SEX CHANGE AND THE POPULAR PRESS

Historical Notes on Transsexuality in the United States, 1930–1955

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On 1 December 1952, the New York Daily News announced the “sex change” surgery of Christine Jorgensen. The front-page headline read “Ex-GI Becomes Blonde Beauty: Operations Transform Bronx Youth,” and the story told how Jorgensen had traveled to Denmark for “a rare and complicated treatment.” The initial scoop soon escalated into an international media frenzy. Reporters cast Jorgensen, who was young and beautiful, as a starlet on the rise, and within two weeks had sent out fifty thousand words on her through the news wire services. In the winter of 1953, Jorgensen returned to the United States and surrendered to her celebrity. That spring, she embarked on a show business career that kept her name on marquees and her body in spotlights for the rest of the decade.

The press coverage accorded to Jorgensen triggered an avalanche of publicity about sex change through surgery and hormones, but she was not the first transsexual, nor was her story the first media attention to sex change. Stories of “sex reversals,” “sex changes,” and “sexual metamorphoses” had appeared in American newspapers and magazines since the 1930s. These stories differed from the more frequent reports of “passing,” in which a person known previously as one sex was discovered living as the other. Rather, these were sensationalized stories of bodily change that, in the decades before Jorgensen’s fame, introduced American readers to the concept of sex transformation.

In this article, I place Christine Jorgensen in broader historical context. I focus on the European origins of medicalized sex change in the early twentieth century, on specific examples of American media coverage of sex changes in the 1930s and 1940s, and on the responses of people whom we might now label trans-
sexuals. Although the stories in the American press conflated a European version of sex change surgery for “transvestites” with the more widely known surgeries for intersexed conditions, they allowed some nonintersexed readers to envision sex change as a real possibility for themselves. I then turn to the media blitz on Jorgensen to position it as a culminating episode in which the unprecedented scope of publicity expanded the process by which some readers identified new options for themselves in the popular culture.

The emphasis on popular culture and on transsexuals themselves revises the limited scholarly literature on the history of transsexuality, an abbreviated rendition of which might read as follows: in the late nineteenth century, sexologists placed cross-gender identification in the same categories of “inversion” that included homosexuality. In the early twentieth century, as homosexuality increasingly referred to same-sex object choice, sexologists Magnus Hirschfeld and Havelock Ellis defined “transvestism” or “eunism” as an independent category that included cross-gender identification as well as cross-dressing. But transsexualism as a separate sexological classification depended on medical technology such as synthetic hormones and plastic surgery that enabled sex change treatment. In the most recent historical account, transsexuals “appeared on the medical and social landscape of the West” only in the late 1940s and early 1950s when doctors David Cauldwell and Harry Benjamin first coined and publicized the English term transsexual and when Jorgensen entered the public domain.

In this article, I suggest that a transsexual identity of sorts emerged well before the sexological category of transsexualism. I do not refer here to the sense of being the other sex or in the wrong body, which existed in various forms in earlier centuries and other cultures. I refer specifically to modern transsexuality as defined through requests for bodily transformation via surgery and hormones. Especially in gay and lesbian studies, historians have begun to explore how, when, and in what forms specific sexualized identities appeared in the modern era. These identities are “neither innate nor simply acquired,” as Teresa de Lauretis has written, “but dynamically (re)structured by forms of fantasy both private and public, conscious and unconscious, which are culturally available and historically specific.” Recent works in cultural studies explore the processes by which readers engage actively with mass culture to inform and transform their fantasies and practices of everyday life. In the history of transsexuality, marginalized subjects used available cultural forms to construct and reconfigure their own identities. From the 1930s through the 1950s, certain readers appropriated public stories of sex change and included the quest for surgical and hormonal transformation as a central component of their senses of self. Through reading, some transgendered
individuals—self-identified in the terms available in their day as eonists, transvestites, homosexuals, inverts, and hermaphrodites—came to a new sense of who they were and what they might become.

**B.C. (Before Christine)**

The concept of medicalized sex change did not depend on the invention of synthetic hormones or the development of sophisticated plastic surgery techniques. Surgical attempts at changing sex first won publicity in the early 1910s when Eugen Steinach, a physiologist in Vienna, attracted international acclaim for his “transplantation” experiments on rats and guinea pigs. In 1912, Steinach published “Arbitrary Transformation of Male Mammals into Animals with Pronounced Female Sex Characteristics and Feminine Psyche,” followed in 1913 by “Feminization of Males and Masculization of Females.” The articles, soon scientific classics, demonstrated that castrated infant male guinea pigs implanted with ovaries developed certain characteristics associated with females and that castrated infant female guinea pigs implanted with testes developed characteristics of males. Steinach claimed to have found the specific impacts of “male” and “female” hormones, thus placing his research in the larger turn-of-the-century scientific project that attempted to locate a biological sexual essence in gonadal secretions. His research also suggested the possibility of medically transforming sex. As he put it, “The implantation of the gonad of the opposite sex transforms the original sex of an animal.” His work directly influenced Magnus Hirschfeld, Harry Benjamin, and other sexological scientists.

By the early twentieth century, a few records of surgery for human “inverts” refer simply to removal of body parts such as testicles, uteri, and breasts, a form of intervention that did not require advanced medical technology. In 1902, for example, twenty-eight-year-old New Yorker Earl Lind, a self-proclaimed invert, androgyne, homosexual, and fairy, convinced a doctor to castrate him. He pursued the castration ostensibly to reduce his sexual “obsession” and as a cure for the frequent nocturnal emissions he saw as ruinous to his health. But he also acknowledged that he saw himself as a woman, preferred “to possess one less mark of the male,” and hoped castration would eliminate his facial hair, which he considered his “most detested and most troublesome badge of masculinity.” Alberta Lucille Hart, a medical doctor in Oregon, also pursued surgery as an expression of gender identity. In 1917, Hart persuaded psychiatrist J. Allen Gilbert to recommend hysterectomy. As with Lind, the surgery required medical justification, in this case the relief of dysmenorrhoea. In the quest for surgery, Hart also employed a form of
eugenic reasoning, advising sterilization for any individual with “abnormal inversion.” Even these arguments did not immediately convince Gilbert, who agreed to the operation only after “long hesitancy and deliberation.” After surgery, haircut, and change of attire, Alan Lucill Hart “started as a male with a new hold on life” and had a successful career as a radiologist and novelist.12

Although we have isolated examples of early surgery in the United States, the quest for sex change seems to have been more widely acknowledged in Europe. In 1916, German sexologist Max Marcuse isolated the request for sex change surgery from more generalized sexual inversion. He described a case of Geschlechtsumwandlungstrieb (drive for sex transformation) in which a male-to-female subject referred to as “A.” had read about sex change experiments on animals and requested similar surgery.13 Around the same time, a few European doctors began to perform transformative surgery. By the early 1920s, two men in England “who aspired to become” women knew of a doctor in Italy “who would remove the male organs,” and in Germany at least one individual “who felt himself to be a female” had “male organs removed at his own request, and was given injections of ovarian extract.”14

By the 1920s, Germany stood at the forefront of the human sex change experiments, with Magnus Hirschfeld’s Institute for Sexual Science in Berlin at center stage. Hirschfeld encountered female-to-male “transvestites” who requested mastectomy and preparations for beard growth and males-to-females who sought castration, elimination of facial hair, and “apparatus for making the breasts bigger.”15 For Hirschfeld, hermaphrodites, androgynes, homosexuals, and transvestites constituted distinct types of sexual “intermediates,” natural variations that all likely had inborn, organic bases. He considered transvestism “a harmless inclination” and advocated the social acceptance of transvestites.16 He listened seriously to the desire to change sex expressed by some of the subjects he studied, and he began to recommend surgery. In 1931, German physician Felix Abraham, who worked at the Institute, published the first scientific report on modern transsexual surgery, an article on the male-to-female genital transformation (Genitalumwandlung) of two “homosexual transvestites.”17 The illustrated account of surgery included castration, amputation of the penis, and creation of an artificial vagina. Abraham believed that countless other patients wanted similar operations.

