and sex between male and female, and developed the term *Sexuelle Zwischenstufen* ("sexual intermediary") to describe people who were either attracted to members of the same sex or were somehow gender variant; he would later distinguish between these two groups as homosexuals and transvestites (the latter a term he coined in 1910).⁴⁶ Hirschfeld's motto, "per scientiam ad justitiam" ("through science to justice"), reflected his firm belief that science should provide fair treatment to all. Like Richard von Krafft-Ebing, the influential German-Austrian psychiatrist and author of *Psychopathia Sexualis*, Hirschfeld used extensive case histories to develop his theories (although Hirschfeld's pool of data was much wider). But unlike Krafft-Ebing, Hirschfeld was not interested in developing medical and pathological descriptions of sexual minorities. Rather, he sought to effect legal and social reform

benefiting the people whom he studied, and among whom he counted himself a member.

Like Havelock Ellis, another famous sexologist and sex reformer working in England at the same time, and author of the controversial *The Psychology of Sex: Volume 1. Sexual Inversion* (1897), Hirschfeld felt that sexual minorities should not be criminalized *or* pathologized. Krafft-Ebing's earlier work had been part of a shift from seeing deviant sexual behavior as a type of sin to a type of disease.⁴⁷ Hirschfeld and Ellis, however, saw sexuality as a harmless part of every individual's make-up.⁴⁸ Further, they saw that those with less common sexual expressions often faced social and medical ignorance, and they believed that doctors could actively change this situation by making the public aware that sexual minorities were neither unhealthy nor immoral. In the case of all three researchers, whatever the nature of the identity being disputed, the shift to seeing sexuality as both a behavior and an identity was beginning, and sexual orientation was clearly becoming viewed as separate from the body's sex, even as they were still considered inter-related phenomena.

The legal context in which many early sexologists and sex reform activists lived was a motivating factor in the development and applications of their theories and work. For example, Ulrich had begun his protest because he feared that impending German unification would result in more repressive Prussian laws against same-sex love being extended to places which had previously allowed such relations (his fears, incidentally, were realized, and in 1880 he was forced to leave Germany).⁴⁹ The international communication networks between activists and sexologists that emerged at the turn of the twentieth century and developed over the course of the next

40 years, however, enabled individuals to become much more aware of the variety of ways various states were limiting sexual reform, and these individuals then found ways to react and cooperate in resistance.

In 1897, Hirschfeld formed the *Wissenschaftlich-humanitäres Komitee* (Scientific-Humanitarian Committee) to petition the Reichstag to repeal paragraph 175 of the German penal code, which criminalized same-sex sexual relations between men. Hirschfeld, like Ulrich, had published a personal protest against the discrimination faced by sexual minorities in 1896, titled *Sappho und Sokrates: Wie erklärt sich die Liebe der Männer und Frauen zu Personen des eigenen Geschlechts?* (Sappho and Socrates: How is the Love of Women and Men for Persons of their Own Sex to be Explained?).⁵⁰ This publication had resulted in many new contacts with people interested in both his argument and in his expertise as a doctor. Hirschfeld was inspired to mount an organized public campaign against the discrimination he identified, and he extended the work of the Committee beyond a general call for legal reform to a petition which would, over the course of the 25 years it was in circulation, collect over 6,000 signatures⁵¹ including those of such prominent figures as Kraft-Ebing, Albert Einstein, Carl Maria Weber, and German Finance Minister Rudolph Hilferding. August Bebel, leader of the German Social-Democrat party, even argued in favor of the petition on the floor of the Reichstag, on January 13, 1898.⁵²

While Hirschfeld's petition was focused on a very specific law in Germany, it also attracted international attention, and the goals of the committee grew to include not only legal reform, but also the enlightenment of public opinion and consciousness-raising among members of sexual minorities throughout the world.

The committee began publishing the *Jahrbuch für Sexuelle Zwischenstufen* (Yearbook for Sexual Intermediaries) in 1899, an international popular journal which continued to be published until the early 1920s, in order to expand the Committee's work beyond its own borders and specific concerns. The journal contained a variety of perspectives on homosexuality and gender variance, including scholarly articles, biographies, propaganda, and some major sexological contributions (such as from Krafft-Ebing). By 1908, more than 5000 "sexual intermediaries" had contacted the Committee,⁵³ and chapters were active in a variety of countries, including Holland, Austria, and Britain.⁵⁴

Connections between medical and non-medical people were also invaluable to both sexologists and to the sex reform movement, because, as Harry Oosterhuis argues, they created social space in which it became possible to discuss topics previously tabooed, and they "served not only as a guide for professionals, but also as a mouthpiece and panel for the individuals concerned."⁵⁵ For marginalized individuals, official recognition was crucial. In a letter to Edward Carpenter, John Addington Symonds wrote: "I need somebody of medical importance to collaborate with. Alone, I could make but little effect – the effect of an eccentric."⁵⁶

Perhaps the most significant collaboration and international resource for the sexual reform movement was the *Institut für Sexualwissenschaft* (Institute for Sexology/Sexual Science), founded by Hirschfeld in Berlin in 1919. The Institute acted both as an international center at which a variety of projects came together and also as a research and treatment facility. Established through private funds as a government-approved foundation, it offered public lectures, a museum and archive of

sexual ethnography, marital counseling facilities, psychotherapy, and gynecology services. The marriage counseling facility alone was visited by thousands of people and was used as a model by many other countries.⁵⁷ All who visited the Institute were given the opportunity to sign the petition and to participate in a sexual history questionnaire used by Hirschfeld as part of his large-scale study of human sexuality. The Institute had a considerable staff, a lecture hall and library, and trained young scholars in the field. It was loosely affiliated with the University of Berlin and had tens of thousands of visitors, including Margaret Sanger, Jawaharlal Nehru, and many national delegations, such as that of a 1923 Commissariat of Health delegation from the Soviet Union.⁵⁸ It housed 20,000 volumes, 35,000 pictures, and 40,000 biographies and confessionals as well as a variety of rare objects and works of art.⁵⁹ It allowed researchers a unique opportunity to work interdisciplinarily and internationally on physiological, social, and legal issues of sex, gender and sexuality.

Equally important as the permanent, central, physical space of the Institute was the series of international sexology and sex-reform conferences with which it was involved. "The International Meeting for Sexual Reform on a Sexological Basis," the first of these conferences, was held in Berlin in 1921.⁶⁰ Primarily co-ordinated by Hirschfeld, sexologists, physicians, and sex-reform activists from around the world met to discuss pertinent issues in sex reform, such as the role of the state in determining sexual freedoms and health care, new developments in endocrinology, and the distribution of birth control. A whole series of Congresses would follow: in Copenhagen (1928) where the World League of Sexual Reform (WLSR) was established, in London (1929), in Vienna (1930), and Brno, Czechoslovakia (1932).

Despite hopes that the European social and political situation would improve in time for the next congress, the rise of Nazism made it impossible to find a country which would allow the congress to take place there. Hirschfeld suggested that the next congress be organized to coincide with the World's Fair in Chicago in 1933, but because of economic depression and the precarious situation in Europe, no further congresses would be convened.

The Congresses and the Institute resulted in a number of trans-national and interdisciplinary connections in the fields of sex research and sex reform, and Hirschfeld himself had attracted world-wide attention, so in 1930, mainly out of fear over the growing problems with Nazism in Berlin, he decided to accept speaking invitations from various American groups and universities for what would turn into a two-year world tour.⁶¹ His trip to America was co-ordinated in part by Benjamin, who arranged many of the speaking engagements and with whom he stayed in New York.⁶² Hirschfeld spent three and a half months in America, where he lectured in New York, Chicago, Detroit and San Francisco. While in the United States he gave a total of thirty-six lectures, almost as many to workers' unions as to medical societies, and became an honorary member of many such medical societies.⁶³ He then traveled to Japan, China, Taiwan, India, the Philippines, and the Middle East, before returning to Paris, where he would die shortly after discovering that his precious Institute had been burned down by the Nazis.⁶⁴

Benjamin, who had known Hirschfeld well over the course of their careers, was devastated by the news of the Institute's demise, and he later remembered World War Two as having destroyed a bridge that had been built between North America

and Europe, between sex reform activists, and between medical and lay people interested in topics of sexuality.⁶⁵ But Benjamin himself, in a way, represented the continuation of that particular body of knowledge. Having maintained links with European sexology and the sex reform movement, and having been a part of so many aspects of the development of sex research himself, Benjamin had indeed been a party to the development of various paradigms and approaches to sex, gender, and sexuality. As such, he was uniquely positioned, able to be particularly influential in developing a new treatment for an old phenomenon, that of the individual who feels themselves to be, or desires to function socially as, a member of the “opposite” sex.

Harry Benjamin was born in Berlin in 1885 to Julius Benjamin and Bertha Hoffmann Benjamin. Brought up Lutheran, he nevertheless faced social ostracism at school because his father had been Jewish (although by then converted). Benjamin shared his parents’ love of opera and had always wanted to be a doctor. In 1905, at the age of 20, Benjamin read Auguste Forel’s *The Sexual Question*, a book that proved extremely influential to him. One of his later colleagues remembered that “he believed this book changed his whole approach to sexuality in that it confirmed for him that the existing concepts of sex were wrong and absolutely unscientific and that sex issues, so taken for granted, could indeed be questioned.”⁶⁶ Around 1907, Benjamin met Magnus Hirschfeld through Police Chief Inspector Dr. Kopp (a common friend), and had the opportunity to join Hirschfeld and Kopp on their tours of Berlin’s gay and cross-dressing clubs.⁶⁷

Despite his interest in sexuality and sexual science, Benjamin’s medical career began with the study of tuberculosis. After graduating *cum laude* from his doctoral

studies in Tübingen in 1912, he did post-graduate work with Ernst von Romberg, where he was introduced to Professor Karl Ludwig Schleick (later known for his development of a local anesthetic). Schleick recommended that Benjamin accept a position with Dr. F.F. Friedmann to travel to the United States. Friedmann had successfully treated tuberculosis of the joints, and a New York banker who had read about the treatment offered to pay for Friedmann, an assistant (who would be Benjamin) and a press agent to come to the United States to treat his mother, in the hopes that the vaccine could be transferable to lung conditions.⁶⁸ Called the “turtle vaccine,” because it was a strain of the tubercle bacilli passed through turtles, the cure proved ineffective. Like later proponents of Voronoff’s “Monkey Gland Operations,” and the “Steinach Operation,” those being treated expected miracles, and when Friedmann asked Benjamin to “beautify” the results, Benjamin quit.⁶⁹ Not having much money, he decided to return to Germany in 1914, but by that time World War One had broken out and Benjamin’s ship was intercepted and redirected to England.⁷⁰ Benjamin was technically considered a German soldier on leave, and not allowed to return to Germany, so instead returned to the United States where he attempted to open a private practice.

In 1916 Benjamin became part of a study group to investigate the function of the ductless glands with Dr. Joseph Fraenkel, and during this time Benjamin’s expertise and interest in the endocrine system increased greatly.⁷¹ In 1921, when Benjamin first heard of Voronoff’s monkey gland operations, he asked Dr. Herz, a friend in Vienna, to introduce him to Voronoff, but Herz, who thought Voronoff “sounded like a swindler,” introduced him instead to Eugen Steinach, whom he felt to

be a more reputable researcher.⁷² Benjamin was enamoured with Steinach's work and quickly became a staunch supporter and popularizer of its applications back in the U.S.. He delivered a lecture on Steinach's "rejuvenation" work to the New York Academy of Medicine, where he also screened the well-known "Steinach film" (a silent film outlining Steinach's work). In 1922 Benjamin published two articles on the "Steinach Operation,"⁷³ and after Steinach's death in 1944 he published a short biography of his life and research.⁷⁴

Throughout the 1920s Benjamin spent his summers in Europe studying with Steinach, observing the effects of cross-hormonal treatments and visiting Hirschfeld's Institute. The impact of this period would become evident in his later work, when Benjamin seamlessly combined Steinach's focus on anatomical manipulation through hormonal treatments with Hirschfeld's conviction that the role of the sex researcher and clinician was also that of sex-reform activist. Benjamin would later call himself "The Transatlantic Commuter," who tried to mediate between America and Europe,"⁷⁵ and indeed he was active in the international network of sex researchers and sex reform activists, having taken part in almost every single international congress on sex reform, and having made it a point to meet every famous sexologist he could.

In his later years, Benjamin recounted stories of his meetings with these many famous historical figures, and although his work with Steinach and Hirschfeld was obviously extremely influential, Benjamin's one-time meeting with Freud was also very significant. The meeting had been arranged by Steinach, and the two discussed, among other things, the "Steinach Operation" (which both had undergone). Benjamin

was later fond of sharing how Freud had confided in him that, although he did not want it publicly known, he felt that the operation had benefited him. Benjamin purportedly agreed to keep this a secret between the two of them until after Freud had died, and clearly relished divulging it on the occasion of his 90th birthday celebration to a group of friends and colleagues.⁷⁶ Likewise, Ethel Persons, a psychoanalyst in New York who worked with Benjamin and his patients in his later years, reported that Benjamin had similarly confided in her that, during his meeting with Freud, Freud had come to the conclusion that Benjamin was a latent homosexual (owing to problems he was having with impotence). Persons wrote that this had infuriated Benjamin, who “considered himself something of a ladies’ man.”⁷⁷ Indeed, in light of Benjamin’s sympathy for his transgendered patients, also often mistakenly diagnosed as homosexuals, this is a particularly poignant story.

During the 1930s, Benjamin acted as the consulting endocrinologist at City College in New York and worked in private practice, catering primarily to wealthy patients who sought him out because of his reputation as a “rejuvenation” expert. Benjamin became accustomed to luxurious living – one patient apparently paying him \$1,000 for a single hour’s consultation.⁷⁸ Benjamin had originally found himself in America because of the desires of a wealthy patient, and throughout his career he would continue to benefit from such relationships. For example, he was once able to use his connection to wealthy patients to help his colleague Casimir Funke get funding for the Paris laboratory where he eventually isolated the first biologically active androgen from human urine. Benjamin had thought that young men’s urine might contain testosterone, and had collected samples from students at City College

to help Funke's research. When Funke finally isolated the androgens, Benjamin, like Brown-Séguard 50 years earlier, was the first one to inject himself with the substance.⁷⁹

In the late 1940s Benjamin opened a summer practice in San Francisco, where he would stay at Sir Francis Drake Hotel. During that time he became close friends with Alfred Kinsey, whom he had met previously, but who happened to be staying in the same hotel while taking sex histories. But during the 1940s and 50s, Benjamin was working mainly in the field of "gerontotherapy," a branch of geriatrics and a term he coined.⁸⁰ "Gerontotherapy" was clearly an extension of his earlier "rejuvenation" work, and Benjamin wrote that this "'therapy of aging' embraces mental, physical, and sexual functions . . . Happier and healthier birthdays, not just more birthdays, is the object of the therapy here prescribed," and he contrasted this study with geriatrics, the study of the *diseases* of aging.⁸¹

In an article entitled "Endocrine Gerontotherapy: The Use of Steroid Hormone Combinations in Male Patients," Benjamin reiterated his claim that hormone therapy could have a positive effect on the aging body. He reported prescribing combinations of estrogen and testosterone and achieving results ranging from better circulation to healthier prostates. He outlined how he saw the "sex hormones" as relating to the overall health of the individual and argued that the so-called "sex hormones" had wider-ranging effects on the body than simply sexual consequences. Benjamin reported his findings from 50 cases of hormone administration, noting that "the results were either good or excellent in 87 per cent," and he outlined the most useful combination of hormones. He also argued that successful "gerontotherapy" must be

combined not only with “proper geriatrics” but also individualized attention to personal factors such as vitamin deficiencies.⁸² Benjamin’s focus on quality of life, individual circumstances, and the health possibilities of endocrine manipulation were consistent throughout his career, although their various applications changed over time.