Word of the sex change experiments in Germany reached a wider public in the early 1930s when the press reported on Danish artist Einar Wegener, who became Lili Elbe. The operations began with castration in Berlin, following psychological tests conducted by Hirschfeld at the Institute for Sexual Science. Later,
in Dresden, doctors removed the penis and allegedly also transplanted human ovaries. Elbe died from heart failure in 1931 after a final operation, an attempt to create a “natural outlet from the womb.” Before her death, the story broke in Danish and German newspapers and soon thereafter appeared in book form in both Danish and German. (In the book version, the pseudonymous Dr. Hardenfeld provides a thinly veiled cover for Magnus Hirschfeld.)

At least one American, Jane Winter (a pseudonym), born around 1900, investigated the medical possibilities for female-to-male sex change in Europe. She went to Germany, probably in the 1920s, “to find solutions to her problems of homosexuality and transvestism.” In Chicago, she had felt “isolated from her kind,” but in Berlin she found others like her through association with Hirschfeld’s Institute. She underwent “years of analysis before she could overthrow her guilt feelings about herself.” Hirschfeld himself agreed to arrange her sex change surgery. “However, when he warned her that after the operations she would not be either a man or a woman, she backed out.” Perhaps Hirschfeld meant that Winter would not have reproductive capacities, or perhaps he referred to the crude technology of phalloplasty that could not create a functioning penis. In any case, after living for “a long time” as a man, Winter left Europe at the outbreak of World War II and returned to Chicago, where she lived again as a lesbian.

While few Americans, it seems, traveled to Europe for sex changes, more began to learn through the mass media of new possibilities for medical intervention. By the 1930s, stories of sex changes began to appear in English. In 1933, Dutton published the first English translation of the Lili Elbe story, *Man into Woman: An Authentic Record of a Change of Sex*. The book presented its subject as an occasional cross-dresser whose female personality had come to predominate. More dubiously, it also depicted her as a hermaphrodite with “stunted and withered ovaries” as well as testicles. The book included an introduction by British sexologist Norman Haire, who informed readers of Steinach’s transplantation experiments on animals but considered it “unwise to carry out, even at the patient’s own request, such operations” as those performed on Elbe.

After the publication of *Man into Woman*, a few American magazines reported on Lili Elbe. These accounts downplayed Elbe’s transvestism and emphasized her alleged (and extremely unlikely) hermaphroditism. In December 1933, *Sexology*, a popular magazine on the science of sex, related the case in “A Man Becomes a Woman.” The article distinguished Elbe from the “purely mental” inverted whose “disorder of the mind” stemmed from unhappy childhoods. The distinction lay in “the surprising discovery” that Elbe’s “body contained female organs.” According to *Sexology*, Elbe’s physical condition presented specialists
with “the opportunity” for changing sex previously “taken only with animal subjects.” The article admitted that it was “hard to explain the case” but suggested that further investigation might bring “more relief” to “the ‘borderline’ cases where the apparent sex and the inclinations seem to be in sharp conflict.”

Another account, “When Science Changed a Man into a Woman!” associated Elbe with other alleged intersex cases. As the subtitle proclaimed, “The Cases of Two Girls Who Are Being Transformed into Two Boys Parallel the Extraordinary Drama of the Danish Painter Who Became a Beauty.” The article presented Claire Schreckengost of rural Pennsylvania and Alice Henriette Acces of France as intersexed, with “organs of both sexes.” Both had undergone transformative surgery to correct what the article presented as mistakes of nature. In Elbe’s case, the article noted, she and the scientists she consulted “became convinced that Nature had intended him to be a woman but, in some wretched way, had bungled her handiwork.” With typical reticence, the report refrained from mentioning genitalia or reproductive organs. It did not specify what any of the surgeries involved; it related only that one of Schreckengost’s operations was “of the ductless gland type.” In the case of Acces, the article suggested that surgery had resulted because Acces “was found to be adhering not at all to her girlish role.”

These and other stories of sex changes attempted to lure American readers with shocking accounts of unusual behavior, rare biological problems, and astonishing surgical solutions. Such stories often appeared on the margins of the mainstream press, in sensational magazines, tabloid newspapers, or publications like Sexology that presented the science of sex to a popular audience. They covered cases of cross-gender behavior, intersexuality, homosexuality, and transvestism, sometimes without distinguishing among them, and frequently depicted them all as interrelated pathologies in need of medical cure. They occasionally mentioned “sex reversals” of the “purely psychical” kind but presented them as homosexuality that did not qualify for surgery. Sometimes they reported metamorphoses wherein a woman or man, perhaps with a glandular disturbance, underwent spontaneous changes in bodily sex and gendered behavior during late adolescence or adulthood. (A typical headline read, “Boy Prisoner Slowly Changing into a Girl.”) More generally, though, the articles mentioned surgery but failed to specify what it entailed. They depicted sex change surgery as unveiling a true but hidden physiological sex and thus tied the change to a biological mooring that justified surgical intervention. These stories often reinforced stereotypes of gender and sexuality by locating the sources of gendered and erotic behavior in the sex of the physical body. In this binarist vision of sex, science could and should correct
nature’s tragic “rare blunders,” creating an unambiguous male or female sex from a condition of ambiguity.28

In the second half of the 1930s, these features appeared in widely reported accounts of European women athletes who became men. In 1935, twenty-three-year-old Belgian cycling champion Elvira de Bruyne changed sex and began to live as Willy. About a year later, British shot-put and javelin champion Mary Edith Louise Weston underwent two operations and adopted the name Mark, and Czechoslovakian runner Zdenka Koubkova became Zdenek Koubkov through what one report termed “a delicate surgical operation.” Because he came to New York in 1936, the American press covered Koubkov’s case extensively. Considered female at his birth in 1913, Koubkov grew up as “an utterly masculine youth” who resisted feminine clothes and domestic training.29 As he aged, “the feeling of masculinity began to assert itself,” and he longed for women sexually, “his imagination inflamed by reading French novels.”30 He competed as a woman in the 1932 Olympics, setting a world record in the 800-meter event, but in his early twenties “a great light dawned,” and he realized he was a man.31 Four months after a procedure described only as a “flick of a surgeon’s scalpel,” Koubkov came to New York to perform in a tableau vivant in the French Casino, a Broadway club. He ran on a treadmill, chasing a woman, foreshadowing Christine Jorgensen’s later staged performances of gender.32 In part, the press attention reflected discomfort with women athletes and confirmed popular opinions that athletic women were, if not actually men, at least suspiciously mannish. But the stories also provided further publicity for the possibility of changing sex.33

Were Koubkov and the others intersexed or what we would now consider transsexual? One quasi-scientific 1938 pamphlet, Women Who Become Men, suggested that “women-athletes” were “changing their sex” through transplants of testicular tissue, but, it claimed, “the press is too delicate to give us exact information.”34 Sexology, however, reported the various stories of sex changes as accounts of intersex and “arrested development.”35 In one such article, Dr. Jacob Hubler admitted he had no scientific accounts in medical journals on which to rely and expressed reservations about drawing definitive conclusions from reading the popular press. Nonetheless, he assumed that popular accounts of sex changes referred to intersex surgery, which, by the 1930s, he saw as “nothing new or nothing startling.” He explicitly tried to dissuade readers from seeing surgical sex change as anything more. “The average man and woman with homosexual (‘third sex’) trends and twists,” he wrote, “need not think we are on the threshold of new discoveries which will enable any individual to be changed to the sex he or she prefers.”36 His approach differed decidedly from that of the German doctors at
Hirschfeld’s Institute who saw (and performed) transformative surgery as an option for the people they labeled *transvestites*.

Despite the warning, some read the stories of sex change in precisely the manner Hubler hoped to prevent. The publicity accorded to sex change surgery caught the attention of individuals who identified possibilities in it for themselves. *Sexology* published several letters from readers in search of information. In 1934, one letter writer explained: “I have a peculiar complex—I believe it is called ‘Eonism.’ That is, I desire to dress as a woman. . . . The fact is I have an even stronger desire, and that is—I wish I were a woman. . . . I am interested in the Steinach operation in regard to change of sex. I would like more information.”37 In 1937, a “Miss E. T.” asked: “Is it possible through a surgical operation, or several operations, to change a female into a male? I have read something—not very informative—about such things having been done. . . . Could you give me any idea of the method, and also of the cost?”38 In “They Want to Change Sexes” (1937), *Sexology* acknowledged that press reports on European athletes had “stirred” some of its readers, who now asked “whether it is possible, and if so, how and where.”39 The magazine summarized a handful of letters (both male-to-female and female-to-male). The fragmentary presentation of the letters makes it impossible to know to what extent readers used the popular narratives to plot stories about themselves, but one letter suggests some readers might have fitted the stories of intersexuality to their own wants. A woman who described herself as “nothing feminine” but “apparently of [the female] sex” asked: “If it were true that I have both male and female organs of reproduction, would it not be advisable to undergo what operations are necessary to become the male I wish to be? Can you refer me to a competent surgeon who would be interested in my case?”40

The magazine did not offer the information that letter writers sought and tried instead to discourage them. In response to one male-to-female inquiry, the editor acknowledged that the letter writer could have “the operation of complete castration” and thereafter live as a woman but warned that surgery would create a “completely sexless creature.”41 The editor stated bluntly to a female-to-male correspondent, “There is no operation whereby a normal female can be changed to a normal male, or a normal male into normal female. The operations you have read of were performed on ‘hermaphrodites.’”42 Through the 1940s, *Sexology* continued to advise such readers, whom it sometimes called “inverts” or “homosexuals,” that doctors performed such surgery for cases of intersexuality only. Nevertheless, it continued to run stories about men who became women and women who became men, and letter writers continued to ask for sex change operations.43

Such surgery was not available in the United States. Take the case of
Daniel Bass (a pseudonym), born in 1904. Bass knew from an early age of his desire to be a woman. A voracious reader of scientific and popular literature, he understood the possibilities for medical intervention and went in search of what he called “feminizing operations.” In Chicago in the 1930s and 1940s, he consulted at least eight doctors, mainly psychiatrists, none of whom would help. He wrote: “I cannot understand why they make no honest effort to help me whereas in literature I see that so many patients have been helped directly. . . . Doctors have given me to understand that such desires as I have are real and basic and that I can not get away from them. Yet, when I ask them to help me realize my desires, they refuse to do so.” By the mid-1940s, he had given up temporarily on the quest for surgery to pursue female hormones and self-feminization, which he hoped to accomplish by binding his testicles into his abdomen, where he thought they might atrophy. He did not yet have the word transsexual, but neither did he see himself as inter-sexed or homosexual. He labeled himself a “true invert”: “I am a woman in every way with the exception of the body.”

Bass identified the dilemma faced by mid-twentieth-century Americans who hoped to change sex. On one side, the press published a stream of sensational stories that hinted at new surgical options for sex transformation. On the other, American doctors refused to offer or recommend treatment unless the patient could lay convincing claim to an intersexed condition. Some American doctors, especially psychiatrists, expressed a chilling hostility to their nonintersexed trans-gendered patients. Two psychiatrists in Chicago considered one patient’s request for surgery as an example of “his senseless, silly and asinine statements commensurate with mental deficiency.” Caught in the middle, self-identified inverts such as Daniel Bass were increasingly eager to pursue new medical possibilities but increasingly frustrated and depressed by the resistance they encountered. As Bass put it: “I constantly think of suicide as the only way out.” But each new piece of publicity offered another shred of hope.

And the publicity continued. In July 1941, newspapers featured the story of Barbara Richards, who had petitioned the Superior Court of California in order to change her name from Edward and assume the legal status of woman. Reporters pursued the story avidly, presenting it, as did Richards herself, as a case of spontaneous sexual metamorphosis. Richards, then twenty-nine, told the court in Los Angeles that two years prior she had “realized that some vital physiological change was taking place.” She noted changes in her beard growth, voice, skin, and figure. Adhering to prevalent gender stereotype, she also related that she had become “increasingly fond of cooking and housework.” In her petition to the court, she described herself as a hermaphrodite whose female characteristics had
become predominant, a story strikingly similar to Lili Elbe’s. In one later account, though, Richards granted that a medical specialist had found no “organic evidence” of an intersexed condition.49 Endocrinologist Marcus Graham, who presented her case at a medical conference, attributed the change to hormonal imbalance resulting from childhood illness.50

The story remained in the public eye for several months, introduced with such startling headlines as “Prank by Mother Nature Turns Los Angeles Salesman into Woman” and “My Husband is a Woman.”51 Richards and her wife, Lorraine Wilcox Richards, explained to a curious public Barbara’s childhood, their courtship and marriage, and the details of the sexual metamorphosis. While Richards portrayed herself as a victim of changes beyond her control, she conceded that she was “thrilled at being a woman.” Echoing Lili Elbe, she invoked the imprimatur of nature: “I know now that nature intended me for a girl.”52 As the story unfolded, though, new details suggested that active human intervention might have played a larger role than the stories of passive metamorphosis implied. In October, a newspaper reported that Richards was taking “feminine hormone injections” to “stabilize her condition.”53 In January 1942, another account suggested that Richards anticipated “plastic operations” to make the “outer body conform to . . . inner necessities.”54 (Later, out of the public view, Lorraine Wilcox Richards also changed sex, female-to-male, through surgery and hormones, and the couple remained together as Barbara and Lauren Wilcox.)55