Benjamin had always been interested in sex research. His background work with Steinach, his training as an endocrinologist, and his exposure through Hirschfeld to sexual sub-cultures and to medical activism on behalf of sexual minorities had made him keenly aware of the interplay between hormones, sexual and gender diversity, the anatomical mutability of sex, and the need for social change. Although already well past the prime of his career in the 1950s and 60s, Benjamin was only just discovering the medical field in which he would become so well known. His long-time associate, Charles Ihlenfeld, said at his memorial service: “As a pioneer, he was a bit of a maverick. Because he was willing to work with methods and medications which were new, he often found himself questioning medical traditions and traditional medicine.”⁸³

Although he thought he had been nearing retirement in the late 1940s, Benjamin was actually just beginning a new chapter of his career – one which would span the next thirty years of his life. Between 1948 and his eventual retirement in 1978, Benjamin’s practice came to focus increasingly on questions of sexuality and what is now called gender dysphoria. His “gerontotherapy” practice had begun waning, and he was working at a series of “retirement practices” (taking over the patients of newly retired doctors). During that process, his secretary, Virginia Allen,

asked about a stack of patient files she found curious because they listed both female and male names. Benjamin told her that those were the files of transsexuals and transvestites, and in discussing the fact that they had a very difficult time being understood by both doctors and society in general, they decided that they should pursue them.⁸⁴ These patients quickly took over his small practice, as Benjamin found that his other patients didn't want to share their doctor's office with transgendered people.⁸⁵

Over the course of the next 30 years, Benjamin was able to develop an expertise in transgenderism, as his patient base grew to include over 1500 cases.⁸⁶ In addition to his clinical work in this new field, Benjamin gave lectures and published on the topic. He frequently addressed the New York Academy of Sciences, and wrote articles for the popular magazine *Sexology* (for which he later acted as Consulting Editor),⁸⁷ as well as for scholarly journals. He worked to develop networks of clinicians and social support networks for transgendered people, co-founding the Scientific Society for the Study of Sex in 1957, founding the Harry Benjamin Foundation in 1964, and regularly consulting with surgeons, psychiatrists and lawyers about transgendered issues and problems. He also encouraged the development of peer support networks through Christine Jorgensen and worked with the Erickson Educational Foundation to both increase medical expertise as well as make transsexual health care more widely available. As we shall see in the following chapters, he was also keenly interested in and involved with the development of gender clinics, which he saw as an important step in making adequate health care available to transsexuals.

The development of the international sexology and sex-reform movement in Europe in the first half of the twentieth century had a major impact on the later experiences of transgendered people around the world, in large part because of Harry Benjamin's connections to that movement. Whereas the Nazi burning of the Institute of Sexual Science in Berlin and Magnus Hirschfeld's death had left a void in international "sexual intermediary," sex reformer, and physician activism, Benjamin had been enough a part of that movement to push for the fulfillment of its goals in the new context of 1960s American transgender medicine. He was familiar with the benefits of international networks of physicians and activists co-operating for better social environments and better health care. He had attended many conferences in which the role of the law was recognized as an important impediment to much health reform and development, and he had had collegial relationships with doctors who embraced their roles not only as advocates for their patients, but as activists seeking to change the world for those marginalized on the basis of their relationship to sexuality. The impact of having been a part of such a successful and significant movement encouraged Benjamin to envision the possibility of such networks, support systems, and structural change for transgendered people in North America.

In order to understand how and why North American transgendered people's experiences during the 1960s and 70s were so deeply influenced by Benjamin and his attitudes towards them, we must recognize the important historical tradition of sex reform activism to which he himself had been exposed. Because of his background with European sexology and his conviction that transgenderism had a biological cause, his treatment methods and his approach to patient welfare were vastly different

from those of contemporary American doctors working from a psychiatric perspective, who assumed transgenderism to be a mental illness in the true pathological sense. Coming from that perspective, they were unable to help patients who told them that it was their bodies, not their minds, which needed changing. Benjamin, however, was clearly interested not only in developing medical diagnostic criteria and treatment methods, but also in supporting transgendered people and bringing about social and legal reform. He spent a great deal of his efforts, as we shall see, on legal reform activism and on the creation of interdisciplinary networks of professionals, both of which were undoubtedly at least partially related to the type of organizing to which he had been exposed through his association with the European sex reform movement. The next chapter, then, looks at Benjamin's published works between 1953 and 1966 in relation to the development of his classificatory system and his 1966 text *The Transsexual Phenomenon*, which he used both to publicize his theoretical categorization of transgendered people, as well as to call for social and legal reforms that would benefit them.

2. Harry Benjamin and The Transsexual Phenomenon:

Classificatory Systems, Treatment Options, and a Plea for Social Reform

Benjamin's treatment of transgendered people stemmed partially from the development of the classificatory systems into which he placed them, and several significant changes occurred in his understanding of "transgenderism" (again, a word which he did not use, but which is now used as an umbrella term for what he studied) over the course of his career. These changes followed both from the contemporary medical establishment's understanding of the "problem," as well as his own experience with transgendered people. This chapter will look at how his interpretation of what we would now call various forms of transgenderism changed over time, and how Benjamin expressed his understanding of transgenderism and wrote about transgendered people in his published writings. Armed with this understanding of Benjamin, we can begin to understand how and why the transgendered people who contacted him experienced the relationships they developed with him.

Benjamin's first published writings had followed from his interests in the emerging field of endocrinology and his experiences with mentors such as Eugen Steinach. Over time, Benjamin's interests shifted across several fields, and between 1953 and 1966 he produced many of the early writings on transvestism and transsexualism in the United States. David Cauldwell claimed to be the first to coin the term "transsexual," in his 1950 *Questions and Answers on the Sex Life and Sexual Problems of Trans-Sexuals* (Girard, Kansas: Haldeman-Julius Publications, 1950), but he had used the term quite differently from Benjamin,⁸⁸ whose writings prior to

the publication of *The Transsexual Phenomenon* reveal how theories of transsexualism and treatment of transgendered patients developed and changed over the course of the twentieth century.

Benjamin's earliest writings on transvestism and transsexualism, in the 1950s, were sparse and repetitive. Almost without exception, his published work explicitly stated his desire to educate both the general public and the medical profession, and to change their conception of transvestites and transsexuals. As was the case throughout his career, his writings were often biographical in nature, frequently citing his own experiences as a clinician and using his patients' stories as their basis. His published works were frequently the result of presentations at conferences or medical symposia, in which he expressed the importance of educating the medical establishment and using his publications and presentations to effect social change. Similarly, several of his articles were reprinted for patients and popular audiences, making his writings available to a wide audience in a variety of circumstances. For example, his presentation to the Association for the Advancement of Psychotherapy "Symposium on Transvestism and Transsexualism" in 1953 was not only later published in the 1954 article "Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndrome" in the *American Journal of Psychotherapy* but was also reprinted in the popular magazine *Sexology* as a two-part illustrated series simply titled "Transvestism and Transsexualism." Similarly, his response to an inquiry from a reader was also published in *Sexology* magazine as well as reprinted for his patients in a pamphlet entitled "Advice to a Male Transsexual (who wants a conversion operation)."⁸⁹

Benjamin's initial work on transsexualism and transvestism was classificatory: he first set out to distinguish his patients from those diagnosed as homosexuals and later to explain the difference between transsexualism and transvestism. The theoretical framework he used for understanding his patients' gender expressions was complicated and changed over time. In his earliest article on the subject, "Transvestism and Transsexualism," published in the *International Journal of Sexology* in 1953, Benjamin touched on several concepts he would later adapt after his clinical experience with transsexuals and transvestites increased.

Although already arguing for a "constitutional" (i.e. biological as opposed to psychological) etiological explanation for transvestism, transsexualism, and homosexuality, Benjamin was also, at least when addressing psychotherapists, partially open-minded about the possibility of curing such "conditions" through therapy. He wrote:

In thirty years of practice this writer never had the good fortune of having seen a pronounced case of homosexuality or transsexualism cured by psychoanalysis in spite of persistent regular treatment continued over years. Yet, since such cures have been reported, their possibility shall certainly not be denied.⁹⁰

Benjamin even suggested, at this point, that "milder forms of transvestism" would actually benefit from psychotherapeutic treatment and that hormonal therapy using androgens to masculinize transvestites might also produce a curative effect. While Benjamin clearly favored the idea that the body had to be involved in the occurrence and treatment of transvestism, he was skeptical about the potential benefits of

psychoanalysis. He did, however, remain open to the possibility that transvestism could be treated, at least partially, through the psyche.

Benjamin was careful not to say that psychotherapy alone could produce a “cure,” but the extent to which his attitude towards psychotherapy was based on the chilly reception he had received from the American medical establishment at that time makes it difficult to determine the extent to which Benjamin himself believed that such a cure was even remotely possible. In a more extensive article, Benjamin was more explicit:

All therapy, in cases of transsexualism – to the best of my knowledge – has proved useless as far as any cure is concerned. I know of no case where even intensive and prolonged psychoanalysis has any success. If we are dealing with a constitutional deviation, we can hardly expect to influence it.

Testosterone, for instance, would not change the desire for sex transformation either. It would merely increase the libido and perhaps [the] masculine appearance instead of diminishing the conflict. These people seem to me truly the victims of their genetic constitution, step-children of medical science, often crucified by the ignorance and indifference of society and persecuted by antiquated laws and by legal interpretations that completely lack in wisdom and realism.⁹¹

Part of the confusion in Benjamin’s therapeutic theories during the stage of his early writings was due to his lack of distinction between transvestites and those whom he was beginning to refer to as “transsexualists.” Benjamin cited Kinsey’s argument that homosexuality and transvestism were “totally separate phenomena,” but argued that

both were “disturbances of the sexual unity of the individual, both constitute[d] a split of soma and psyche in the field of sex, [and] both [were] instinctive drives, quite beyond the individual’s power to control or to change, no matter what the underlying cause may be.”⁹²

Once Benjamin had decided that the transsexual drive could not be changed, his interest turned towards the social and legal environment of sexual minorities. He had always argued that his role as a sexologist was partially activist in nature; his social reform activist approach to the subject, he argued,

applied to transsexualism, transvestism, homosexuality, as well as other sexual deviations. Instead of treating the patient, it would frequently be wiser and more constructive to ‘treat’ society, educationally, so that logic, understanding, and compassion might prevail.⁹³

And yet because of this approach, he often failed to completely address many of the specific concerns of transsexuals, transvestites, homosexuals, or other “sexual deviations.” This is most clear in the way he focused on male-to-female transsexuals and in the way he transferred or adapted their experiences to other groups. For example, he explained that the reason he frequently emphasized the plight of what he called “the male transsexual” (genetic males who attempted to become women) over “the female transsexual” (genetic females who attempted to become men) was because of their higher incidence of social conflict; he attributed the greater social difficulty of “the male transsexual” to the fact that it was more socially acceptable for women to dress in men’s clothing than vice versa.

The regular omission of the experience of female-to-male transsexuals, however, meant that he often referred to what he called “the female transsexual” as simply being “the reverse” of the male transsexual. In his early writings, this may have seemed to make sense, because at that stage Benjamin was dealing more with very simple distinctions, as, for example, between homosexuality and transvestism. However, by the early 1960s, when he was distinguishing between what he called “types” of transvestites, it was clear that the distinction between transvestites and transsexuals did not seem to hold for gender-variant people born female. Benjamin himself stated at this time that there were, in fact, no “female transvestites,” precisely because of his claim that cross-dressing women were socially acceptable.

Similarly, one of his justifications for treating transvestites and transsexuals with hormonal therapy was that estrogen acted as a sort of tranquilizer to calm patients’ often intense emotions. This was nonsensical for “the female transsexual,” whose androgen administrations would have simply had “the opposite” effect, given Benjamin’s reasoning that male and female transsexuals and male and female hormones were each other’s “opposite,” namely, *adding* to the emotional disturbances of the patient rather than relieving them. Benjamin did seem to consider this somewhat of a problem, in that he combined progesterone with the testosterone for “female transsexuals” in order to counter-balance the libido-raising effect of the androgens. Nevertheless Benjamin’s theorizing developed mainly out of his experience with male-to-female transsexuals, and he considered the study of female-to-male transsexuals peripheral. This major oversight was a result of the fact that he was more focused on the experiences of the majority of his patients than on achieving

an explanation of their hormonal bodies (as, for example, the role of estrogen and testosterone in calming the nerves) and in his focus on social change.

Also evident in Benjamin's early writings was his argument for the "constitutionally based" etiology of transvestism/transsexualism. This may have stemmed from his early work with Steinach, in which he had developed the conviction that "There is no Eve without an element of Adam," a saying he was fond of using to explain the relationship between testosterone and estrogen in the human body.⁹⁴ Benjamin used this saying to understand and explain the relationship between femininity and masculinity in all individuals, whom he saw as fundamentally intersexed. In "Seven Kinds of Sex" (1961), he argued that determination of one's sex was no simple matter. He identified at least seven distinct "kinds of sex": chromosomal sex, anatomical sex, legal sex, endocrine sex, germinal sex, psychological sex, and social sex.⁹⁵ Benjamin didn't believe that all individuals were transsexual, or that all individuals were neither male nor female, but rather that all individuals were a mixture of male and female, and that transsexuals' "mixture" was a unique combination of the different types of sex.

In response to criticism from colleagues, Benjamin clarified his position through a 1955 letter to the editors of the *Journal of the American Medical Association*: "Naturally an assumption of a certain degree of constitutional femininity is not the same as to say that these subjects are constitutionally female."⁹⁶ Because of Benjamin's emphasis on the idea that we are all intersexed to a certain degree (an idea that had been advanced especially by Hirschfeld), Benjamin could argue that his role in the ultimate "sex-change" of his patients was therapeutic, minimal, and

reversible, and so protect himself from the legal sanctions and absolute ostracism of his colleagues. He used the basic premise of humans being “constitutionally” (endocrinologically) “mixed” to develop and experiment with different treatments for individuals suffering from a variety of conditions, imagining that one possible explanation for their cross-gender behavior could be endocrinological. Further, he argued that his hormonal treatments did not change the sex of the patient and were not permanent, but rather acted as a source of comfort to the patient who awaited the “conversion operation” (his term for what would today be called sex re-assignment surgery) or as an alternative to it, for those with milder cases of transvestism.⁹⁷

Benjamin clearly prioritized the “conversion operation” as the permanent “change of sex,” and this became more prominent in his later works, when he more often demanded legal recognition for the post-operative transsexual than for the non- or pre-operative transsexual. It also heralded back to the fine tension between the definition of sex as hormonal or as gonadal evident in the works of Steinach and others in the early part of the twentieth century.

Although Benjamin had argued in earlier writings that sex was more legally and socially constructed than physically or medically objective,⁹⁸ he consistently reiterated the fact, when addressing potential patients, that the operation would not make them a woman (in the case of a genetic male), but rather a “neuter,” or someone who was neither male nor female.⁹⁹ As though to deter these patients, he went even further, arguing that genetic sex took precedent over any other indicator: “the operation, even if successful, does not change you into a woman. Your inborn (genetic) sex will remain male. You must be aware of this fact...”¹⁰⁰

In considering Benjamin's reputation and evidence of support for his transsexual patients, his early writings seem at first full of contradictions. He argued for social tolerance and acceptance of transvestites and transsexuals, for better and more respectful medical care, for their right to live legally in their gender of choice, for the mutability of sex, and the inability of therapy to effect a "cure," and yet he discouraged patients from pursuing the "conversion operation," even as he placed great importance on it. There are several possible explanations for this seeming inconsistency: most likely, this method was used to "weed out" those who were not truly in need of such surgical intervention. But Benjamin was also cognizant of the many social problems facing a surgically modified transsexual, and he frequently insisted that his patients be aware and realistic about the social life of a post-operative transsexual. For example, although post-operative male-to-female transsexuals at that time would be physically (for all intents and purposes) a woman, he warned:

when you have recovered from the pain and the after-effects of the operation, after a few weeks or months, your real work begins – to change into a "woman." You have to learn how to behave like a woman, how to walk, how to use your hands, how to talk, how to apply make-up and how to dress... Don't ask the mirror. Take the word of an objective outsider. Masculine features, a heavy bone structure, a height above average, a prominent "Adam's apple" could be handicaps because they cannot be changed... Is your general appearance and physical build such that you can pass as a woman, or is it possible you will look more like a man dressed up as a woman?¹⁰¹

And while these harsh warnings might today be regarded as discriminatory against those transsexual women who do not naturally possess typically feminine features, at the time of their writing, Benjamin felt himself to be truly and justifiably concerned for the welfare of his patients, who often found themselves in a nightmarish legal environment; Benjamin frequently pointed out the frustration posed by “red-tape” to a successful post-operative life. If a transsexual *couldn't* pass, she (less likely he) was at risk of being arrested. Benjamin did point out that some transsexuals lived as women prior to or in lieu of being operated upon, but that although they had adopted female names, social lives, employment as women, and sometimes unofficial marriages, they lived “always fearful of discovery.”¹⁰² In this sense, he criticized the law for criminalizing what he perceived to be natural behavior, rather than admonishing the woman who engaged in it.