As before, the news reports caught the attention of people who hoped to transform their own sexes. Daniel Bass followed the Richards coverage, searching for details that might explain what exactly had transpired. “In July, 1941,” he wrote, “the newspapers had a write up about a man turning into a woman through some freak of nature. . . . I am very much frantic over the fact that I have not been able to get the necessary information on this case.”56 Another person wrote directly to Richards, “How did hair disappear from face, and breast grown, this I would really like to have done, and be same as you.”57 Dr. David O. Cauldwell, Sexology’s question-and-answer department editor, also noted the response to cases such as Richards’s. The occasional “legal alteration,” he wrote, “leads to brass check proclamations on a wholesale scale that an individual has been medically metamorphosed from one sex into another.” Such reports, he claimed, “make a target of my mailbox. . . . One question predominates. . . . ‘Where can I get this done?’”58

Faced with such requests, Cauldwell began to publish more widely on the subject of altering sex. In a 1949 Sexology article, he chose the phrase “psychopathia transexualis” (playing on Krafft-Ebing’s famous nineteenth-century trea-
tise, Psychopathia Sexualis) to describe the case of “Earl,” who asked Cauldwell “to find a surgeon” who would remove breasts and ovaries, “close the vagina,” and construct “an artificial penis.” Cauldwell acknowledged that a surgeon could perform such operations, but he refused to endorse them, stating that the artificial penis would have “no material use” and “no more sexual feeling than a fingernail.” Furthermore, he considered it “criminal” for a doctor to remove healthy glands and tissues (278).

What distinguished this article from earlier ones was the definition of “psychopathia transexualis” as an independent sexological category. Cauldwell dissociated this request for surgery from cases of intersexuality and glandular disorder. To Cauldwell, a psychiatrist, transsexuals were “products, largely of unfavorable childhood environment” (280). And although Earl was sexually drawn to women, the article also distinguished transsexuals from homosexuals. The caption to an accompanying surreal illustration (of a double-headed man/woman binding his/her breasts) read, “Many individuals have an irresistible desire to have their sex changed surgically. . . . These persons are not necessarily homosexuals” (274).

Cauldwell elaborated in a 1950 pamphlet, Questions and Answers on the Sex Life and Sexual Problems of Trans-Sexuals. The pamphlet’s subheading summarized the key points: “Trans-sexuals are individuals who are physically of one sex and apparently psychologically of the opposite sex. Trans-sexuals include heterosexuals, homosexuals, bisexuels and others. A large element of transvestites have trans-sexual leanings.” In this way, Cauldwell separated gender, described as psychological sex, from biological sex and sexuality. Cross-gender identification and the request for surgery were not necessarily linked either to intersexed conditions or to same-sex desire.

In constructing his definition, Cauldwell relied on the letters of those he now called “trans-sexuals.” He had a voluminous correspondence—in part as a Sexology editor but even more as the author of numerous pamphlets on sex published in the popular Blue Book series of Haldeman-Julius Publications, a countercultural “freethinking” press. In the pamphlet on transsexuals, Cauldwell quoted extensively from letters he had received. Some letter writers already expressed a sense of the surgical possibilities, and sometimes they explained their knowledge with direct reference to what they had read in magazines, newspapers, and sexological writings. A thirty-three-year-old male-to-female cross-dresser who had lived as a woman for fourteen years wrote: “Everything leads to the fact that I have developed a burning desire to be made into a woman. I’ve read of a number of such instances. The reports were in the daily press and must have been true.” Cauldwell expressed annoyance with the persistent requests for surgery. He blamed
medicine for creating “fantastic hopes” and popular magazines for publishing “tales of magic cures and magical accomplishments of surgeons.”

Indeed, by midcentury, some popular American magazines, especially of the sensational bent, no longer insisted that sex change surgery was for intersexed conditions only. One article stated: “With hormones plus surgery, there’s little doubt that, in the not far future . . . doctors can take a full grown normal adult and—if he or she desires it—completely reverse his or her sex.” Another granted: “The fact that sex is mutable has been illustrated in definite instances of men who have been physiologically turned to women and women to men.” Doctors could, as the magazines claimed, alter the bodily sex characteristics of nonintersexed patients, but in the United States they still generally refused to do so. While the popular literature increasingly broached the possibility of surgically altering sex, even a sympathetic doctor could not arrange the operations.

Endocrinologist Harry Benjamin—born, reared, and trained in Germany—came to the United States in 1913 and established himself as an expert on aging and prostitution. In 1949, he met his first transsexual patient, Lynn Barry (a pseudonym), referred to him by Alfred Kinsey. Benjamin saw himself as “a maverick or an outsider,” an advocate for sexual freedom who did not have the same hesitancy to intervene on behalf of transgendered patients that American-born doctors often exhibited. As an endocrinologist, he placed greater faith in hormone treatments and glandular surgery than in attempts at psychotherapeutic cures. A friend and follower of both Steinach and Hirschfeld, he assumed that cross-gender identification had some physiological cause and saw transsexuals as desperate patients in need of his medical help.

Lynn Barry, a male-to-female who already lived as a woman, had spent most of her childhood as a girl. In 1948, at the age of twenty-two, she entered a hospital in her home state of Wisconsin for psychiatric examination. Like many other transgendered individuals, she had read a variety of works on sex and sexology, including *Man into Woman*, and she now expressed the “desire to be changed surgically.” She “refused to consider any other alternative,” including the “brain surgery” offered to eliminate her “desire to remain a female mentally.” More than thirty hospital staff members met to discuss her case and recommended castration and plastic surgery, but the state attorney general’s office “ruled against the operations as constituting mayhem.” There was not, it seems, the same objection to lobotomy.

In May 1949, Barry wrote to Benjamin for help. After reading her medical history, Benjamin promised to write to Germany to find out what the law stipulated there. In the meantime, he advised female hormones and also raised the possibil-
ity of “x-ray castration” as well as “x-ray treatment of your face to remove the hair growth.” In the summer of 1949, at his office in San Francisco, he began to administer hormones to Barry and to search for surgeons in the United States. He contacted district attorney (later governor) Edmund G. Brown about the legality of castration in California. After hearing again of illegality, he replied to Brown, annoyed, “I do not see how any surgeon anywhere in this country could possibly perform such operation.” Soon after, psychiatrists at the Langley Porter Clinic in San Francisco refused to endorse the surgery, and a surgeon in Chicago, initially sympathetic, also failed to help. It was not until 1953, after the publicity about Jorgensen, that Lynn Barry finally had her surgery in Sweden.

A.D. (After Denmark)

In 1952 and 1953, the coverage of Christine Jorgensen far exceeded any previous reporting on sex changes. Jorgensen rose to the rank of celebrity in the mainstream press as well as in tabloid, pulp, and countercultural publications. Aside from their more extensive dissemination, though, the initial stories on Jorgensen generally replicated the key features found in earlier accounts of sex change. They announced a startling bodily change, referred to surgery but usually failed to specify what it encompassed, and attempted to tie the change of sex to an intersexed condition. Reporters consulted American doctors, most of whom assumed that Jorgensen was a pseudohermaphrodite with internal female gonads but external male characteristics. For one Associated Press story, “Thousands Do Not Know True Sex,” a reporter went to the American Medical Association convention and interviewed doctors, who immediately associated sex change surgery with such intersexed conditions. In other reports, journalists found doctors who reported cases of pseudohermaphroditism that they considered similar to Jorgensen’s. Urologist Elmer Hess of Erie, Pennsylvania, told of “Hundreds of Boy-Girl Operations.” Another doctor claimed to have “performed five operations similar to” Jorgensen’s, cases in which “the actual sex had been disguised and was simply released.” 

Time magazine soon assessed these reports as the “expert opinion” of doctors who “pooh-poohed the story as anything new . . . far from a medical rarity . . . [with] similar cases in hospitals all over the U.S. right now.” Nonetheless, there was from the beginning a hint that the Jorgensen story might be different. In the first week of publicity, G. B. Lal, the science editor of American Weekly (a nationally distributed Sunday newspaper supplement), suggested that Jorgensen “was physically speaking, adequately a male, yet somehow felt the urge to be a woman.” Such a situation “would call for drastic alterations—
such as no doctor would perform in this country.” Lal then referred to Harry Benjamin and cases of “transvestism” but immediately retreated to a discussion of intersexed conditions. “We may assume,” Lal wrote, “still without knowing the facts, that Jorgensen was a case of sex confusion—what is known as pseudo-hermaphroditism, in which one’s inborn real sex is hidden.” As in earlier cases, the muddled reporting attracted transgendered readers who wondered about the journalists’ claims. In early December, shortly after the story broke, Louise Lawrence, a full-time male-to-female cross-dresser in San Francisco, wrote to Benjamin: “This case, I think, has received more publicity even than Barbara [Richards Wilcox]’s ten years ago.” She could not, though, “make any concrete decision regarding it because there have actually been no absolute facts given.” Still, she wondered why Jorgensen would have traveled to Denmark for “a case of hermaphroditism” that “could be handled in this country very easily. . . . From the papers, it seems that such cases are being handled all over the country.”

As the publicity continued, the press began to publish new details that gradually undermined the initial reports. In mid-February, *American Weekly* orchestrated Jorgensen’s return to New York to coincide with the publication of its exclusive five-part series, Jorgensen’s “The Story of My Life,” “the only authorized and complete account of the most dramatic transformation of modern times.” The series adopted a first-person confessional formula that personalized the coverage and invited readers to sympathize with Jorgensen’s ordeal. As *American Weekly* later reported, it saw the story “not as a sensationalized bit of erotica, but as the courageous fight of a desperately unhappy person with the fortitude to overcome a seemingly hopeless obstacle.” With the help of a veteran reporter, Jorgensen emphasized the “feminine qualities” she had manifested as the lonely boy George, including a teenage romantic attraction to a male friend. To explain her problem, Jorgensen did not adopt the metaphor, common by the 1960s, of a woman “trapped” in a male body. Instead, she referred to herself as “lost between sexes,” a phrase that implied a physical condition as much as a psychological one. As in earlier stories of sex change, she presented her problem as a biological disturbance, in this case a “glandular imbalance,” and as a spiritual longing to become “the woman [she] felt sure Nature had intended.” But Jorgensen veered away from earlier accounts when she described her doctors, her diagnosis, and what her treatment entailed. In Denmark, endocrinologist Christian Hamburger (a student of Steinach) had agreed to treat her free of charge. Hamburger had reassured her that she was not, as she feared, a homosexual but rather had a “condition called transvestism” and might have female “body chemistry” and female
“body cells.” Over the course of two years, she had undergone hormone treatments, psychiatric examination, “removal of sex glands,” and plastic surgery.

Before and after the series, entrepreneurial journalists realized that Jorgensen attracted readers. She caught the public imagination in part because her story embodied tensions central to the postwar culture. In the atomic age, Jorgensen’s surgery posed the question of whether science had indeed triumphed over nature. In an era of overt cultural contests over changing gender roles, the press stories on Jorgensen enabled a public reinscription of what counted as masculine and what counted as feminine. At the same time, though, they also incited the fantasy of boundary transgression, with convincing evidence of how a person might present a masculine persona on one day and a feminine one on another. As homosexuality became increasingly visible and as homophobic reaction intensified, Jorgensen brought the issue into the mainstream news with the confession of her preoperative longing for a male friend. But she also confounded the category as she distinguished a depathologized version of cross-gender identification (in which she loved a man because she understood herself as a heterosexual woman) from a still-pathologized version of same-sex desire. And all along, she demonstrated an affinity for the media that kept her in the public eye. She reinforced her popularity by adopting a feminine style that played on the postwar cult of “blond bombshell” glamor. At least one author has speculated that Jorgensen, despite her expressed surprise, leaked her own story to the press. Whether she did or not, she eventually courted the attention to boost her career on the stage.

The unremitting interest allowed a public hashing out of what Jorgensen represented, especially after the American Weekly series provided a more detailed account. Journalists soon began to question Jorgensen’s status as “100 per cent woman.” By mid-March, they asserted that Jorgensen was “neither hermaphroditic nor pseudo-hermaphroditic”: she had “no vestiges of female organs or female reproductive glands.” Following these leads, the New York Post ran a six-part exposé, “The Truth about Christine Jorgensen,” that was reprinted in other cities. Based on interviews with Danish doctors, reporter Alvin Davis claimed that Jorgensen was “physically . . . a normal male” before her treatment, and now a castrated male, with no added female organs. (Jorgensen did not undergo vaginoplasty until 1954.) Davis classified Jorgensen as a transvestite, hinted at homosexuality, and referred to her disrespectfully with male pronouns. He contrasted American doctors’ outrage at what they saw as mutilating surgery with Danish doctors’ advocacy of the operations. In the wake of the exposé, Time declared, “Jorgensen was no girl at all, only an altered male,” and Newsweek fol-
In the mainstream American press, an intersexed person had a legitimate claim to female status, but a male-to-female “transvestite,” even surgically and hormonally altered, apparently did not. Jorgensen’s doctors in Denmark seemed to confirm the exposé in the *Journal of the American Medical Association*, in which they described Jorgensen’s case as one of “genuine transvestism.” Pulp magazine sensation followed. *Modern Romances*, for example, ran “Christine Jorgensen: Is She Still a Man?” Another pulp called the case “Sex-Change Fraud.”

Not surprisingly, these reports upset Jorgensen. She had not represented herself as a pseudohermaphrodite, although she clearly preferred organic explanations that presented her problem as a biological disorder, often described as a hormonal imbalance. She followed her Danish doctors who, in accord with Hirschfeld and others, saw cross-gender identification not as psychopathology but as a somatic condition. Her emphasis on biological causes helped cleanse her cross-gender identification of the taint of sin or weakness and underscored how deeply she felt the need for surgery. Mostly, though, she bridled at the insinuation that she “had perpetrated a hoax” when calling herself a woman, and she resented the disrespectful tone and “pseudo-scientific commentary” of some of the reports. Ultimately, the stories did little to damage her popularity. Shortly after the exposés, a crowd of “more than 2000” met her at the Los Angeles airport. Journalists continued to follow her every move—her nightclub tour, her interview with Alfred Kinsey, her romances with men. While occasional reports portrayed her as an oddity or a joke, in general the press continued to treat her as a woman and a star.