Presumably Benjamin was also partially driven to protect himself against legal problems in advising against the surgery. His constant criticism of the law with regards to transvestites and transsexuals clearly made him a target. In *The Transsexual Phenomenon*, for example, he wrote of having been intimidated and harassed by an over-zealous district attorney who threatened to press charges against him for recommending the “conversion operation.”¹⁰³ Likewise, Benjamin indicated that the quality of available medical care for transsexuals was inadequate, usually forcing patients to go abroad for surgery. He charged the American medical establishment with ignoring or dismissing the true nature of transsexualism, and argued that much more research needed to be done. Further, he argued that

Research into the nature and management of transsexualism can be conducted only through clinics and hospitals. It is too difficult in private practice. I have previously described transsexual patients to be at present stepchildren of medicine. There is no place for them. They are often sent from doctor to doctor, each one trying to get rid of them as quickly as possible. Clinics occasionally, and commendably, do accept them for studies. But when it comes to [hormone and surgical] therapy, obstacles arise. Hospital boards, for instance, have repeatedly refused permission for a “conversion operation,” no matter how strong the indication might have been in the opinions of the examining physicians, including psychiatrists.¹⁰⁴

Thus, Benjamin advised patients to try to live in their birth genders partly out of a recognition that their post-operative lives might be made more difficult because of social prejudices. It is clear, however, that Benjamin took a two-pronged approach to the issue, arguing both for the safety of his patients as well as for the social changes necessary to allow them to live as they saw fit.

Another factor in Benjamin’s dissuading potentially operative patients against surgery resulted from his etiological and classificatory system. In his earlier writings, Benjamin had made the basic distinction between homosexuals, transvestites and “transsexualists” (a term he would later change to “transsexual” for simplicity). The first step in this distinction, however, was between homosexuals and trans people. He emphasized the fact that while both were genetic men who were attracted to men (Benjamin again essentially failing to address the case of people born female), in the case of the transsexual, “same-sex” relationships were considered by their

participants to be heterosexual, or “normal,” given that transsexuals considered themselves to be the “opposite” sex.¹⁰⁵

Benjamin also pointed out that homosexual men were happy to be men, and that they had no desire to be women. He also argued that homosexual men enjoyed their genitals, while transsexuals abhorred theirs. The distinction between homosexuals and trans people based on attitude toward one’s genitals did not really apply to transvestites. Benjamin considered their sexuality to be largely auto-erotic, and generally ignored their sexuality in his initial distinction between homosexuals and trans people. At this stage, likewise, his distinction between homosexuality and tranvestism was unclear, as it centered partially around the choice of a male sexual partner, whereas most transvestites were heterosexual males with wives.

It was Benjamin’s second distinction, between transvestites and transsexuals, that probably most influenced both his later work and his support (or lack thereof) for the “conversion operation.” Defining transsexualism as the most severe form of transvestism, Benjamin argued for a continuum approach – and thus that a transsexual was always a transvestite, but the transvestite was not always a transsexual. While both transvestites and transsexuals engaged in some form of affective cross-dressing to relieve tension in their personalities, transsexuals, he argued, could be distinguished by the pressing desire not only to dress as a woman (or man), but to actually *be* one, through surgery and hormones.

In his early writings the distinction between transvestites and transsexuals was muddied by the fact that Benjamin could not identify clear differences between the two, beyond the request for surgery, which he admitted was sometimes also requested

by non-transsexuals who were either emotionally disturbed or “encouraged” by media sensationalism of the issue.¹⁰⁶ To further complicate matters, Benjamin had experience with patients who had at first presented as transvestite or transsexual, only to later be identified as the other. These clinical findings did not sit well with his theory that transsexuals couldn’t be “cured” because of their essentially more feminine constitution. Benjamin solved this problem by developing the notion of levels of severity of transvestism (transsexualism being the most severe). Thus, he could explain people who changed their minds about wanting the operation or were “cured” as having simply had “mild[er] cases of transvestism.”¹⁰⁷ This argument could also account for the fact that the clinician would not always be able to immediately determine the severity of a given case.

Likewise, Benjamin solved the problem of using a physical etiological explanation by claiming that there must be a combination of physiological and psychological factors at play; he explained that the reason that all people who were subjected to the same social conditioning or other psychological factors were not transsexual was because

the genetic and/or endocrine constitution (often a psychosexual infantilism), has to provide a ‘fertile soil’ on which the ‘basic conflict’ must grow in order to become the respective neurosis. Physical markings, frequently, though not always, bear out this contention.¹⁰⁸

The upshot of this explanation, however, was that only the “most severe” cases of transvestism (i.e. transsexuals) would qualify for surgical intervention. By 1963 Benjamin was describing three types of transvestites. The first, he wrote, was largely

composed of heterosexual men “who can appease, emotionally, their gender role disharmony by this symbolic act of cross-dressing.”¹⁰⁹ The second type were “emotionally disturbed and require[d] psychologic guidance, endocrine therapy, and other help. The outward symbol of the female dress was not sufficient to ease their tension and distress.” Finally, the third type (the transsexual), he wrote “wants to go all the way... so that he [sic] can function as a woman too, at least sexually, and be entitled to the legal and social status of a woman.”¹¹⁰

In addition to classifying transvestites and transsexuals on a spectrum of “severity,” Benjamin also identified, by 1963, four “motives” for conversion: the sexual motive (the desire to be a “normal” sexual partner), the gender motive (the desire to live and be socially accepted in the gender of their choice), the legal motive (the desire to be legally protected and recognized in the gender of their choice), and the social motive (the desire to be socially acceptable). Each category represented a different aspect of being recognized as the gender of choice, and each was of varying importance depending on the individuals’ life circumstances. “In many patients,” Benjamin argued, “all four motives play a part,”¹¹¹ but the “legal motive” affected all:

The legal motive is strong in all transsexuals. They want a change of the legal status. Red tape is their worst enemy. Their constant fear of discovery, arrest, and prosecution, makes life miserable for them before the operation, and even afterwards they have to fight for the necessary legal changes.¹¹²

It is quite clear that Benjamin’s descriptions, classificatory systems, and ways of thinking about transvestism and transsexualism were greatly influenced by his recognition of social pressures. His frequent focus on the legal problems of his

patients reflected his prioritization of patients' concerns over those of the medical establishment.

As a solitary clinician, Benjamin experienced both the isolation of his patients in their search for respectful and appropriate medical care, as well as the ostracism and criticism of his colleagues, who were skeptical about his willingness to accept his patients' desires to alter their physical condition. He fought against the predominant drive to "cure" transgendered people, while making concessions to the reality of the social, medical and legal world. Such concessions included trying to discourage patients from pursuing surgical options.

Benjamin's early writings (1953-1965) on this subject, although often unclear and repetitive, focused on his frustration about the lack of appropriate medical options available for transvestites and transsexuals, and he frequently admonished both the medical and legal establishments in this regard. These early writings were important because they established Benjamin's framework for understanding trans people as distinct from homosexuals, and prepared him to clarify the distinction between transvestites and transsexuals. In these works he also developed treatment guidelines and clinical diagnostic criteria. These early writings are thus important to understanding the formation of Benjamin's ideas, but it would not be until his major text, *The Transsexual Phenomenon*, published in 1966, that Benjamin would make clear how his ideas had changed as a result of the work he had done with gender-variant individuals.

The Transsexual Phenomenon was the first major American text to deal with transsexualism. As Benjamin wrote in its introduction, virtually nothing had been

written on the topic, “and then with much hesitation.”¹¹³ He designed the text with a wide audience in mind, and intended it to serve a variety of purposes. Like his earlier work, Benjamin hoped to open the minds of the public and the medical community through a description of his experiences with transgendered people, to increase patients’ ability to access appropriate and respectful health care, and to reform oppressive legal structures. *The Transsexual Phenomenon*, however, unlike his earlier writings, gave Benjamin the opportunity to fully expound his ideas and arguments and to include more of his patients’ voices. Because it drew so extensively on others’ voices – both patients’ and colleagues’ – it allows us (at least partially) to access the experiences of patients as well as the social structures in which their experiences occurred, bringing us closer to understanding the lives of transgendered people at a time when clinical diagnoses were just beginning to be given a hearing by the medical establishment.

Perhaps one of the most striking things about *The Transsexual Phenomenon* is that transgendered people (including, but not limited to Benjamin’s patients) take up almost as much space in the text as the medical experts. Even more so than in his earlier writings, all of Benjamin’s attention became focused towards his patients’ overall health; with *The Transsexual Phenomenon* he was interested in reforming society so that they might have the freedom to grow into happier individuals, have greater access to health care, be treated with dignity and justice, come to feel loved and accepted in the world, and mainly, that there may be no shame in the condition of transsexualism or transvestism.

As we will see, there are several ways that Benjamin included transgendered people in *The Transsexual Phenomenon*. First, there is the obvious fact that his conclusions and medical opinions were based on his clinical work with transgendered people. His attitude could have been that of the pathologizing, objectivizing scientist, imagining the individuals he worked with to have no insight into their own lives or experiences, being simply the “objects” of his study. Instead, Benjamin took his patients’ feelings and claims seriously, something for which he was often criticized at the time, and for which he has since often been praised.¹¹⁴ He did not simply take their claims at face value, noting that transsexuals’ fantasy lives could sometimes overshadow their ability to judge the realities of the external social world, but he did take them seriously. He included their statements, ideas, and lived experiences within *The Transsexual Phenomenon* as a source for non-transsexuals to educate themselves about issues facing transgendered people – so that the patients themselves would have greater social opportunities and increased overall health.

Secondly, Benjamin cited what we would now call transgendered activists as key experts in the field. He considered transgendered people who studied the “phenomenon” to be as reliable as non-transgendered people, a major sign of support at that time. In particular, he referred frequently to Charles/Virginia Prince, a heterosexual cross-dresser who was extremely influential in establishing and maintaining early transvestite activism. Further, Benjamin devoted a whole section of the book to the importance of Christine Jorgensen in developing social awareness of transsexualism, and another section to the importance of transvestite publications.¹¹⁵

Finally, Benjamin made frequent reference to the everyday details of his patients' lives through their poetry or other publications and conversations or correspondence they had had with him. Each time Benjamin considered a theory or issue related to transsexualism or transvestism, he would consider what transgendered people themselves had to say about the matter. For example, in a section in which he considered the applicability of the theory of "childhood conditioning," Benjamin cited two surveys – one of which was conducted and published *by* a transvestite on whether transvestites and transsexuals felt early conditioning to be a factor in their "gender disorientation," a term he sometimes used to encapsulate a variety of what would today be called transgendered experiences or identities.¹¹⁶

The text's appendix contained a series of autobiographies written by transsexuals themselves (and compiled by Benjamin's colleague R.E.L. Masters, with whom he had written *Prostitution and Morality* in 1964). This autobiographical portion took up just under one third of the text (84 out of 284 pages) and was included "so that the reader may have an informal and somewhat more intimate look at the personality and day-to-day life of the transsexual individual."¹¹⁷ It consisted of first-person accounts of various struggles faced by the transsexuals Benjamin saw and used the voices and experiences of the patients themselves to argue for a more tolerant society. This inclusion was indeed a radical move in a medical climate that up until that point had regarded "gender disorientation" as a sickness to be "cured" and transgendered patients as mentally ill.¹¹⁸

The overwhelming presence of transgendered people in Benjamin's key text reflected the concern for respect and co-operation that ran throughout his work and

culminated in *The Transsexual Phenomenon*. Because he treated transgendered patients with care and compassion, Benjamin was able to learn from their experiences, and bring them and their “condition” forward to the medical community. His work mainly won the attention of the psychotherapists and psychoanalysts who were interested in transsexualism, but whose treatment methods were in opposition to Benjamin’s. Thus, his description of the psychology of his patients was particularly important.

The psychology and the psychological treatment of patients was one of the most important aspects of *The Transsexual Phenomenon*, mainly because many readers were primarily interested in understanding this element of transsexualism. As has already been mentioned, Benjamin’s key contribution to the clinical psychology of transgendered people was his distinction between transsexuals and transvestites, and while he frequently used this dichotomy, he also recognized its limitations. The distinction emerged because Benjamin had been previously unable to incorporate the diversity of desires, motivations, and life experiences of his patients. By the time *The Transsexual Phenomenon* was published in 1966, he had developed a much more extensive system of classification, one which could tangibly guide treatment, as well as provide an opportunity for understanding where previous ignorance had led to the mistreatment of gender-variant people.

Alfred Kinsey, based on his research at the University of Indiana, had developed the idea of a scale (or continuum) of heterosexuality and homosexuality (now referred to as “The Kinsey Scale”), which he included in his influential text *Sexual Behavior in the Human Male* (1948). Based on Kinsey’s model, Benjamin

developed what he called the “Sex Orientation Scale,” or S.O.S., which, like the Kinsey Scale, had seven categories of “orientation,” ranging from ‘0,’ which represented ‘normal’ persons for whom, in this case, the idea of sex-reassignment surgery and gender conversion was repugnant, to ‘6,’ which represented individuals for whom the “conversion operation” was mandatory. In Benjamin’s model the orientation measured was not towards sexual partners, but towards particular gender expressions. Like the Kinsey Scale, Benjamin’s scale made use of the idea of a continuum, and Benjamin emphasized that none of the classifications represented an objective reality, but that “the TV and TS who may look for himself among the types will find his own picture usually in between two recorded categories, his principal characteristics listed in both adjoining columns.”¹¹⁹

In *The Transsexual Phenomenon* Benjamin classified gender-variant people into three groups, as in earlier works, but in *The Transsexual Phenomenon* he further divided these three groups into six types. The six types represented the continuum of severity of “gender disorientation.” In the first group, composed of three types (pseudo transvestites, fetishistic transvestites, and true transvestites), the cross-gender feelings could be said to be the least serious. *Pseudo transvestites* were described as simply “getting a kick” out of occasionally cross-dressing and *fetishistic transvestites* were described as living as men but “dressing” (as women) periodically. The third type in this first group, *true transvestites* spent as much time as possible living as women (sometimes all of the time), but still ultimately rejected the idea of a “conversion operation,” although it may have appealed to them at points. In the second “group,” Benjamin listed only one type: *nonsurgical transsexuals*. Benjamin

wrote that this type “dresses as often as possible, with insufficient relief of his gender discomfort.” Finally, in the third group, Benjamin listed what he called *moderate intensity transsexuals* and *high intensity transsexuals*, both of whom requested “conversion operations” (in contrast to the other types), and both of whom, according to him, required hormonal therapy.¹²⁰

Benjamin’s S.O.S. scale also outlined descriptions of each type’s sex and social life and their corresponding Kinsey rating. For each type, Benjamin listed treatment options and whether a sex “conversion operation” was desired by the patient and/or medically required. Although Benjamin re-iterated the distinction between homosexuals, transsexuals and transvestites in *The Transsexual Phenomenon*, warning that the psychiatrist would often misdiagnose transvestites or transsexuals as homosexuals, he did not see transsexualism as fully separate from individuals’ sexuality as is evident in his inclusion of a likely “Kinsey rating” for each gender-variant group in his Sex Orientation Scale. For example, he believed that *fetishitic transvestites* were more likely to be attracted to women than high intensity transsexuals. Likewise, *nonsurgical transsexuals* were less likely to have a predictable sexual orientation than the other groups.¹²¹

In terms of classification, diagnosis and treatment, it is evident that by the time he published *The Transsexual Phenomenon*, Benjamin had developed a clear picture of the basic characteristics which encompassed the variety of transgendered patients he had encountered. And although Benjamin had developed these categories in relation to his patients, he was adamant that future research was needed to achieve

a better comprehension and further, that the natural world was full of a diversity that could not simply be conveyed in a classificatory chart.

No proof of the etiology of transsexualism had been discovered by 1966, but Benjamin still considered it to be largely a biological condition. The conviction that transsexualism could be explained biologically became the basis of Benjamin's argument that society should become more accepting and welcoming of gender-variant people; he used his assertion about biological basis of transsexualism as evidence of the pure social prejudice faced by the transsexual. He wrote that popular and medical opinion against transsexualism and transvestism were based on unscientific narrow-mindedness; "the forces of nature, however," he wrote, "know nothing of this tabu [sic], and facts remain facts. Intersexes exist, in body as well as in mind. I have seen too many transsexual patients to let their picture and their suffering be obscured by uninformed albeit honest opposition."¹²²

Benjamin's determination and conviction that conservative social structures stood in the way of a more natural acceptance of sexuality became more evident in *The Transsexual Phenomenon* than it had in earlier writings. In *The Transsexual Phenomenon* Benjamin expressed many of the same sentiments as had Hirschfeld and Ellis, and the effects of Benjamin's early experiences with European sexologists became more evident as his ongoing critique of American Puritanism towards issues of gender and sexuality was extended in *The Transsexual Phenomenon*. Benjamin saw a clear connection between psychosexual and physically hermaphroditic conditions, and he wrote that he refrained from using the term "intersexed" in his

descriptions only as “concessions to American science.”¹²³ In fact, he did not always refrain from using this term.¹²⁴

In *The Transsexual Phenomenon* Benjamin also re-iterated his argument that the transgendered patient was neither psychotic nor curable through hypnotherapy; both claims were still being made. Benjamin was, by then, unrelenting in asserting that psychotherapy, and psychoanalysis in particular, could not “cure” transsexualism, since it was a biologically based sexual anomaly. For example, in responding to a question published by a contemporary psychoanalyst who asked “if a patient came to you and wanted you to remove his normal left eye or his right hand, would you do that, just because he asked you to?” Benjamin’s wrote that such a patient would be acutely psychotic, but that transgendered patients did not display any symptoms of psychosis (beyond their desire for the “conversion operation,” which some psychiatrists or psychologists might construe as such).¹²⁵ Benjamin argued that

In this country, psychology and psychoanalysis still dominate the field of sexual deviations. Many psychologists, particularly analysts, have little biological background and training. Some seem actually contemptuous of biological facts and persistently overstate psychological data, so much so that a distorted, one-sided picture of the problem under consideration results.¹²⁶

Benjamin’s conception of transsexualism as biologically based played an important role in his assessment of the appropriate treatment. His conviction was based on the fact that psychoanalysis and psychotherapy had failed to “cure” cases of transsexualism. Although Benjamin’s logic was clearly circular (in that he claimed that you couldn’t cure transsexualism because it was biological in origin, but that the

proof that it was biological in origin was that you couldn't cure it), this reasoning shows how Benjamin's key interest was not in etiological explanations but rather in fulfilling the needs of his patients. Furthermore, the fact that no other cure had proved successful worked in the favor of Benjamin's theory that the only true cure was for patients to change sex. Benjamin frequently noted that in addition to never having proven to be an effective "cure" for transsexualism, psychoanalysis had more often than not caused great psychological damage to transgendered patients. While he did recommend psychotherapy, in the majority of cases such therapy was meant to complement physiological sex conversion rather than inhibit it. Benjamin's etiological explanations in *The Transsexual Phenomenon* focused on his disdain for psychoanalysis, his claim that transsexualism had a biological explanation, and his conviction that society was unjustifiably prejudiced against transsexualism.

In addition to classificatory and etiological questions, *The Transsexual Phenomenon* highlighted two key social problems: those of the medical and contexts in which Harry Benjamin practiced and in which his patients negotiated their lives. Throughout the text, Benjamin described not only his patients, but also the problems they encountered in various social situations as a result of their particular gender expressions. In so doing, he provided what he saw as an important social critique together with his vision for a more inclusive and accepting society.

Given that later social analyses of transsexualism have often claimed that the origins of its treatment can be traced to doctors' desire to create heteronormative, or "properly gendered" individuals,¹²⁷ it is particularly worthwhile noting that Benjamin's choice of treatment in no way helped patients conform to the normative

gender expectations relegated to them based on their birth sex, nor were their “conversions” interpreted in that way. Benjamin’s text provides historical evidence that in at least the context of his own practice, “sex-change” medical procedures were undertaken *not* in order to socially suppress aberrant/individual gender expression, but were conducted at the behest of patients *despite* pressure from the social mainstream to make such treatments as inaccessible as possible. It could therefore be argued that although he helped his patients conform to the gender expectations of their new sex, that at this time, it was a radical departure from the average treatment, which insisted on making trans people conform to the sex of their birth.

One of Benjamin’s key social critiques was of the medical establishment itself, a critique which took a variety of forms. As we have already seen, Benjamin found existing classificatory and treatment methods lacking. He felt that contemporary practitioners generally failed to meet the needs of transgendered patients, and failed to treat them with the respect they deserved. He attributed such failings mainly to doctors’ own prejudices and ignorance. One of Benjamin’s stated goals in writing *The Transsexual Phenomenon* was to educate doctors and health-care providers on the appropriate medical and social treatment of transgendered patients. For example, he cited the story of a patient who, while Benjamin was away from the office, was sent to another doctor for a routine hormone injection. The patient later wrote to Benjamin that: “the doctor’s attitude toward me was sullen and indignant, making me feel like some kind of terrible creature he did not care to be in the same room with . . .”¹²⁸ This attitude of disgust was precisely that which Benjamin apparently felt compelled to change.

Benjamin claimed the majority of medical professionals simply lacked education on issues of “gender disorientation.” Accordingly, he wrote *The Transsexual Phenomenon* partly for a medical audience, describing the actual processes involved in sex conversion and offering a sixteen-page physician’s supplement to the text which included surgical “before and after” photos. He offered physicians some guidelines on how to treat transgendered patients, including, for example, dosages of relevant hormonal prescriptions.¹²⁹ Part of the reason for the inclusion of this strictly medical material was that access to appropriate medical services was not widely available to American transsexuals, and many doctors simply did not know how to deal with a patient who requested hormone therapy or a “conversion operation.” Benjamin tried to alleviate this problem by encouraging physicians not to turn their backs on such patients, and by giving both doctors and patients a place to start. He felt the current social situation of transsexuals was unfair, writing: “It seems almost unbelievable that in the United States, with all its resources and abundance of surgical talent, the operation is not available for a TS patient, at least not legitimately, in spite of valid indication and psychiatric recommendation. He [sic] has to leave the country and go to Europe, Africa, or Asia to find surgical help.”¹³⁰

Despite the apparent dearth of willing physicians, however, Benjamin was not alone. By 1966 he was able to cite other experts in the field who came from a variety of backgrounds, including psychiatry, surgery, sexology and endocrinology; the latter two of which, of course, were his particular specialty. Benjamin also praised advances in the relaxing of prudish medical attitudes, which he declared especially

evident in the 1964 declaration by the Chancellor of the University of California – San Francisco that its San Francisco Medical Center would treat transsexuals by aiding them in their “sex-change” process.¹³¹ Although sparse, especially in comparison to the amount published in opposition to Benjamin’s approach, the presence of at least some collegial support in the *The Transsexual Phenomenon* is worth mentioning in order to show that Benjamin was not completely isolated. Rather, he was part of an important shift towards the recognition of transgender medicine as a *bona fide* medical speciality. In fact, Benjamin’s *The Transsexual Phenomenon* marked the beginning of a period of significant change in the history of American transgender medicine.

As with Benjamin’s critique of the medical community’s treatment of and impact on the overall health of transsexuals and transvestites, his discussion of the contemporary legal context in relation to transgendered people and issues permeates the text. Using his patients’ experiences, Benjamin forced the reader to consider the prejudice evident in existing legal structures. Further, he emphasized his patients’ vulnerability to the social prejudices and ignorance of the law’s enforcement officers.

Benjamin gave several examples to show how the law itself was biased against transgendered people. Where the law itself was not specifically biased, he showed how existing laws were being used “liberally” to penalize transgendered people, as in the case of questioning whether the operation itself was legal. Benjamin felt that in general, the legal system worked against the best interests of his patients. He argued that:

Criminality before the law is not necessarily criminality before science and common sense. Transvestism, transexualism, homosexual behavior, drug addiction, alcoholism, and prostitution are examples... Their interpretation as 'crimes' creates criminals artificially merely by definition. This holds true particularly of transvestism...¹³²

In arguing that the law, rather than the patient, was flawed, Benjamin challenged medical professionals to take active roles in patient advocacy. For example, he argued that if a patient got relief from cross-dressing, then to counsel "him" not to do so was to selfishly "think of the law before they think of the patient."¹³³ He criticized the legal prohibition against cross-gender living, given that he felt it to be often the most therapeutically appropriate response to the patient's desires. He also noted the problem of obtaining appropriate legal identification papers for individuals who cross-dressed, and for post-operative transsexuals who were born in a U.S. state that did not allow their birth certificate to be changed. Benjamin himself tried to take an active role in the legalization of cross-dressing and gave many of his patients letters of explanation to carry with them in case of arrest or police harassment.¹³⁴ This legal reform work clearly hearkened back to his days of touring Berlin with Hirschfeld and Police Inspector Kopp.

In addition to criticizing official legal and bureaucratic structures, Benjamin also pointed out that prejudiced individual enforcement officers were taking advantage of existing laws in order to cause unnecessary suffering for transsexuals and transvestites. For example, Benjamin related many stories of people arrested on suspicion of impersonating a woman and repeated that "the constant fear of

discovery, arrest, and prosecution when ‘dressing’ or living as women is a nightmare for many.”¹³⁵ He argued, however, that:

There is actually no law anywhere that expressly forbids a man to dress as a woman; but the New York State Code of Criminal Procedure, Section 887, Subdivision 7, is being used against transvestites, and other states have similar statutes. This law says that a person (designated as a ‘vagrant’) must not appear with ‘a face painted, discolored, or covered or concealed or being otherwise disguised in a manner calculated to prevent his being identified.’¹³⁶

Benjamin argued that individual law enforcement officers were intent on using existing laws in unintended ways despite the fact that it was clear that the trans people they were prosecuting were not cross-dressing for the purpose of disguising their “true” identities (and in fact that the contrary the case.)

Further, Benjamin felt that the law had been stretched too far when it was suggested that the “conversion operation” itself was illegal. Dating from the sixteenth century, when English law had forbidden the maiming of potential soldiers, the “mayhem statute” was being used in the mid-twentieth century United States to threaten prosecution of surgeons who performed the “conversion operations.” As previously mentioned, Benjamin himself had been warned by one district attorney of potential legal ramifications, and reported knowing of a surgeon who had refused to operate after receiving such a warning from another district attorney. Benjamin, characteristically, found legal opinion to the contrary. New York attorney R. V. Sherwin advised him that the statute “has no connection with anything remotely related to the subject under discussion.”¹³⁷ The point, however, was that the threat

had more impact than the actual law, and that by giving particular individuals the ability to inappropriately threaten doctors the legal system was allowing a grave injustice to transsexual people. Benjamin argued that “while no case of an actual prosecution under this law has come to my attention, it has undoubtedly served to intimidate doctors who otherwise might have been willing to operate upon an occasional transsexual patient.”¹³⁸

As we can see from this chapter, Benjamin’s understanding of transgenderism would have a significant impact on the way he treated transgendered people, and on the medical establishment, through his publications about transgenderism. Once he had decided that transgendered people were socially marginalized on the basis of a biological condition over which they had no control, he became a passionate supporter of transgendered people’s desires – whether that included hormone therapy, surgeries, or cross-dressing in public. Benjamin’s development of a classificatory system that both recognized the difference between gay and transgendered people and embraced diversity among transgendered people meant greater freedom for those who contacted him.

Further, *The Transsexual Phenomenon* was a clear call to medical and legal establishments to treat transgendered people with the respect Benjamin felt they deserved. Based on his conviction that the only appropriate treatment for their problem was to alter their gender presentation, Benjamin used his text as a platform to argue for reform of prejudiced social attitudes. *The Transsexual Phenomenon* was both published at an important time, and highly influential in and of itself. Its publication was at the cusp of a pivotal shift towards a whole new relationship

between transgendered people and their health-care providers. But to truly understand the significance of this shift, one must look not only at what Benjamin wrote about his patients, but also at the relationships he had with them. Why did he come into contact with so many transgendered people, and how did they respond to him?

3. “Can You Understand?”:

Transgendered People’s Private Correspondence with Harry Benjamin,

1960-1970

What was it like to *be* a transsexual in North America during the 1960s and 1970s? Christine Jorgensen’s famous appearance on the front page of the *New York Daily News* in December of 1952 after her return from Europe had announced her as the first American to undergo a “sex-change” operation, and these images resonated with the American public for over decade, including, most profoundly, transgendered individuals across the country and around the world. Upon her return, she said, she “encountered a mountain of mail. . . thousands and thousands of letters, many of which were from people who had problems that were similar to mine. . .”¹³⁹ Among those letters was one from Harry Benjamin, identifying himself as a New York endocrinologist who had treated a few transsexual patients. He was anxious to meet her, given her recent experience in Europe, and she was happy to oblige. “Needless to say,” she would later write, “I could recommend Harry to all these thousands of people who contacted me. So suddenly the deluge fell onto poor Harry’s shoulders. He carried it very well, and I met many of his patients later. . .”¹⁴⁰

Jorgensen was not the only one referring transgendered people to Benjamin. Alfred Kinsey had encountered his first transsexual while taking sex histories in San Francisco in 1948, and had referred this person to Benjamin too.¹⁴¹ Throughout the 1950s and 1960s, Benjamin began a new patient base, and a new expertise in the then just emerging field of transsexual medicine. By 1966 Benjamin had met more

transvestites and transsexuals than anyone else in the world.¹⁴² Between 1952 and 1967, Benjamin had personally examined and observed over 200 cases of gender variant people, more than 60 of whom had successfully procured sex-reassignment surgery.¹⁴³

As we have already seen, Benjamin's approach was unique at the time; other doctors either tried to "cure" gender variant patients by forcing them into adhering to the social and physical expectations of their birth sex, or were simply afraid to deal with people seeking "sex-change" operations altogether. Benjamin, on the other hand, stressed the obligation of mainstream society to accept transsexuals as they accepted themselves rather than transsexuals' obligation to conform to social norms. "And so I ask myself," he wrote, "in mercy, or in common sense, if we cannot alter the conviction to fit the body, should we not, in certain circumstances, alter the body to fit the conviction?"¹⁴⁴

Patients responded to Benjamin's approach with appreciation and gratitude. They came to him in a vulnerable state of personal crisis, and he gave them the opportunity to consider their options in a supportive, relaxed atmosphere. Renee Richards, the famous transsexual tennis player, would later remember: "I walked into the waiting room and I confronted an array of transsexual patients in various stages of their transsexualism and I was quite nervous. When I met Dr. Benjamin, I think that all of my nervousness and anxiety disappeared. . . he treated me with respect, as an equal, as a patient, as someone in need. . ." ¹⁴⁵ In fact, many of the transsexuals who published autobiographies or engaged media attention during the 1960s and 1970s

would mention their experiences with Harry Benjamin as a life-changing, affirming experience for which they were tremendously grateful.¹⁴⁶

Because of Benjamin's widespread reputation both as a compassionate, approachable doctor, and as the national expert on transsexualism in America in the 1960s and 70s, he was privy to the thoughts, feelings, experiences and desires of many transgendered people, who, although an extremely marginal social group, nevertheless had experiences that engaged widely shared social norms of sex, gender and sexuality. And because of Benjamin's unique relationship to what may now be called the transgendered community, he left substantial records after his death that speak directly to the lived experiences of his patients and correspondents.

This chapter draws on a sampling of over 500 hundreds letters written to Harry Benjamin and currently housed in the Kinsey Institute Archives at the University of Indiana. The sample includes letters between Benjamin and patients, potential patients, colleagues, and others. For the purposes of this chapter, I focused mainly on the letters written to Benjamin from trans people, but I also used Benjamin's replies to understand the continuity of overall relationships developed through these correspondence. In reading these letters, I looked for statements concerning the writers' life experiences, hopes, knowledge of Benjamin and issues affecting them as trans people, and any other prominent themes that emerged. I put the letters into a qualitative database program (N-Vivo) and coded them according to the predominant themes. I then chose passages to include in this thesis that clearly described the most common themes. I originally looked at these letters in order to gain some insight into a very basic question: what was it like to be a transsexual in

North America during the 1960s and 70s? I began with this simple, broad question mainly because I wanted to limit how much I “read into” the letters based on my own interests, assumptions, or expectations.

The historical importance of this particular period centers on the fact that prior to the late 1960s, transgendered people had sought medical help from local professionals on an ad hoc basis, whereas beginning in the late 1960s, after the publication of Benjamin’s *The Transsexual Phenomenon*, there was a major shift in how transsexuals were diagnosed and treated, as the first university hospital-based gender identity clinics opened and “sex-change” surgery officially became, for the first time, available in the United States.¹⁴⁷ This new, formal transgendered medical care system was developed with the questions of researchers primarily in mind, with the hope (but not the requirement) that such research would eventually lead to a better life for trans people themselves. This was different from Benjamin’s approach, as he had looked first to help his patients, and then to understanding what was “wrong” with them.