In any case, the European version of sex change as treatment for “transvestites” had finally hit America. News reports alerted transgendered readers that transformative surgery might take place without a claim to an intersexed condition. San Francisco cross-dresser Louise Lawrence appreciated the *Post* exposé. “I can see how it would disturb [Jorgensen],” she wrote, “but I still think it is the fairest explanation yet published.” Stories of other transsexuals soon established that Jorgensen was not alone. In 1954, the press reported on Americans Charlotte McLeod and Tamara Rees, MTFs who had surgery in Denmark and Holland, respectively, and also on Roberta Cowell in England. The openly gay and wildly eccentric San Francisco millionaire John Cabell (“Bunny”) Breckenridge announced that he, too, planned to undergo sex change surgery. In these post-Jorgensen cases, the press rarely claimed that the surgery had any connection to an intersexed condition.

From the beginning, the Jorgensen story had tremendous impact on its readers. Letter writers flooded Jorgensen with requests for advice. In her 1967 autobiography, Jorgensen referred to “some twenty thousand letters” in the first
few months of publicity. Because of her celebrity, letters addressed simply to “Christine Jorgensen, United States of America” reached their destination.98 Some letters came from admirers or critics, but a “briefcase full” came from people who identified with Jorgensen and expressed “a seemingly genuine desire for alteration of sex.”99 In Denmark, Christian Hamburger also reported hundreds of letters requesting surgery. In less than a year after Jorgensen entered the public domain, Hamburger received “765 letters from 465 patients who appear to have a genuine desire for alteration of sex.”100 Of the 465 letter writers, 180 wrote from the United States. Within the United States, other doctors reported themselves “besieged by would-be castrates pleading for the Danish ‘cure.’”101

As in the 1930s and 1940s, some readers of the popular press saw themselves in the stories about sex change. With Jorgensen, though, the sheer magnitude of coverage, depth of detail, and public accounting of what the surgery entailed provided a more highly informative how-to story. An unprecedented number of readers identified with Jorgensen, who in turn used her access to the media to encourage them. “The letters that say ‘Your story is my story; please help,’” she wrote, “make me willing to bare the secrets of my confused childhood and youth in the hope that they will bring courage, as well as understanding, to others.”102 The exposés that provided the diagnosis of transvestism also helped transgendered readers who were not visibly intersexed to find their own stories within Jorgensen’s. In various cities, some of these readers paid homage by collecting press clippings about Jorgensen. Louise Lawrence, for example, compiled a carefully constructed Jorgensen scrapbook, now housed in the archives of the Kinsey Institute. These clipping collections, several of which still exist today, offer tangible testimony to Jorgensen’s popularity and the impact of the press on isolated readers.103

For some such readers, Jorgensen stood jointly as revelation, role model, and public defender of the cause. One MTF remembered her overwhelming sense of “being a freak.” Before reading about Jorgensen, she had understood herself variously (and uncomfortably) as “effeminate, homosexual, a transvestite, a narcissist, a masturbator, . . . a would-be castrate, a potential suicide, and a paranoid.” Then:

The Jorgensen case appeared in all the newspapers and changed my life. . . . Suddenly, like a revelation, I knew WHO and WHAT I was—and something COULD BE DONE ABOUT IT! Christ only knows how much time I spent poring over every last item about Christine I could lay my hands on. Not Christ but Christ-ine, I thought, was my Saviour! Now every-
thing about me made perfect sense, I knew what had to be done, and I had some real HOPE of being able to live a normal life as a woman! Talk about your shock of recognition! Man, this was IT!104

For others, the “shock of recognition” provoked more ambivalent feelings. Daniel Bass, who had resigned himself to his inversion, focused on one sentence in one of the stories in the Chicago Sun-Times: “They may have the physical form of one sex and think, act and feel like the opposite.” “This seems to describe me to the dot,” he wrote. He recognized Jorgensen immediately as “a normal man” not a pseudohermaphrodite and tortured himself with the thought that he could not gain access to the surgery she had managed to obtain.105 “When I read about Christine’s case,” he wrote, “I got terribly upset. I was really very frantic.”106 On the East Coast, Gerard Farber (a pseudonym) had a similar reaction: “Life . . . was bearable, at least it was until the Jorgensen story came out. From then on, I have suffered, because her life parallels mine so closely! It is me twenty years younger. . . . Her story is my story. . . . I need help, I need relief and I need it soon.”107 On the West Coast, Barbara and Lauren Wilcox were interested in Jorgensen “from the point of view of, ‘when and where will the operation be made available to Barbara.’”108

In the wake of the Jorgensen story, FTMs were only a small minority of the letter writers seeking surgery. Of the 180 Americans who asked Christian Ham- burger about sex change surgery, only thirty-nine sought female-to-male operations. Commentators of the era believed that MTFs far outnumbered FTMs.109 The lesser response of FTMs might have reflected economic and technological inequities. Those who lived and worked as women were less likely to have the economic means to finance medical intervention, and FTMs in general were less likely to pursue a surgical solution that still could not produce a functioning penis. As Hamburger acknowledged, the media probably had some influence as well.110 The publicity accorded to Jorgensen helped mark transsexuality as a male-to-female phenomenon, a distinct reversal from the 1930s when stories of female-to-male sex changes predominated in the popular press.111 In the 1950s, FTMs did not identify automatically with reports of male-to-female surgery. “Joe,” for example, did not seek surgery until an MTF acquaintance gave him his “first hint that the sex change possible for males might also have its counterpart for the female.”112 Some FTMs, though, did see themselves immediately in Jorgensen’s story. In a later account, Mario Martino described his reaction at the age of fifteen when he first read press accounts on Jorgensen: “Over and over I read the news stories I’d secreted in my room. . . . At last I had hope. There were people like me.”113

The publicity showered on Jorgensen did not bring direct relief to those who
identified with her. Overwhelmed with sex change requests, Danish officials forbade operations for foreigners. Jorgensen and Hamburger began to refer correspondents to Harry Benjamin, who offered paternalist sympathy, hormone treatment, and the diagnosis “transsexual” but not surgery. Benjamin helped a few male-to-female patients arrange operations through urologist Elmer Belt in Los Angeles for a brief period in the 1950s and sent others to Holland and Mexico for surgery. But many avowed transsexuals, especially poorer ones, had no access to surgery. Some “agonize,” Benjamin wrote, “between hopefulness and frustration.” In this situation, a couple of Benjamin’s patients reached the point of desperation and successfully cut off their own testicles, thereby also removing the alleged legal obstacle to additional surgery in the United States. FTMs, for whom surgery was never deemed illegal, seem to have had even fewer surgical options.

Not until the 1960s did American surgeons begin to engage publicly in sex reassignment surgery. Nonetheless, the ground had shifted for transsexuals by the mid-1950s. The mass media reported frequently on sex change surgery. The popular press now acknowledged the European version of sex change surgery for “transvestites,” not for intersexed conditions. American doctors began to adopt the new term transsexual and to enter into heated debates about the merits of surgical intervention. An American scientific literature on transsexuality, which did not exist before the 1950s, now engaged the older European literature that originated in Germany. Harry Benjamin assumed his role as public spokesperson for transsexuals, and increasing numbers of patients found their way to hormone treatments under his care.

Just as important, Benjamin began to introduce his male-to-female patients to one another. By mid-decade, a small group visited and corresponded with each other, shared information on doctors, traveled together for surgery, compared surgical results, and occasionally lived together. Molly Anderson (a pseudonym) explained: “It makes a cruel problem easier to bear.” By 1955, Anderson was corresponding with at least six other MTFs. After her surgery in Holland, she moved from New York to Los Angeles and lived in the Barbizon, a hotel for women, where another postoperative transsexual, also a patient of Benjamin’s, already resided. Later, she lived in Phoenix, San Francisco, and Seattle with another transsexual friend, who came along when she went to visit her brother and sister for the first time after her surgery. Anderson also maintained a friendship with Louise Lawrence. For at least a few MTFs, then, the Jorgensen story inaugurated a chain of events that began to end their isolation. Transsexual advocacy organizations did not emerge until the 1960s, but in the meantime MTFs had begun to establish social networks that could offer emotional support and foster a sense of community.
These early episodes help complicate our understanding of the history of transsexuality. They move us beyond a history of sexologists, endocrinologists, and surgeons and toward a history of mass media and of transsexuals themselves. In the popular culture and in responses to it, we find early articulations of transsexual identity in the United States. Sensational stories in the popular press opened possibilities for persons who already had various forms of cross-gender identification. The popular tales of sex change attracted certain readers who recognized themselves in and refashioned themselves through the stories they read. In the ongoing process of constructing their own identities, they drew on the popular culture to forge new understandings of what they might become. For some, the various stories might have provided a language—about hermaphroditism, pseudohermaphroditism, spontaneous metamorphosis, hormonal imbalance, or transvestite leanings—that could be used to explain an otherwise inexplicable drive for change of sex. They did not yet have the label *transsexual*, but in the press they found exemplars, however pathologized and sensationalized, who seemed to embody what they knew they wanted for themselves.

This early history helps place the Christine Jorgensen media blitz in historical context. The extent of publicity, the range of the stories, and the depth of detail exceeded earlier accounts, but in some ways the Jorgensen episode replicated on an exponentially magnified scale the earlier process in which some transgendered subjects saw themselves in sensational stories of sex change. In her autobiography, Jorgensen explained her own response to reading a book about hormones. “Throughout the narrative,” she wrote, “there was woven a tiny thread of recognition pulled from my own private theories.” In turn, Jorgensen provided more than a “thread of recognition” to others who came after her. And because she remained a public figure until her death in 1989, she had an impact on successive generations, especially of MTFs.

What does this history tell us more generally about modern sexual identification? As in recent works in the history of sexuality, it suggests the importance of mass media and reading in the construction and articulation of identities. While the popular press often homogenizes American culture and pathologizes those on its margins, it might also contribute to what Jennifer Terry has called, in another context, “the conditions whereby marginal subjects apprehend possibilities for expression and self-representation.” Readers who had a sense, however vague, of cross-gender identification seem to have read the stories of sex change with a different eye. By our standards today, the stories often adopted stereotypes of gender and sometimes expressed unveiled hostility toward homosexuals and
transvestites. Surely these features influenced the responses of readers. Nonetheless, for some, the stories in the press also served as a crucial resource that allowed them to reassess their own senses of self. The mass media were not, of course, the only such resources. By the 1960s, we find direct evidence that some transsexuals learned about sex change surgery in subcultural networks of cross-dressers, butch lesbians, female impersonators, and gay male prostitutes. But earlier in the century, well before American doctors adopted the term *transsexual*, the mass media seem to have played a crucial role in disseminating the concept of surgically altered sex.

**Notes**

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3. I use the term *intersex* as it is generally used today to refer to conditions of sexual ambiguity of the gonads, reproductive system, and/or genitalia. *Intersex* encompasses the older categories of hermaphroditism, in which an individual has gonads of both sexes, and pseudohermaphroditism, in which the gonads of one sex coexist with various forms of genital ambiguity. In using the word *transvestite*, I am adopting the term chosen by European sexologists, especially Magnus Hirschfeld, who recommended sex change surgery for some people with cross-gender identification. Through the mid-twentieth century the term appeared frequently in medical and popular literature to describe nonintersexed people who expressed desires for sex change. I do not intend to suggest that these “transvestites” were only cross-dressers lacking an authentic identification with the so-called other sex. My point is that cross-gender identification and the desire for bodily alteration through hormones and surgery predate the English term *transsexual*. 


9. Eugen Steinach, Sex and Life: Forty Years of Biological and Medical Experiments (New York: Viking, 1940), 66.

10. Steinach also implied that he had discovered a hormonal basis for homosexual behavior. One of his later publications included reports of “cures” of homosexual men who were castrated and then implanted with the surgically excised undescended testicles of heterosexual men. On Steinach, see also Harry Benjamin, “Eugen Steinach, 1861–1944: A Life of Research,” Scientific Monthly 61 (1945): 427–42; Sexual Anomalies and Perversions: A Summary of the Work of the Late Dr. Magnus Hirschfeld, Compiled as a Humble Memorial by His Pupils (London: Francis Aldor, 1944 [1938]), 172–77. For some precursors to Steinach, see John Money, “The Genealogical


19. On Elbe’s death and the involvement of Hirschfeld and the Institute, see Preben Hertoft and Teit Ritzau, *Paradiset er ikke til salg: Trangen til at være begge køen* (Paradise is not for sale: the desire to be both sexes) (Denmark: Lindhardt og Ringhof, 1984), 82–83. For another account of male-to-female surgery in Germany in 1931, see the articles on Herta Wind: “Legal Fight over Sex Change Book,” *Daily Telegram*, 5 January 1955, in ONE/International Gay and Lesbian Archives (ONE/IGLA), University of Southern California, Los Angeles, Calif., file: Changelings; and “His Two Sons Began to Call Him ‘Auntie,’” n.d. [1950s], Christine Jorgensen Scrapbook, Louise Lawrence Collection, the Kinsey Institute for Research in Sex, Gender, and Reproduction, Indiana University, Bloomington, Ind. (KI), n.p.