The new approach to medicine, focused on research rather than treatment, had an impact on trans people’s ability to access health care; although it was theoretically more available after the advent of the clinics, in practical terms, only very specific care was available, and the majority of people could not access it for that reason. It was agreed by many professionals that a patient’s being turned down for treatment at one clinic did not necessarily indicate the patient’s unsuitability, and another clinic might be able to treat them with success. Even so, clinics were few and far between. Finally, as a result of the unequal power relationship that developed between patients

and their health-care providers, patients often framed their stories, requests, and feelings in the terms of the gender identity clinics' research criteria.

By looking at the documentation trans people left in their correspondence with their health-care providers prior to the establishment of gender identity clinics, one can gain important insights into the circumstances of transgendered people's lives. Susan Stryker has argued for the importance of recognizing that transsexuals' agency and desire can not "be read simply and directly through the discourse of their doctors... [T]he relationship between transsexual agency and medical discourse," she argues, "is complex rather than simple."¹⁴⁸ Admittedly, we cannot simply accept the letters Benjamin's patients left as unbiased sources either, but we *can* use them to get a good sense of the relationship between the correspondents and the medical establishment before gender identity clinics so deeply influenced the stories that transsexuals would come to tell about themselves.

Roy Porter suggests that "medical history ought centrally to be about the two-way encounters between doctors and patients,"¹⁴⁹ and that "our initial priority should be to 'defamiliarize' ourselves with the assumptions of modern physician-focused history and sociology of medicine, hacking our way into the empirical forests of the past in all their strangeness and diversity."¹⁵⁰ He argues that a more thorough history of medicine would begin with patients' experiences and perspectives, in essence beginning from patients' points of view. In this particular case, it is absolutely mandatory to follow his advice. We can use the letters Benjamin left to foreground the voices of his trans patients and correspondents, to illuminate their relationship

with the overall medical establishment, and to see how it developed and changed over the course of the twentieth century.

Benjamin's clinical approach was often described as caring and compassionate, marking him as one of the last of the old-world physicians. His relationships with his patients frequently developed into close friendships, and this intimacy was significant in how he treated transsexualism as a phenomenon and transsexuals as people. Trans people wrote letters to Harry Benjamin on a variety of topics, and for a variety of reasons. They made requests, told stories, discussed their feelings, described the social pressures they experienced, the doctors they had encountered, their relationship to homosexuality, and the effects of media publicity about transsexualism. Each of these topics exposed a different facet of their lived experiences, and by looking at the themes that emerged from the letters, we can begin to trace a picture of how these writers' expressed their lives in writing to Benjamin.

Primarily, correspondents wrote to Benjamin with all sorts of *requests*. The most common by far was to ask him for either general, unspecified help, or specific, particular advice on some aspect of their personal situation. Sometimes, writers told recounted a synopsis of their entire life story to Benjamin in order to give him all the information he might need to advise them. One writer wrote: "After having hoped to remove the most very [sic] difficult situation of my whole life, I cannot see a solution myself, and therefore I would like to ask you for advice for my case."¹⁵¹ Another wrote:

I'm 47 and I don't have many years left for a chance at happiness and I'm putting all my hopes in what you can tell me. I know you must be swamped with people

writing you of their conditions – but Dr. Benjamin I’m praying to God you will answer this letter and offer me some hope.¹⁵²

Many echoed this sentiment, asking simply to maintain a correspondence with Benjamin, the only support they could find.

Just as frequently as those who sought general advice and support were those who had prepared a detailed list of questions, or who wrote with one pressing question they needed answered. These more specific questions were often medical in nature, and the writers sought information about where and how they could access medical care as transsexuals. Some asked for referrals to local doctors, while others requested information about surgeons who would perform sex-reassignment surgery. Frequently, writers had specific questions about the sex-reassignment process. One writer, for example, sent a carefully prepared list of questions:

How long would the complete sex-reversal take? (Presuming I am physically normal.) What would be the cost to me? Do you know of this being done in Canada? When would it be possible to begin hormone injections? When could I have the operation[sic]? How efficit [sic] is the operation[sic]? (Would I be able to have a satisfactory sex life after without the man knowing about the operation?)¹⁵³

More frequently, though, writers simply wanted to know about the general procedure for moving towards sex-reassignment surgery, and requested Benjamin’s help in starting the process. Some wanted to become Benjamin’s patients, while others sought information about or for local physicians. Many wrote for specific information regarding hair growth, penile prostheses, and hormones, while others

simply wanted reprints of Benjamin's articles or a copy of his book. Some wanted to be connected with people like Christine Jorgensen or Dr. Burou, the famous transsexual surgeon in Casablanca.

Because they knew that Benjamin would be sympathetic, the letter-writers also openly discussed things they often admitted to never having shared with anyone else before. They wrote about their general emotional life, as well as about their feelings towards particular problems. Often, they expressed their feelings about the social pressures and prejudices they encountered on a day-to-day basis as trans people. For example, many discussed their feelings about homosexuality and about the possibility or impossibility of their own homosexuality. They generally expressed frustration at being perceived as homosexual, a frequent occurrence at a time when homosexuality and transgenderism were even more conflated than they are today. Thus, many of the writers were eager to define themselves in contrast to homosexuals, and frustrated at having their transgendered identities erased. One writer, born female, wrote:

I have often been called a queer, or a lesbian. [But] I am not a homosexual! I detest them. I had a job working at the [local] Dairy Queen. Strange men (presumably homosexuals) called me at work pestering me. A co-worker... [who is] a homosexual told me that he thought I was also. I finally couldn't stand it any more so I quit. I want to work!! I can't until I have this operation. Can you understand?¹⁵⁴

Many expressed feelings of social isolation and fear. For some, this fear was justified by their experiences of outright social intolerance and prejudice, while for others, it

represented the unknown. One person, for example, wrote that they were “sick to death of being referred to as “‘he she’, homo, queer, etc.,”¹⁵⁵ while others told Benjamin that he was the only one with whom they had ever discussed the issue – no one suspected them of being transgendered. In either case, the majority of those who wrote about their social lives experienced being trans as being either socially ridiculed or punished or being completely erased and ignored.

For many, their family’s reactions to their gender variance or transsexualism was extremely important to them, and the reactions they experienced ranged from the supportive to the violent. Some writers, for example, described how their friends and families had encouraged them to write to Benjamin. Others were not so lucky. One person wrote:

As I entered adolescence and began to sexually mature, the difference became more pronounced internally and more apparent to my family and friends. Ridicule became sharp, constant, and merciless. . . . When I was 15, I told my parents how I felt and begged them to let me have a change of sex operation. Needless to say, they were furious and stunned. My father threatened to beat me within and inch of my life. My mother told me that if I didn’t “straighten myself out” I would be institutionalized. The family doctor and our minister agreed. I had no psychiatric counseling. Of course, this scared me. . . . What I’m really afraid of is losing my family as I’m sure that they won’t have anything to do with me judging from the first time around.¹⁵⁶

In this case, the family’s negative reaction was supported and encouraged by other social institutions like the church and the medical establishment, and such rejection

contributed to the prejudice and isolation which many of these letter writers experienced. At a time when so few considered trans people to be acceptable as human beings, Benjamin provided the hope they were looking for. The social atmosphere in which these people wrote their letters played an important part role in shaping what it was like to be a transgendered person in the 1960s and 1970s, and how things would come to change in the ensuing years.

In addition to talking about their feelings about the various social contexts in which they lived, the letter-writers also wrote specifically about their experiences in a variety of social situations. Three key areas of social experience were of particular importance in these letters: employment, the media, and the medical establishment. Passages detailing these themes prove invaluable to understanding both the contexts in which the writers lived, and the feelings they had about these different aspects of their social experiences.

First, employment and financial situations often provided an important backdrop to many of the letters, and expressed the pressures which the writers faced on an individual and personal level. Benjamin's correspondents worked in a variety of occupations, including everything from cosmeticians and university professors to food service workers and elementary school teachers. Usually, the correspondents wrote about their work in relation to their surgical and gender plans. Some described being unable to find work because of discrimination, while others, as we have already seen, could not continue to work in jobs where they felt their transgender identities were not respected. For many, though, their employment was simply a matter of logistics:

Doctor, my plans are to finish beauty school and get a job and save up for my operation. I realize that its going to take me, myself, a couple years but believe me its going to be worth it. Only the thought of the operation keeps me alive.¹⁵⁷

Another asked whether Benjamin thought she should relocate *after* her surgery, and expressed concern about how her co-workers would treat her:

I believe I could ...[stay] here as far as my two wonderful bosses are concerned, ... however, there are 200 other employees and it is going to take an awful lot of nerve to come right back in here and face them as a woman. I believe I could do it all right as far as the men are concerned, but the women would probably give me a bad time of it.¹⁵⁸

For many of the writers, employment was a major cause for concern, especially given that their hopes for surgery rested on being able to fund it in the first place, and countless writers asked Benjamin for advice on how to pay for their surgeries. Furthermore, transgendered people had no protection against employment discrimination at this time, and many were unable to find work despite being skilled and willing. In fact, one of the first transgendered employment program initiatives was spearheaded in the 1960s by Elliot Blackstone, the Community Relations officer for the San Francisco Police as a result of the fact that so many transwomen were prostituting themselves in order to make a living.¹⁵⁹

Secondly, the media played an extremely important role for transgendered people in the 1960s and 70s. In the letters they wrote to Benjamin, many often noted how they had felt in reading popular press accounts of transsexualism. They had heard of Harry Benjamin as a result of the publicity he received as well as through

their own reading, and had often formed opinions of his work before they contacted him. Many writers, for example, were greatly influenced by articles they had read about Christine Jorgensen, who, by becoming the public face of transsexualism from the 1950s onwards, had acted as an important role model for so many of the writers.

One wrote:

[I] saw Christine Jorgensen on TV several times in the past few months on 'talk' shows and am so proud of her she is so charming and gracious[sic]. If I could only turn out one-quarter as nice, I will be thankful.¹⁶⁰

In order to understand the important role that Christine Jorgensen played in the lives of the letter writers, one must also consider her importance as a cultural figure in the American media. David Serlin, in "Christine Jorgensen and the Cold War Closet," has argued that the media used Jorgensen's "sex change" to express wider social trends in the construction of the body according to nationalistic values in the post-WWII era.¹⁶¹ Both Christine and her family, however, saw her as having the opportunity to give of herself for the greater good in another way; her father, for example, was quoted in one newspaper account as having said: "[She] deserves an award higher than the Congressional Medal of Honor. She volunteered to undergo this guinea pig treatment for herself and to help others."¹⁶²

Later, when Jorgensen serialized her story in another newspaper, she said her aim was "to provide spiritual and emotional guidance for those suffering in what she called the 'no man's land of sex'."¹⁶³ While both Jorgensen's and her father's interpretations of her actions show how the contemporary U.S. body was developed along nationalistic lines, it is essential not to overlook the fact that they themselves

framed it in terms of reaching out to ‘others like Christine,’ namely, to transgendered people themselves, more than as providing a national service to the general public, or fulfilling a nationalistic embodiment project. It is in this sense that the media attraction paid to both Christine Jorgensen and Harry Benjamin is particularly interesting to those of us attempting to trace the histories of transgendered people. Where Serlin (and others) have seen transsexualism as an extreme example of certain cultural conditions, it seems more appropriate to try first to understand the experiences and perspectives of the actors involved.

Jorgensen’s importance to transgendered readers in particular cannot be overestimated. As has already been noted, Jorgensen had received many letters from transgendered people; and, as Joanne Meyerowitz argues, there is clear historical evidence of the tangible and significant impact the media’s attention to Christine Jorgensen had on other transgendered people.¹⁶⁴ Indeed, those who wrote to Benjamin expressed a great appreciation for Jorgensen, and even ten to fifteen years after her initial appearance in the popular press, she was still an important figure – as one person wrote: “ever since Christine broke the way in 1952 I’ve thought and dreamed and prayed to God to allow me the same operation.”¹⁶⁵

Benjamin recognized the essential role that Jorgensen, and the publicity which she attracted, played in changing the attitudes of mainstream society, and the lives of his patients. For example, in 1979, at the Sixth International Gender Dysphoria Conference in San Diego, when the Harry Benjamin International Gender Dysphoria Association was created, Benjamin was awarded a plaque honoring his achievements. Benjamin took the opportunity (in an address read in his absence) to recognize

Jorgensen, sending his greetings to all, but “especially [to] Christine Jorgensen, truly a pioneer in the transsexual struggle.”¹⁶⁶ Indeed, in almost all his publications he made a point of mentioning her significance to the wider social movement he so aptly termed “the transsexual struggle.”

Earlier attempts by transgendered people to collaborate with and educate researchers had been done primarily through word-of-mouth social networks. For example, Meyerowitz has documented the extensive relationship between Louise Lawrence and Alfred Kinsey in the late 1940s and throughout the 1950s as Kinsey attempted to define and categorize human male and female sexuality. Lawrence’s work with Kinsey included exposing him to her social network of cross-dressers in an attempt to educate him about this particular type of transgendered person. Ultimately this work resulted in some of the earliest newsletters for the transgendered (in this case specifically cross-dressing) community, as the group came together to talk with Kinsey and became aware of the importance of their own social network.¹⁶⁷

Unlike this early collaboration between Kinsey and Lawrence, however, the collaboration between Benjamin and his transgendered correspondents was supported partially by the media, through the attention it paid to both Benjamin and Jorgensen, often publicizing Jorgensen and other transgendered people’s endorsement of Benjamin. Letter writers mentioned the impact of this media attention in explaining to Benjamin how they came to write to him in the first place:

I don’t know where to begin so that’s why I’m writing. I hope it makes some sense. . . I read the autobiography of Christine Jorgensen and felt that you would be the best place to start.¹⁶⁸

Further, the relationship between Benjamin, a member of the medical establishment, on the one hand, and Jorgensen, a transsexual, on the other, played an important part in the legitimization of treatment methods that centered around the needs of trans people themselves and the acceptance and legitimization of their experiences. In one sense, Jorgensen brought trans people to Benjamin, and Benjamin brought trans people to the American medical establishment. One writer said:

Your book was a key enabling me to broach this proposal with my therapist, enabling him to regard it as something more than the wild idea of someone who had read too many articles about Christine Jorgensen.¹⁶⁹

Clearly Benjamin's authority as a medical professional, combined with the widespread attention garnered by Christine Jorgensen's personal journey, created the space for many writers to explore and develop their gender identities, something they had not previously been able to do in quite the same way. And while it may be argued that Benjamin's authority speaks to the marginalization of trans people's voices and to the power of the medical establishment, it remains clear that Benjamin relied on listening to his patients and respecting their experiences. It was not only through Christine Jorgensen's story that the media influenced transgendered people's lives in the 1960s and 70s. Many who contacted Benjamin had simply read about him in the papers.

Transgendered people used the publications available to them, such as Jorgensen's story and Benjamin's *The Transsexual Phenomenon*, to validate themselves in the eyes of their friends and family. They didn't just passively accept what was published about them. Many writers shared their views with Benjamin,

considering themselves to be experts of another kind. For example, one correspondent complimented Benjamin on a recent article, and wrote:

It contains nothing I haven't known for quite some time but by having friends of my mother and myself read it they are able to better understand my female psychological sex and half female half male physical sex much better.¹⁷⁰

Most of the writers wrote that the medical establishment did, in fact, provide a legitimizing force for the lives they were already living or attempting to live. In that sense, it is clear that because of the social authority and recognition that the medical establishment had achieved, transgendered people relied on the stories and explanations of medical professionals in order to be socially accepted. And although very few medical professionals who were supportive of transgendered people at that time were entirely respectable, it was nevertheless an important step to have *any* doctor validate these people's experiences.

Even as their lives were circumscribed by the medical establishment and by the limits of the culture in which they lived, the people who wrote to Benjamin were usually determined to employ their own perspectives. Rather than simply taking on the ideas of what the medical community thought it meant to be a transsexual, they used Benjamin's articles to gain their friends' and families' acceptance, while maintaining a sense of agency and individuality.¹⁷¹

As we have seen, Benjamin's method for both determining whether a patient was in fact transsexual as well as for preparing "true transsexuals" for the coming challenges they would face was to try to dissuade them by highlighting the social barriers they would face as post-operative transsexuals, including legal problems,

medical complications, potential social harassment and job discrimination. In response to a handout Benjamin circulated widely in the 1960s and 70s called “Advice to a Transsexual (Who wants a conversion operation),” one writer wrote:

I have considered at length and on many occasions most of the points covered in the reprint “I want to change my sex” and in spite of the reprint’s message my mind is unchanged. I feel that all is possible with technical help, even though there are bound to be some obstacles which wouldn’t be overcome easily – viz. Legal red tape re: birth certificate, etc. In the final analysis this course appears much less risky than to try to continue “as is.”¹⁷²

This writer clearly expressed a conviction that despite Benjamin’s focus on the social problems faced by transsexuals, the surgical solution was a necessary one for her/his peace of mind.

As Wheeler and Schaefer have noted in looking at Benjamin’s first ten patients, “Even without any books to read, without any other source of information... assuming that he or she was alone in the world, Benjamin’s earliest patients came to him *self-diagnosed*, in that they described symptoms and conditions exactly as his patients continued to describe themselves throughout his 30-year practice.”¹⁷³ Indeed, many of his later correspondents came to Benjamin having previously decided that they needed surgery, often having been exposed to that possibility through the media and their personal sense of connection with Christine Jorgensen as a role model. This led them to express their own opinions about what it was they needed from the medical system in order to solve their problems. The media played an important role

for these transgendered people in providing them with the initial information they needed to consider their own transgendered identities.

Finally, the inability to access appropriate health care was a major concern of many writers. They realized that sex-reassignment surgery was not a simple task or easily accessible, and that their newfound transgendered identities were not quite as widely accepted or as glamorous as the media attention to Christine Jorgensen might have suggested. In their letters to Benjamin many described the frustrating experiences they had had with physicians, hospitals, and psychiatrists.

People wrote to Benjamin because he was an anomaly in the contemporary medical establishment. They wrote from across North America (and sometimes the world) not only because he was recognized as the expert on transsexualism, but often because they could not find a doctor in their own area who could help them. Sometimes, it was a combination of these two factors. Even when they could find willing doctors, the general level of education among health-care providers about trans health care in the 1960s and 1970s was minimal at best. One writer wrote, for example, that his doctor was willing to prescribe him hormones, but didn't know how much to prescribe, or what kinds of tests needed to be done.¹⁷⁴ In such cases, Benjamin was willing and able to assist local physicians in developing patient care plans.

In many cases, however, letter writers reported that local doctors adamantly refused to support their transgendered patients' desire to modify their bodies, insisting that the patient was either homosexual, psychotic, or both. Such lack of support for transgendered patients resulted in a great deal of traumatic treatment. For example,

some people wrote about their experience of being institutionalized as a result of discussing their transgender identity, and these were by no means isolated cases. Benjamin himself faced a great deal of opposition for his work with and sympathy towards transgendered people. The majority of his contemporaries felt that transgenderism should be treated as a mental problem rather than a physical one, and the effect that this had on those doctors' patients is evident in the letters that they wrote to Benjamin.

In the majority of cases, the lack of access to basic health care which the writers experienced seemed to stem from the simple ignorance of most doctors about how to treat them adequately. Many wrote that their psychiatrists, or even research team of psychiatrists, had finally just abandoned their relationship, telling one writer, for example, that they were "a complete mystery to them."¹⁷⁵ Even in institutions that were trying to develop specialties in transsexualism and sex reassignment, many writers questioned the treatment methods being pursued. One writer wrote that the Clarke Institute in Toronto had agreed to accept him/her for treatment in two months, but that until then, they wanted to hospitalize this patient for "observation," in the patient's birth sex. The patient wrote to Benjamin asking whether or not he thought this a good idea, since the patient was concerned that after being institutionalized for two months, there would be very little left of his/her life for him/her to return to.¹⁷⁶

Many who wrote to Benjamin in the 1970s were looking for his advice about how to approach various gender clinics, or writing to him about experiences they had already had with them. As has already been mentioned, the 1960s and 70s saw a growing number of university-based gender identity clinics set up to study patients

with “cross-gender identities” or “gender dysphoria,” and in some cases, to provide sex-reassignment surgery. The first formal clinic to research these topics, the Gender Identity Research Clinic at UCLA, was founded in 1962, and although it “never discouraged” patients from seeking surgery elsewhere, it did not recommend it for its patients.¹⁷⁷

The major media frenzy surrounding the 1966 opening of the Johns Hopkins Clinic in Baltimore, the first to announce that it would make sex-reassignment surgeries available to the public, resulted in a flood of letters requesting access to the surgery. The clinic, however, unable to respond to all these inquiries, left many people with a sense of false hope, and these potential patients often turned to Benjamin for an explanation. Several wrote that they had spent hours composing detailed letters to the clinic, only to receive no reply at all, or, for a lucky few, to be put at the bottom of a very long waiting list. And although Benjamin claimed to have nothing to do with the clinic’s opening,¹⁷⁸ he did in fact work fairly closely with it. He had referred Avon Wilson, the clinic’s first patient to undergo surgical sex-reassignment, and would continue to work with the Johns Hopkins clinic through John Money, one of the founders of the Johns Hopkins clinic, and the Harry Benjamin Foundation.¹⁷⁹ But the Johns Hopkins clinic was only the most famous of the Gender Clinics and many patients who wrote to Benjamin also sought information about other clinics, often asking whether Benjamin could substantiate rumors they had heard about them and their surgeons, including those in Minnesota and Los Angeles.

Given the lack of adequate health care in their local communities, the frustrations so many trans people experienced with the newly emerging university-based Gender Clinics, and Benjamin's lack of official association with those institutions, it is not surprising that so many of his patients idolized Harry Benjamin as their ultimate saviour, described him as the pinnacle of compassion and caring, and saw him as a champion of their cause in the face of medical ignorance and abuse, a role he encouraged by telling them not to give up hope and assuring them that he would be able to help, despite the seeming hopelessness of their situation in relation to the overall medical establishment. One patient, for example, wrote: "It is indeed reassuring that someone in the medical profession is concerned, informed, and objective about people afflicted with such a condition."¹⁸⁰

Others wrote more personal, emotional letters of thanks, as in the case of the following: "[I] Do appreciate you listening to my questions, Dr. Benjamin. God Bless you. Without you, I know we transsexuals would still be in torment [sic] with no hope."¹⁸¹ Actually, if there was one thing that almost all of these letters had in common, it was that their writers expressed almost unending thanks to Harry Benjamin for providing them with the support, medical advice, and hope they needed. In fact, given the extent of these thanks, one can hardly imagine how Benjamin's practice could live up to its reputation. His responses to these correspondents focused on providing them with support, medical advice, and hope, and Benjamin spent a great deal of time responding to the letters he received. He even had a full-time assistant, Virginia Allen, part of whose job was to answer the more straightforward queries. Allen had several form letters she could use, each conveying a distinctly

encouraging tone. For example, she would tell most correspondents: “not to despair... there is help for you as there has been for so many others in the past...”¹⁸² Furthermore, writers with specific requests always got personalized responses to their questions or situation. Even after Benjamin retired, he ensured that systems were in place to handle the influx of letters and to refer people to others.¹⁸³

The key, however, to understanding *why* Benjamin’s responses were really so helpful, when they actually provided very little beyond encouragement, support and hope, lies only partially in the impact of Benjamin’s personal attention and caring. The importance of his responses reflects the fact that Benjamin’s willingness to engage with transgendered people, his encouragement and support for what they saw as necessary to their health and well-being, ran counter to the overall experiences of transgendered people in the 1960s and 70s.

It is clear from the letters that Benjamin received then that the lives of the transgendered people who wrote to him were fraught with social problems. They experienced discrimination and abuse not only from mainstream society, but also from the growing gay and lesbian community, as well as from the medical establishment. They lacked adequate health services at all stages of their lives, and when they sought help, they were often mistreated, institutionalized, or shamed. Many lived secretive lives, wary of sharing their dreams and experiences with loved ones, while others wished for the day that they could simply blend in to the rest of society without standing out as thoroughly misplaced.

On the one hand, these letters are heart-wrenching for the brutality of the circumstances the writers described. But on the other hand, these same writers

expressed great hope in their ability to achieve their most common goal: to transform their gender presentations and, frequently, their entire sex. They found a role model in Christine Jorgensen and support in the media attention given to transsexualism. They were encouraged by the fact the Benjamin seemed to have their best interests at heart, and they hoped that the newly emerging gender clinics would offer a solution to their problems. Despite all opposition, they worked adamantly to achieve happier, healthier lives by pursuing what they felt to be their true gender identities. Further, they wrote of negotiating mainstream society's sexual and gender boundaries to fit their own needs more closely. Some male cross-dressers had wives who allowed them access to their clothes in the privacy of their home, while others maintained what appeared to outsiders to be homosexual relationships, and had loving partners who acknowledged their chosen gender identification. And while it may seem that not much has changed with regards to transgendered identities (in that the distinction between transsexuals and other transgendered people is still fairly standard) and health care needs (in that hormones and surgery still form the basis of transsexual and transgendered medicine), the presence of social and institutional support networks has increased greatly since then.

It is essential to realize that although many of these stories about transgendered identities and experiences during the 1960s and 70s may resonate with the current experiences of some trans people, they also highlight major social differences between the average experience of trans people in the 1960s and 70s and that of the average trans person today. These letters reflect a much different social climate, and were written before the advent of standardized transgendered medicine,

gender identity clinics, a clear distinction between homosexuality and transgenderism, and the widespread explosion in the 1990s of transgendered social movements through the internet.

Correspondents contacted Harry Benjamin at a time when institutional interest and social support networks among trans people were only just beginning to become a reality, when even the most basic access to supportive counseling services were not available to the majority of trans people. Thus, Benjamin's active commitment to support these writers, by responding to their letters and providing them with referrals, advice, and most importantly, hope, was crucial. Benjamin himself wrote as a champion of sexual liberty and social understanding, and as a result of his work, he has since been recognized internationally, both by professionals and by the trans community, for his pioneering efforts to help transpeople.¹⁸⁴ Through the letters written to him, we can access several important layers of the history of sexuality and society in North America in the 1960s and 70s, and by examining Benjamin's innovative approach to trans medicine, we can gain a better understanding not only of what mainstream society thought about trans people and how trans people were generally treated, but also at how they themselves experienced, interpreted, and responded to the social contexts in which they lived.

In looking to Benjamin's correspondence for clues as to what it meant to be transgendered in the 1960s and 1970s, it is essential to foreground the voices of those who wrote to him and their own expressions of their lives. In so doing, we can negotiate an understanding of how their needs, experiences and feelings reflected the media portrayal of transgenderism, the medical establishment's relationship to

transgendered people, the development of transsexualism as a diagnostic category, and the role of individuals like Harry Benjamin. Furthermore, by focusing on their voices, we avoid the dangerous mistake of erasing their experiences.

Conclusion:

1966 was a watershed year for the history of transsexualism. Not only did Benjamin publish *The Transsexual Phenomenon*, but the Johns Hopkins Gender Identity Clinic opened in Baltimore. Both of these events had a major impact on the development of transsexual medicine. Several years later, in 1969, another famous and influential book on transsexualism, *Transsexualism and Sex-Reassignment Surgery* was published. This text, a compilation of chapters on diverse medical, legal and social topics relating to transsexualism, was designed as a textbook for medical practitioners, and its appearance reflected a significant shift toward the standardized medical treatment of transgendered patients that would soon become the norm. Edited by John Money and Richard Green, with an introduction by Benjamin, this classic text outlined many of the topics with which medical practitioners would need to be familiar if they were to treat transgendered people. It also represented the fulfillment of one of Harry Benjamin's long-time goals: to see greater acceptance of transsexualism by the medical establishment. Published through the Johns Hopkins Press, the book had developed through the meetings of the Harry Benjamin Foundation. Benjamin's research group had decided that such a book was necessary in order to report on current research in the field being done at the Johns Hopkins Clinic, by Harry Benjamin, and in Europe.¹⁸⁵

By the time *Transsexualism and Sex Reassignment* was published in 1969, a great deal had changed, even since the publication of *The Transsexual Phenomenon*, just three years earlier. Benjamin's introduction to the book was largely biographical and his account of transsexual medicine at that point reflected his much greater

satisfaction with the medical establishment's willingness to look at transgender issues. In particular, he cited the opening of the gender identity clinic at Johns Hopkins University as a major victory for transsexual medicine and declared that he was especially encouraged by the opening of other clinics at the University of Minnesota, and the Center for Special Problems (which included gender role disorientation) in San Francisco.¹⁸⁶ Characteristically, Benjamin praised his patients for these accomplishments, and cited Christine Jorgensen's 1967 autobiography for bringing the public a less sensationalized account of transsexualism than had previously been available.

Despite his continued appreciation for patients' experiences, Benjamin nevertheless also emphasized the importance of moving beyond individual experiences and stories, writing that:

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 sources like Johns Hopkins and Minnesota, and, in years to come, from other investigational places, especially about their 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.¹⁸⁷

Benjamin's focus here did not reflect a new prioritization of the medical establishment over the patient, but rather a recognition that isolated individual cases could not provide the information and insight of a more objective, scientific study of the "phenomenon."¹⁸⁸ The role that gender clinics would come to play in the lives of

transgendered people could not be predicted at the beginning of this shift in transgender medicine, and in 1969, Benjamin certainly perceived them to be a wholly positive development.

Benjamin also cited social progress in recent years as cause for celebration, including Elliot Blackstone's work with the transgender employment program in San Francisco. He thanked the Erickson Educational Foundation for supplying him with a three-year grant to assess (with several of his colleagues) the clinical data he had collected through years of practice. The results of this research were given in eight separate papers at the first meeting of the Harry Benjamin Foundation on January 16, 1967 and registered with the New York Academy of Sciences.¹⁸⁹

When he wrote the introduction to *Transsexualism and Sex Reassignment*, Harry Benjamin was eighty-two years old, and although he retired shortly thereafter, he would live another nineteen years. He continued to publish brief articles, outlining his same basic argument for the acceptance of transgendered people, and praising new advances in the field, such as the opening of further Gender Clinics at UCLA, Stanford, and the University of Oregon.¹⁹⁰ In 1973, while in partial retirement, he co-published a short piece with his long time associate Charles Ihlenfeld,¹⁹¹ as well as a longer statistical analysis of his patient records with Stanley Krippner and Virginia Allen.¹⁹² He also sought to have someone write about his life, as well as doing so himself in a brief autobiographical article for *The Journal of Sex Research*.¹⁹³

By 1970, it seemed that many of Harry Benjamin's goals had been realized. This was not only a result of his own efforts, but part of a wider shift in transgender medicine. Clinics were continuing to be established across the United States to treat

transgendered people and to compile more accurate data for scientific research. The medical community was finally beginning to recognize transsexual medicine, and within a three-year period (1966-1969) several important books on transsexualism had been published where there had previously been none.¹⁹⁴ The happy tone of Benjamin's writings at this time was understandable. And yet, this period marked the end of one paradigm in transsexual medicine and the beginning of another.

Over the next 30 years, gender identity clinics would come to be institutionalized places of varying success and failure, alternately helping and harming various types of transgendered patients. Changes in the health care system, in the medical understanding of transsexualism, and in transgendered peoples' attitudes towards their health care providers would all significantly affect relationships between the medical establishment and the transgendered community in the coming years. Much further work remains to be done in order to understand the complex and varied role(s) of both the gender clinics and the transgendered community.

This thesis has used the history of Harry Benjamin's career to begin a bigger project of looking at the relationship between the medical establishment and transgendered people prior to the establishment of gender identity clinics. In creating an historical narrative that takes the experiences and concerns of transgendered people into account, it has attempted to balance the voice of a medical practitioner with those of (in this case) his patients, and to contextualize the story of their relationship sufficiently to allow us to understand the complexity of its significance and impact.

In the first chapter, I linked early developments in endocrinology and sex reform activism to both Benjamin's later career and to a broader scientific shift towards defining the body's sex chemically and hormonally rather than anatomically (through the gonads), as had previously been the case. I outlined the development of a conceptual distinction between what we now call sex, gender, and sexual orientation, and showed how endocrinology as a discipline had been based on a combination of laboratory experimentation, studies and other research, two aspects that came together in the work of Eugen Steinach, the first to manipulate the sex of experimental animals. I also looked at the sex reform activism of Magnus Hirschfeld, his efforts to organize doctors and "sexual intermediaries" in the struggle for international sex reform, and how that was part of a shift from "sexual intermediaries" being perceived as individual deviants to their collective organization as a marginalized social group.

I then suggested that Benjamin's links to Steinach and Hirschfeld, both of whom he had studied with each summer for nearly a decade, put him in the perfect position to develop a new way to treat transgendered people. From Steinach's biological work, he adapted the administration of cross-gender hormones, knowing that the body's sex could be changed. From Hirschfeld, he developed the idea that trans people's "condition" was likely biological (not moral or psychological) in nature. Furthermore, Benjamin's belief that transgendered people were unfairly discriminated against on the basis of a biological condition and that his role as physician should also be one of social activist can also be traced to the influence of

the European sex reform activist circles with which he had engaged in the earlier part of the twentieth century.