21. Hoyer, *Man into Woman*, 178. The claim to hermaphroditism is hard to believe. By the late 1930s, the reigning expert in the field, Hugh Hampton Young, found only twenty medically confirmed cases of hermaphroditism; not one of them had, as the story of Lili Elbe suggested, two ovaries in the pelvis and two testes in the scrotum. See Hugh Hampton Young, *Genital Abnormalities, Hermaphroditism and Related Adrenal Diseases* (Baltimore: Williams and Wilkins, 1937), 200–201.
22. Ibid., xi–xii.
24. “When Science Changed a Man into a Woman!” n.d. [ca. 1934], “Order Book” scrapbook, box 1/1 scrapbooks, Virginia Prince Collection, Special Collections, Oviatt Library, California State University at Northridge, Northridge, Calif. (CSUN), n.p.
25. In the sensational vein, Sexology often emphasized the stranger side of the science of sex. It is no coincidence that Hugo Gernsback, the founder, editor, and publisher of Sexology, also published the first pulp science-fiction magazines. Thanks to Susan Stryker for pointing out this connection. On Gernsback, see Mark Siegel, Hugo Gernsback, Father of Modern Science Fiction (San Bernardino: Borgo, 1988).
28. “When Science Changed a Man into a Woman!” 2.
33. See, for example, Brett Riley, “Are Sexual Changes Possible?” n.d. [late 1930s or 1940s], box 1/4 clippings, Virginia Prince Collection, CSUN, n.p.
35. “Women into Men by Surgery?” Sexology, August 1936, 774–75, quotation on 775.
40. Ibid.
42. “Changing Sex,” 265.
43. For articles, see “Woman into Man,” Sexology, March 1944, 484–85, and David O.


47. Daniel Bass [pseud.], letter to Alfred C. Kinsey, 20 October 1945, TV-BNJ notebook, Harry Benjamin Collection, KI.

48. “‘Man’ Asks Legal Right to Assume Woman Status,” *Los Angeles Examiner*, 3 July 1941, TV Barbara Richards envelope, no. 82, diary room, KI.


50. “Young Bride Won’t Leave Mate Who’s Victim of Sex Change,” *Oakland Tribune*, 4 July 1941, “Photo and Return” scrapbook, Louise Lawrence Collection, KI.

51. “Prank by Mother Nature Turns Los Angeles Salesman into Woman,” *Los Angeles Times*, 3 July 1941, TV Barbara Richards envelope, no. 82, diary room, KI; Lorraine Wilcox Richards, “My Husband is a Woman,” n.d. [ca. 1941], blue notebook, box 1/1 scrapbooks, Virginia Prince Collection, CSUN, n.p.


53. “Edward Changes Name to Barbara,” *Los Angeles Herald Express*, 10 October 1941, TV Barbara Richards envelope, no. 82, diary room, KI.


57. “A.O.,” letter to Barbara Richards, 30 May 1942, TV Barbara Richards envelope, no. 82, diary room, KI.

61. Cauldwell, Questions and Answers, 13.
62. Ibid., 24.
64. “Would Your Change Your Sex?” Glance, March 1950, box 1/1 scrapbooks, Virginia Prince Collection, CSUN.
68. Lynn Barry [pseud.], letter to Harry Benjamin, 19 May 1949, in ibid.
69. On the mayhem statute, see Robert Veit Sherwin, “The Legal Problem in Transvestism,” American Journal of Psychotherapy 8 (April 1954): 243–44. Sherwin writes: “There is no law which specifically prohibits a doctor from performing this operation with the consent of the patient. Nevertheless, there is hardly a district attorney in the country who would not inform a doctor that it would be illegal for the doctor to perform such an operation. When asked for the proof of his statement, the District Attorney would point to the Mayhem Statute. Rarely has the law been used in such a ridiculous and unscientific fashion. . . . It was a king’s device in days of yore to prevent his men from becoming useless as fighters in his army. . . . There seems to be little doubt that cutting off of the male genitalia would not be mayhem. . . . And yet, it is this statute which is cited as the reason why such an operation would be a crime on the part of the doctor.” By all accounts, no surgeon engaged in sex reassignment was ever prosecuted under the mayhem statutes. More generally, surgeons hesitated to engage in sex change surgery for other reasons: they worried, for example, about their reputations in the medical community, and they also feared liability suits. By the late 1960s, doctors and lawyers had ceased using the mayhem statutes as an excuse to refuse sex reassignment surgery.
70. Harry Benjamin, letter to Lynn Barry, 31 May 1949, TV-BNJ1 notebook, Harry Benjamin Collection, KI.
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77. Louise Lawrence, letter to Harry Benjamin, 9 December 1952, TRNSV notebook, Louise Lawrence Collection, KI.
81. The concept of a woman “trapped” in a male body is a modernized version of the older “female soul in a male body,” which homosexual emancipationist Karl Ulrichs employed in the nineteenth century. Ulrichs used this phrase to describe homosexuality, which he associated with gender inversion, and in the popular culture the phrase continued to connote homosexuality into the mid-twentieth century. See Gert Hekma, “‘A Female Soul in a Male Body’: Sexual Inversion as Gender Inversion in Nineteenth-Century Sexology,” in Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History, ed. Gilbert Herdt (New York: Zone Books, 1996), 213–39.
85. Ibid., 9.
88. “Christine Discounted as 100 Pct. Woman by Her Copenhagen Doctor,” San Francisco Call-Bulletin, 18 February 1953, Christine Jorgensen scrapbook, Louise Lawrence Collection, KI.
89. “AMA Studies Christine—Some U.S. Doctors Say She’s Not a Woman Still,” San Francisco Chronicle, 11 March 1953, Christine Jorgensen scrapbook, Louise Lawrence Collection, KI.


97. Louise Lawrence, letter to Harry Benjamin, 22 April 1953, TRNSV notebook, Louise Lawrence Collection, KI.


99. Ibid., 217.


106. Daniel Bass [pseud.], letter to Harry Benjamin, 2 July 1954, TV-BNJ notebook, Harry Benjamin Collection, KI.

107. Gerard Farber [pseud.], letter probably to Harry Benjamin [ca. March 1954], TV-BNJ2 notebook, Harry Benjamin Collection, KI.

108. Louise Lawrence, letter to Harry Benjamin, 6 April 1953, TRNSV notebook, Louise Lawrence Collection, KI.

ally reflect the numbers of MTFs and FTMs that doctors encountered in their practices. In general, the published ratios have declined over time, and some today now posit an equal number of FTMs and MTFs. In the 1950s, though, MTFs clearly predominated in the doctors’ estimates, and some mid-century sexologists considered transvestism and transsexualism, like fetishism, largely, if not wholly, “male” conditions. Did a smaller proportion of transgendered FTMs go to doctors for surgical intervention? (Mid-century newspaper reports suggest that more FTM cross-dressers lived full-time as men without benefit of surgery or hormones.) Among the broader population of transgendered people, were there in fact more MTFs than FTMs? If so, why? These larger questions remain unanswered.

111. For a lengthier discussion of the contemporary marking of transsexuality as male to female, see Marjorie Garber, Vested Interests: Cross-Dressing and Cultural Anxiety (New York: Routledge, 1992), chap. 4.
115. The accounts of surgery are drawn from the collected correspondence in the Harry Benjamin Collection, KI.
117. Molly Anderson [pseud.], letter to Harry Benjamin, 3 January 1955, TV-BNJ3 notebook, Harry Benjamin Collection, KI.
118. Jorgensen, Christine Jorgensen, 79.
How Sex Changed is an intimate history that illuminates the very changes that shape our understanding of sex, gender, and sexuality today. (retrieved from Amazon Thu, 12 Mar 2015 18:08:35 -0400). Library descriptions. Traces the cultural, medical, and social histories of transsexuality in the United States, discussing how it has changed throughout the last century. Â— see all 2 descriptions. Quick Links.