In the second chapter, I focused on the classificatory systems, treatment options, and social reform positions advanced in Benjamin's writings. I argued that he published as a form of social activism, often to admonish and educate the medical establishment or demand legal reform for trans people. I also argued that Benjamin's early work centered around developing a distinction between homosexuals and trans people and that it was only later, after many years of clinical work with trans people, that he was able to develop the distinction between transsexuals and transvestites, still held today. I suggest that in his early writings his classificatory system was unclear, both because much of his theoretical framework was based on the distinction between homosexuals and trans people, as well as because he was more concerned with male-to-female transsexuals than female-to-male transsexuals, transvestites, or others whom we would today call transgendered. I argued that Benjamin's writings clearly reflected his open and respectful attitude towards trans people, in opposition to the prevailing social and medical attitudes against them. He used their words and stories, and took their opinions into account in developing his treatments, thinking and approach. It was this attitude that allowed him to maintain and develop such close relationships with so many trans people.

In chapter three, I explored Benjamin's relationship to trans people of his day through his correspondence collection now housed at the Kinsey Institute Archives. In the letters that trans people wrote to Benjamin they described a variety of experiences. I outlined the themes that were important to them in writing to

Benjamin: employment, the media, their families, the medical establishment, homosexuality, and, of course, their potential “sex change”. I argued that they wrote to Harry Benjamin because he offered them the rare possibility of actually changing their sex at a time when most doctors were either unable or unwilling to engage in such a practice, and as such that they provide evidence of the variety of social, legal and medical difficulties trans people faced in the 1960s and 70s. I also argued that the trans people who wrote to Benjamin expressed their own opinions, and played an active role in the types of treatment they sought, would accept, and felt were appropriate. Furthermore, I argue that Benjamin was able to correspond with so many trans people partially because he came well recommended by Christine Jorgensen, whom many of the writers took as an inspiration and role model in their own development as trans people.

The task remains for future scholars to look in more depth at other factors contributing to the relationship between the medical establishment and trans people. How did the widespread development of Gender Clinics influence the way that trans people accessed health care? Were such services more readily available to certain “types” of trans people? If so, how did that influence the trans community as a social movement? What role did networking between trans people play in the development of trans medicine? Were legal reform efforts successful?

In focusing on Harry Benjamin and his patients, this narrative has certainly not meant to prioritize the role of the medical establishment, but has sought rather to provide historical backdrop for relationships and events that would come to influence the lives of transgendered people in North America (and often around the world) so

deeply in the twentieth century. Clearly, trans people played an active role in the development of transsexualism as a medical category, and the reason Benjamin was able to make such an impact was precisely because he was willing to listen to and advocate for his patients.

Benjamin's approach to trans people, his open-mindedness and his willingness to experiment outside the bounds of accepted medicine provided many of his patients with the kind of support they needed at a time when they were regarded with much disdain by the majority of the medical establishment. Through his correspondence and published writings, I have been able to access some of their experiences in the 1960s and 70s and better understand the needs and expectations they had when they approached Harry Benjamin. These experiences can help us gain insight into a host of important social and historical issues, including the role of medicine and the law in the marginalization of sexual minorities, as well as why, when and how social attitudes towards sexual minorities changed. Ultimately, the stories of Harry Benjamin and his patients are significant both because Benjamin was able to treat them outside the expected medical norms and because the trans people themselves played an active role in shaping their experiences: they negotiated their social realities with their stated desire to transform themselves into something other than that which they were expected to be.

Endnotes:

¹ Due to space considerations, I have chosen to avoid discussion about the relationship of the author to the text, and specifically, about me to my text. However, in cases where it seems necessary to identify with a group, I do so, since to refer to contemporary transgendered people as “they” simply doesn’t make any sense, given that I am myself transgendered. Furthermore, I would argue that historians of many topics frequently use “we/us/them” where appropriate without further explanation and I therefore consider my use of “we” to recognize my relationship to the project without Othering my transgender status.

² W. Meyer III, W. Bockting, P. Cohen-Kettenis, E. Coleman, D. DiCeglie, H. Devor, L. Gooren, J. Joris Hage, S. Kirk, B. Kuiper, D. Laub, A. Lawrence, Y. Menard, J. Patton, L. Schaefer, A. Webb, C. Wheeler. The Standards of Care for Gender Identity Disorders - Sixth Version. International Journal of Transgenderism 5:1, <http://www.symposion.com/ijt/soc_2001/index.htm>, February 2001 (July 6, 2004).

³ For a discussion on this topic, see David Halperin’s “Revolutions, Universals, and Sexual Categories,” in Hidden From History: Reclaiming the Gay & Lesbian Past, ed. Duberman et. al, (New York: Meridian Books, 1990), 17-36.

⁴ Holly (Aaron) Devor, FTM: Female-to-Male Transsexuals in Society (Bloomington, IN: Indiana University Press, 1997), 1-36.

⁵ See, for example, Joan Wallace Scott’s Gender and the Politics of History, (New York: Columbia University Press, 1988) for how gender, as an analytical category, shapes our framing of history. Also see Joy Parr, “Gender and Historical Practice,” Canadian Historical Review 76.3 (1995), 354-76, for debate about the difference between women’s history and gender history, and see Joan Hoff’s “Gender as a Postmodern Category of Paralysis,” Women’s Studies International Forum 17 (July/Aug 1994), 443-447 for a discussion on the difference between women’s and gender history. Note that none of these works on gender history deals with cases of gender ambiguity or transgenderism.

⁶ See, for example: Rudolf M. Dekker and Lotte C. van de Pol, The Tradition of Female Transvestism in Early Modern Europe (New York: St. Martin’s Press, 1989); The San Francisco Gay and Lesbian History Project, “‘She Even Chewed Tobacco’: A Pictorial Narrative of Passing Women in America,” in Hidden From History: Reclaiming the Gay & Lesbian Past, ed. Duberman et. al, (New York: Meridian Books, 1990), 183-194; Jonathan Ned Katz, “Passing Women: 1782-1920” in Gay American History: Lesbians and Gay Men in the U.S.A., (New York: Meridian, 1992), 209-258.

⁷ Leslie Feinberg’s Transgender Warriors: Making History From Joan of Arc to RuPaul (Beacon Press: Boston, 1996) opens with a simple statement: “It had never occurred to me to search history for answers to my questions. I didn’t do well in history classes in school ... I couldn’t find *myself* in history. No one like me seemed to have ever existed.” (11) Feinberg’s methodology focuses, amongst other things, on looking for *individuals* throughout history, simply to prove the existence of transgendered people, since the mainstream historical methodologies to which Feinberg had been previously exposed had ignored even the basic existence of trans people in the past. This methodology, however, is problematically simplistic in that it doesn’t allow for a deep understanding of the contexts in which these people lived.

⁸ See Martin Duberman, Stonewall (New York: Penguin Books, 1993).

⁹ Such accounts were published in Havelock Ellis, Sexual Inversion (London: Wilson and MacMillan, 1897) and Magnus Hirschfeld, Transvestites: The Erotic Desire to Cross-Dress, translated by Michael A. Lombardi-Nash (n.p.: Prometheus, 1996), first published as *Die Transvestiten: Eine Untersuchung über den erotischen Verkleidungstrieb, mit umfangreichem kasuistischem und historischem Material* (Berlin: Verlag Alfred Pulvermacher, 1910).

¹⁰ Autobiography of an Androgyne was published in 1922 through the New York Medico-Legal Journal (1975 Reprint available through Arno Press, New York). Its sequel, The Female Impersonators, was published in 1922, and is also available through Arno Press.

¹¹ Alfred W. Herzog, “Introduction,” in The Female Impersonators by Ralph Werther/Jennie June (New York: Arno Press, 1975), vii.

¹² Benjamin frequently referred to opposition he faced from contemporaries who either disagreed about the difference between trans people and homosexuals or who believed that transsexualism was caused

by early childhood conditioning rather than physiology. See for example, Harry Benjamin, "Should Surgery be Performed on Transsexuals?" International Journal of Psychotherapy XXV.1 (January 1971): 74-82.

¹³ Susan Stryker, "Portrait of a Transfag Drag Hag as a Young Man: The Activist Career of Louis G. Sullivan" in Reclaiming Genders: Transsexual Grammars at the Fin de Siecle, ed. Kate More and Stephen Whittle (London and New York : Cassell, 1999), 62-83.

¹⁴ Roy Porter, "'The Patient's View': Doing the history of medicine from below" Theory and Society 14 (1985): 175.

¹⁵ Nelly Oudshoorn. Beyond the Natural Body: An Archeology of Sex Hormones (London: Routledge, 1994), 38.

¹⁶ Vern L. Bullough, Science in the Bedroom: A History of Sex Research (New York: Basic Books, 1994), 124.

¹⁷ Anne Fausto-Sterling, Sexing the Body: Gender Politics and the Construction of Sexuality (New York: Basic Books, 2000), 149.

¹⁸ Ruth Ann LeBaron, Hormones: A Delicate Balance (N.p.: Bobbs-Merrill Co, 1972), 4-5.

¹⁹ LeBaron, Hormones, 6.

²⁰ LeBaron, Hormones, 7.

²¹ Oudshoorn, Beyond the Natural Body, 16.

²² T. B. Schwartz, "Henry Harrower and the Turbulent Beginnings of Endocrinology." Annals of Internal Medicine 131 (1999): 703.

²³ Laura Davidow Hirshbein, "The Glandular Solution: Masculinity and Aging in the 1920s." Journal of the History of Sexuality 9.3 (2000), 277-304.

²⁴ Charles-Edouard Brown-Séquard, "The Effects Produced on Man by Subcutaneous Injections of a Liquid Obtained from the Testicles of Animals," Lancet (20 July 1889), 105-106. In Sexuality, ed. Robert A. Nye (London: Oxford University Press, 1999), 244.

²⁵ Nye, Sexuality, 245.

²⁶ M. Borrell, "Organotherapy, British Physiology, and discovery of internal secretions." Journal of the History of Biology 9 (1976): 236.

²⁷ Borrell, "Organotherapy, British Physiology, and discovery of internal secretions," 235.

²⁸ Diana Long Hall, "The Critic and the Advocate: Contrasting British Views on the State of Endocrinology in the Early 1920s," Journal of the History of Biology 9.2 (Fall 1976): 283.

²⁹ Norman Haire, Rejuvenation: the Work of Steinach, Voronoff, and Others (New York: MacMillan Company, 1925), 49-50.

³⁰ Davidow Hirshbein, "The Glandular Solution," 277.

³¹ Haire, Rejuvenation, 50.

³² David Hamilton, The Monkey Gland Affair (London: Chatto & Windus, 1986), 80-88.

³³ Chandak Sengoopta, "'Dr. Steinach is Coming to Make Old Young!': Sex Glands, Vasectomy and the Quest for Rejuvenation in the Roaring Twenties." Endeavour 27.3 (2003): 123.

³⁴ Chandak Sengoopta, "Glandular Politics: Experimental Biology, Clinical Medicine, and Homosexual Emancipation in Fin-de-Siecle Central Europe." Isis 89.3 (1998): 457-464.

³⁵ Davidow Hirshbein, "The Glandular Solution," 284.

³⁶ Ernest Jones, Sigmund Freud: Life and Work. (London: The Hogarth Press, 1957), 104.

³⁷ Sengoopta, "Glandular Politics," 458-459.

³⁸ Oudshoorn, Beyond the Natural Body, 23.

³⁹ Harry Benjamin, "Eugen Steinach, 1861-1944: A Life of Research." The Scientific Monthly 61 (1945): 431.

⁴⁰ Eugen Steinach, Sex and Life: Forty Years of Biological and Medical Experiments (New York: The Viking Press, 1940), 64.

⁴¹ Benjamin, "Eugen Steinach," 433.

⁴² Steinach, Sex and Life, 89.

⁴³ Sengoopta, "Glandular Politics," 473.

⁴⁴ Hubert Kennedy, "The 'Third Sex' Theory of Karl Heinrich Ulrichs," Journal of Homosexuality 6.1-2 (1980-81), 105.

⁴⁵ Alice Dreger, Hermaphrodites and the Medical Invention of Sex (Cambridge and London: Harvard University Press, 1998), 136.

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- ⁴⁸ Charlotte Wolff, Magnus Hirschfeld: A Portrait of a Pioneer in Sexology (London, Melbourne and New York: Quartet Books, 1986), 36-37.
- ⁴⁹ Kennedy, "The 'Third Sex' Theory of Karl Heinrich Ulrichs," 109.
- ⁵⁰ David Prickett-Barnes, "Like a Stone's Thrown into Water': The Testimony of Magnus Hirschfeld," Introductory Lecture, 4th Annual German Graduate Student Conference, October 15-16, 1999, Max Kade Cultural Center, University of Cincinnati, <<http://me.in-berlin.de/~hirschfeld/cincinnati.htm>> (October 22, 2002).
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- ⁵³ Lauritsen and Thorstad, The Early Homosexual Rights Movement, 22.
- ⁵⁴ Gert Hekma, "'A Female Soul in a Male Body': Sexual Inversion as Gender Inversion in Nineteenth-Century," in Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History, ed. Gilbert Herdt (New York: Zone Books, 1996), 229.
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- ⁵⁷ Lauritsen and Thorstad, The Early Homosexual Rights Movement, 28.
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- ⁶⁸ Ethel S. Persons, The Sexual Century (New Haven: Yale University Press, 1999), 357.
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- ⁷⁰ Haeberle, "Der transatlantische Pendler," n.p.
- ⁷¹ Cahan Schaefer, "Memorial for Harry Benjamin," 13.
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- ⁷³ Harry Benjamin, "The Steinach Operation: Report of 22 Cases with Endocrine Interpretation," Endocrinology: The Bulletin of the Association for the Study of Internal Secretions 6.6 (1992) 776-786 and Harry Benjamin, "The Effects of Vasectomy (Steinach Operation)," American Medicine 17.8, (August 1922): 435-443.
- ⁷⁴ Benjamin, "Eugen Steinach," 427-442.
- ⁷⁵ Haeberle, "Der transatlantische Pendler," n.p.
- ⁷⁶ Benjamin, "Reminiscences," 7.
- ⁷⁷ Persons, The Sexual Century, 357.
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- ⁸⁰ Charles L. Ihlenfeld, "Memorial for Harry Benjamin," Archives of Sexual Behavior 17.1 (February 1988): 4.
- ⁸¹ Benjamin, "Endocrine Gerontotherapy," Journal of Insurance Medicine 6.1 (1951): 3.
- ⁸² Benjamin, "Endocrine Gerontotherapy," 8.
- ⁸³ Ihlenfeld, "Memorial for Harry Benjamin," 4.
- ⁸⁴ Virginia Allen, Benjamin's secretary, remembered working "with" Harry Benjamin in her memorial to him, and in 1973 she was listed as an author of a joint article with Harry Benjamin and Stanley Kripner titled "Case History Data From 392 Male and 71 Female Transsexuals," Journal of the American Society of Psychosomatic Dentistry and Medicine Monograph Supplement No.1, October 1973, 3- 27.
- ⁸⁵ Virginia Allen, "Memorial for Harry Benjamin," Archives of Sexual Behavior, 17.1 (February 1988): 27.
- ⁸⁶ Leah Cahan Schaefer and Connie Christine Wheeler, "Harry Benjamin's First Ten Cases (1938-1953): A Clinical Historical Note," Archives of Sexual Behavior 24:1 (1995): 74.
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- ⁸⁸ Meyerowitz, How Sex Changed, 43-45.
- ⁸⁹ For example, the following articles were all presented before a variety of medical audiences: Harry Benjamin, "Clinical Aspects of Transsexualism in the Male and Female," American Journal of Psychotherapy 18.3 (July 1964) 458-469; "Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes," American Journal of Psychotherapy 8.2 (April 1954) 219-230; "Nature and Management of Transsexualism: With a Report on Thirty-One Operated Cases," Western Journal of Surgery, Obstetrics and Gynecology 72 (March-April 1964) 105-111; "Transvestism and Transsexualism in the Male and Female," The Journal of Sex Research 3.2: 107-127; "Newer Aspects of the The Transsexual Phenomenon," The Journal of Sex Research 5.2: 135-144.
- ⁹⁰ Harry Benjamin, "Transvestism and Transsexualism," International Journal of Sexology 7.1 (1953): 13.
- ⁹¹ Benjamin, "Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes," 226.
- ⁹² Benjamin, "Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes," 221.
- ⁹³ Benjamin, "Transvestism and Transsexualism," 14.
- ⁹⁴ Benjamin, "Endocrine Gerontotherapy," 3.
- ⁹⁵ Harry Benjamin, "7 Kinds of Sex," Sexology 27.7 (February 1961): 3.
- ⁹⁶ Harry Benjamin, "'Sex Transformation' Letter to the Editor," Journal of the American Medical Association 148 (1955): 217.
- ⁹⁷ Benjamin, "Clinical Aspects of Transsexualism in the Male and Female," 466.
- ⁹⁸ Benjamin, "Clinical Aspects of Transsexualism in the Male and Female," 458.
- ⁹⁹ Harry Benjamin, "'I want to Change My Sex!'" Sexology 30.5 (1963): 293; also reprinted as an informational pamphlet for patients called "Advice to a Male Transsexual (Who wants a conversion operation)," 1963.
- ¹⁰⁰ Benjamin, "'I want to Change my Sex!'" 293.
- ¹⁰¹ Benjamin, "'I want to Change my Sex!'" 294.
- ¹⁰² Benjamin, "Clinical Aspects of Transsexualism in the Male and Female," 461.
- ¹⁰³ Harry Benjamin, The Transsexual Phenomenon, (New York: Julian Press Inc., 1966), 142.
- ¹⁰⁴ Benjamin, "Nature and Management of Transsexualism," 110.
- ¹⁰⁵ For example, on page 464 of "Clinical Aspects of Transsexualism in the Male and Female," he wrote: "They love normal heterosexual men and want to be as normal a sexual partner to them as surgery and medicine can make them"; and on page 106 of "Nature and Management of Transsexualism: With a Report on Thirty-One Operated Cases" he wrote: "The transsexual feels himself to be a woman in a man's body. Unless he is asexual (which is by no means rare), he reacts homosexually, although he does not consider himself 'Gay' because he feels as a woman and considers it natural and 'normal' to be attracted to men."
- ¹⁰⁶ Benjamin, "Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes," 220.

- ¹⁰⁷ Benjamin, "Clinical Aspects of Transsexualism in the Male and Female," 459.
- ¹⁰⁸ Benjamin, "Transvestism and Transsexualism," 13.
- ¹⁰⁹ Benjamin, "Clinical Aspects of Transsexualism in the Male and Female," 459.
- ¹¹⁰ Benjamin, "Clinical Aspects of Transsexualism in the Male and Female," 460.
- ¹¹¹ Benjamin, "Clinical Aspects of Transsexualism in the Male and Female," 465.
- ¹¹² Benjamin, "Clinical Aspects of Transsexualism in the Male and Female," 465.
- ¹¹³ Benjamin, The Transsexual Phenomenon, viii.
- ¹¹⁴ See, for example, "Memorial for Harry Benjamin," Archives of Sexual Behaviour 17.1 (February 1988), 1-33; Ethel S. Person, The Sexual Century (New Haven: Yale University Press, 1999), 347-377; "'Dedication' to the Fourth International Conference on Gender Identity," Archives of Sexual Behavior 7.4 (July 1978): 243-250.
- ¹¹⁵ In a section called "Transvestite Publications," Benjamin looks at the importance of these venues for "self-expression for their readers" as well as "furnish[ing] interesting and valuable material for the psychologist." Benjamin, The Transsexual Phenomenon, 36-39.
- ¹¹⁶ Benjamin, The Transsexual Phenomenon, 84.
- ¹¹⁷ R.E.L. Masters, "Appendix D: Transsexuals' Lives," in Harry Benjamin, The Transsexual Phenomenon, 187.
- ¹¹⁸ See, for example, David Cauldwell, "Surgical Sex Transmutation: An Insane Fancy of Near Males" in Effects of Castration on Men and Women: Accidental, Voluntary and Involuntary Castration: Eunuchism and History – Medical Treatment and Aspects, (Girard, Kansas: Haldeman-Julius Publications, 1947).
- ¹¹⁹ Benjamin, The Transsexual Phenomenon, 23.
- ¹²⁰ Benjamin, The Transsexual Phenomenon, 22.
- ¹²¹ Benjamin, The Transsexual Phenomenon, 22.
- ¹²² Benjamin, The Transsexual Phenomenon, ix.
- ¹²³ Benjamin, The Transsexual Phenomenon, 25.
- ¹²⁴ Although Benjamin may have been attempting to avoid use of the term "intersex," he clearly used it as a conceptual framework, one which often crept into his writings. For example, in one private correspondence he wrote: "I feel that all completely homosexual, transsexual or transvestitic, as well as hermaphroditic cases are intersexual types." (Harry Benjamin to T.R., T.R. Folder, Box 3, Harry Benjamin Collection, Kinsey Institute Archives). In published works he also often explained that all people were fundamentally intersexed. For example, in a reprint of a speech called "In Time... We Must Accept," he wrote: "Theoretically all of us are intersexes. Every Adam has an element of Eve in body and mind and every Eve contains a bit of Adam... Many other degrees of intersexuality can be observed until its final stage is reached in the true hermaphrodite." (Mattachine Review, April/June 1958, 2-8: 7) Further, in his introduction to Transsexualism and Sex Reassignment he wrote: "Transsexualism may be interpreted as a form of psychic intersexuality, the intensity of which varies. It appears to have more than one causation, a neuroendocrine etiology being perhaps the most frequent." (Green and Money, Transsexualism and Sex Reassignment (Baltimore: Johns Hopkins Press, 1969), 9.
- ¹²⁵ Benjamin, The Transsexual Phenomenon, 112.
- ¹²⁶ Benjamin, The Transsexual Phenomenon, 72.
- ¹²⁷ See, for example, such works as Bernice L. Hausman, Changing Sex: Transsexualism, Technology and the Idea of Gender (Durham and London: Duke University Press, 1995) and Janice Raymond, Transsexual Empire: the Making of the She-Male (New York: Teacher's College Press, 1994).
- ¹²⁸ Benjamin, The Transsexual Phenomenon, 65.
- ¹²⁹ Benjamin, The Transsexual Phenomenon, 96-99.
- ¹³⁰ Benjamin, The Transsexual Phenomenon, 115.
- ¹³¹ Benjamin, The Transsexual Phenomenon, 115.
- ¹³² Benjamin, The Transsexual Phenomenon, 136.
- ¹³³ Benjamin, The Transsexual Phenomenon, 90.
- ¹³⁴ The letter stated: "To Whom it May Concern: This is to certify that the bearer, _____, is under my professional care and observation. This patient belongs to the rather rare group of transsexuals, also referred to in the medical literature as psychic hermaphrodites. Their anatomical sex, that is to say, the body, is male. Their psychological sex, that is to say, the mind, is female. Therefore they feel as

women, and if they live and dress as such, they do so out of an irrepressible inner urge, and not to commit a crime, to "masquerade," or to "impersonate" illegally. It is my considered opinion, based on many years' experience, that transsexuals are mostly introverted and nonaggressive and therefore no threat to society. In their feminine role they can live happier lives and they are usually less neurotic than if they were forced to live as men. I do not think that society is endangered when it assumes a permissive attitude, and grants these people the right to their particular pursuit of happiness. Like all patients of this type, _____ has been strictly advised to behave well and inconspicuously at all times and to be careful in choosing friends." Benjamin, The Transsexual Phenomenon, 66.

¹³⁵ Benjamin, The Transsexual Phenomenon, 114.

¹³⁶ Benjamin, The Transsexual Phenomenon, 137.

¹³⁷ Benjamin, The Transsexual Phenomenon, 142.

¹³⁸ Benjamin, The Transsexual Phenomenon, 142.

¹³⁹ Christine Jorgensen, "Memorial for Harry Benjamin," Archives of Sexual Behavior 17.1 (February 1988): 24.

¹⁴⁰ Jorgensen, "Memorial for Harry Benjamin," 25.

¹⁴¹ Cahan Schaefer and Wheeler, "Harry Benjamin's First Ten Cases," 79.

¹⁴² Untitled Harry Benjamin Foundation document, Feb 14, 1966: 2., Aaron Devor Private Collection.

¹⁴³ Harry Benjamin, "Comment on Autobiography of a Transsexual: Ten Years as a Woman," Diseases of the Nervous System (April 1967): 255.

¹⁴⁴ Melvin M. Belli, JD. "Transsexual Surgery: A New Tort?" Journal of the American Medical Association 239.20 (May 19, 1978): 2143.

¹⁴⁵ Renee Richards, "Memorial for Harry Benjamin," Archives of Sexual Behavior 17:1 (February 1988): 22.

¹⁴⁶ For example, Mario Martino dedicated his Pulitzer-prize nominated autobiography Emergence to Benjamin, with the inscription: "To Dr. Harry Benjamin, Pioneer in the field of transsexualism, who gave respectability to the gender-disoriented. Through his caring and constancy, many of us have experienced rebirth." (Mario Martino, Emergence, New York: A Signet Book, New American Library, 1979.)

¹⁴⁷ Stryker, "Portrait of a Transfag Drag Hag as a Young Man," 69.

¹⁴⁸ Stryker, "Portrait of a Transfag Drag Hag as a Young Man," 78.

¹⁴⁹ Porter, "'The Patient's View'," 175.

¹⁵⁰ Porter, "'The Patient's View'," 176.

¹⁵¹ R.B. to Harry Benjamin, January 23, 1971, R.B. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.

¹⁵² K.B. to Harry Benjamin, December 3, 1968, K.B. Folder, Box 3, Harry Benjamin Collection.: Kinsey Institute Archives, Indiana University-Bloomington.

¹⁵³ B.B. to Harry Benjamin, February 20, 1968, B.B. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.

¹⁵⁴ G.A. to Harry Benjamin, n.d., G.A. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.

¹⁵⁵ L.B. to Harry Benjamin, June 29, 1970, L.B. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.

¹⁵⁶ D.B. to Harry Benjamin, January 9, 1972, D.B. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.

¹⁵⁷ G.A. to Harry Benjamin, n.d., G.A. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.

¹⁵⁸ K.D. to Harry Benjamin, April 10, 1970, K.D. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.

¹⁵⁹ Susan Stryker and Joanne Meyerowitz with the Gay and Lesbian Historical Society of Northern California, "Elliot Blackstone Interview," Gay and Lesbian Historical Society of Northern California Archives, 14.

¹⁶⁰ K.D. to Harry Benjamin, Oct 15, 1968, K.D. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.

¹⁶¹ David Serlin, "Christine Jorgensen and the Cold War Closet," in Built for Living: Imagining the American Body Through Medical Science, 1945-1965 (Ph.D. diss., New York University, 1999), 244.

- ¹⁶² “The Girl Who Used to Be a Boy Isn’t Quite Ready for Dates,” New York Daily News (Dec 2, 1952): C4, in Serlin, “Christine Jorgensen and the Cold War Closet,” 255.
- ¹⁶³ Serlin, “Christine Jorgensen and the Cold War Closet,” 252.
- ¹⁶⁴ Joanne Meyerowitz, “Sex Change and the Popular Press,” GLQ: Gay and Lesbian Quarterly 4:2 (1998): 175.
- ¹⁶⁵ K.D. to Harry Benjamin, December 3, 1968, K.D. Folder, Box 3, Harry Benjamin Collection Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁶⁶ “San Diego Gender Dysphoria Conf. Feb 1979,” Aaron Devor Private Collection.
- ¹⁶⁷ Joanne Meyerowitz, “Sex Research at the Borders of Gender: Transvestites, Transsexuals, and Alfred C. Kinsey,” Bulletin of the History of Medicine 75:1 (2001): 76.
- ¹⁶⁸ D.B. to Harry Benjamin, Jan 9, 1972, D.B. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁶⁹ J.B. to Harry Benjamin, Jan 28, 1971, J.B. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁷⁰ M.L. to Harry Benjamin, August 26, 1964, M.L. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁷¹ Additionally, although they co-operated and used the medical system to achieve overall health and well-being, transgendered people also struggled in fighting against aspects of the medical establishment which they found offensive or harmful. For example, as Susan Stryker has shown, in 1979 female-to-male transsexual activists Louis G. Sullivan and Steve Dain complained to each other about how homophobia was a significant factor in transgendered people’s ability to access health care. In his diary, Sullivan wrote: “‘Dain said I had ‘a perfect right to be a gay man if that’s what I want,’ and that ‘it pisses him off that those Docs think you’ve got to fit a perscribed mould.’ Sullivan also noted that Dain was counselling ‘an 18yr old female who says she feels like a gay man and who hits Castro Street – so we *do* exist!’” (Stryker, “Portrait of a Transfag Drag Hag as a Young Man,” 67). Clearly, then, the social networking done by trans people was extremely significant in the way they interpreted, rejected or accepted what they were told by the medical community.
- ¹⁷² S.A. to Harry Benjamin, Sept 23, 1968, S.A. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁷³ Wheeler and Schaefer, “Harry Benjamin’s First Ten cases,” 75.
- ¹⁷⁴ N.A. to Harry Benjamin, November 30, 1969, N.A. Folder, Box 3, Harry Benjamin Collection Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁷⁵ H.A. to Harry Benjamin, May 9, 1968, H.A. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁷⁶ J.A. to Harry Benjamin, n.d., J.A. Folder, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁷⁷ Meyerowitz, How Sex Changed, 214.
- ¹⁷⁸ Harry Benjamin, “Introduction,” in Transsexualism and Sex Reassignment, ed. Richard Green and John Money (Baltimore: The Johns Hopkins Press, 1969) 1-12: 7.
- ¹⁷⁹ Meyerowitz, How Sex Changed, 219.
- ¹⁸⁰ E.B. to Harry Benjamin, n.d., E.B. Folder, Box 3, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁸¹ K.B. to Harry Benjamin, April 10, 1970, K.B. Folder, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁸² D.B. to Harry Benjamin, n.d., D.B. Folder, Harry Benjamin Collection: Kinsey Institute Archives, Indiana University-Bloomington.
- ¹⁸³ It was widely known within the trans community that Benjamin had made provisions for his practice with transsexuals to be continued beyond his own retirement. For example, the Spring 1975 *Erickson Educational Foundation Newsletter* announced that as of May 1, 1975 the offices of Benjamin and Ihlenfeld would merge with the offices of the “Orentreich Group” “for the purpose of continuing clinical services to transexual patients and to evaluate endocrine and biochemical effects of hormone treatment.” Later, in the July/August 1978 edition of *Transition*, a transgender newsletter based out of New York, an article announced the opening of Benjamin’s former associate, Dr. Charles L. Ihlenfeld’s new private practice after he had recently completed further education, and that his

practice would also continue to serve transsexuals in the same manner as he had when working with Benjamin.

¹⁸⁴ Benjamin was bestowed with many honours from his professional peers as well as trans people. In April 1973, for example, the Erickson Educational Foundation presented him with the first “Harry Benjamin Medal of Honor,” (*Erickson Educational Foundation Newsletter*, Fall 1973) and in 1978 the Fourth International Conference on Gender Identity was dedicated to him (*Archives of Sexual Behavior* 7 (July 1978): 43-247). Also in 1978, The Harry Benjamin International Gender Dysphoria Foundation was formed and named after him.

¹⁸⁵ Richard Green and John Money, Transsexualism and Sex Reassignment Surgery (Baltimore: The Johns Hopkins Press, 1969), xv.

¹⁸⁶ Benjamin, “Introduction,” 8.

¹⁸⁷ Benjamin, “Introduction,” 10.

¹⁸⁸ It is not my intention to argue whether or not such an objective study actually resulted from the development of Gender Identity Clinics; much evidence in fact exists to the contrary. However, Benjamin’s original goal was to better serve patients through more accessible, less prejudiced health care, and he saw the opening of the Gender Clinics as an important step towards that goal.

¹⁸⁹ Harry Benjamin, “The Transsexual Phenomenon” Transactions of the New York Academy of Sciences Series II 29.4 (February 1967): 428-430.

¹⁹⁰ Benjamin, “Should Surgery be Performed on Transsexuals?,” 74.

¹⁹¹ Harry Benjamin and Charles Ihlenfeld, “Transsexualism,” American Journal of Nursing 73.3 (March 1973): 457-461.

¹⁹² Benjamin et al., “Case History Data From 392 Male and 71 Female Transsexuals,” 3-27.

¹⁹³ Benjamin, “Reminiscences,” 3-9.

¹⁹⁴ In addition to The Transsexual Phenomenon and Transsexualism and Sex Reassignment Surgery, Christine Jorgensen’s autobiography, Christine Jorgensen: A Personal Autobiography was published in 1967. One of her Swedish psychiatrists, J. Wälinder, also published Transsexualism (simultaneously in English and Swedish), also in 1967.

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