Harry Benjamin's first ten cases (1938-1953): a clinical historical note.

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INTRODUCTION

Harry Benjamin heard old voices giving new utterances to an ancient complaint - to a condition that had prevailed throughout history but which had precious few tellers and no listeners, and no treatment. Harry Benjamin alone listened and was inspired and compelled to journey into a unique new discipline (Wheeler and Schaefer, 1988). Here was a condition which we have learned to broadly identify as gender dysphoria - that is, a discomfort with gender.

Benjamin was known by all in his area of specialization as the "Father of Transsexualism" and known by some as "The Persistent Pioneer." He was one of the six founders of the oldest professional sexological organization in the United States, The Society for the Scientific Study of Sex (Schaefer and Wheeler, 1979, 1980, 1981, 1987c) and made great contributions to gerontology, endocrinology, sexology, and especially exercised his extraordinary influences on the field of gender dysphoria - an area of specialty in which he spent the last 30 years of his professional life, from 1948 to his retirement in 1978 (Memorial for Harry Benjamin, 1988). Treating the gender dysphoric person was ultimately the sum total of all of Benjamin's previous interests and knowledge. One might say his work in the field was an accident for which he was totally prepared. For all of his patients, he was simultaneously their hormone physician, a psychiatric counselor, a referral service, and even an inspirer of networks (Schaefer and Wheeler, 1987a).

In the latter part of Benjamin's life, we were intimate colleagues and personal friends and, for more than a decade, we (along with Dr. Charles L. Ihlenfeld) have had the complete care of Harry Benjamin's entire gender dysphoria medical files. His files and case work were entrusted to us because so many of his patients, preoperative and postoperative, recognized in their own lives the need for therapy as an aid to understanding their own condition and how to live in the world with it. As psychotherapists, we have counseled and worked with many of Benjamin's patients, along with the more than 800 gender dysphoria patients that we have seen individually and together, during the 19 years of our specializing in this area. Many of our current patients worked initially with Benjamin years ago.

Benjamin's lifelong frustration was connected with the fact that there were never sufficient funds for proper scientific research in this area (Benjamin, 1967). Thus his hope lay in the possibility that all the files and records he had collected would be used by other researchers in an attempt to analyze and understand the basic foundation of the field of gender dysphoria through his own work with patients. The Benjamin files cover a unique practice, which began with a singular chance referral from Alfred Kinsey in 1948, and went on to include over 1500 patients (Wheeler and Schaefer, 1987). The course and events of Benjamin's professional life were destined to crown a career that would unlock the door to an area of study that would have the most profound implications for our understanding of human nature and would change the lives of countless people forevermore (Ihlenfeld et al., 1987). Benjamin died in August 1986, at the age of 101 1/2.

Our reason for studying Benjamin's first patients is to learn how they described themselves, their feelings, and their lives before hardly any literature on the subject had been published, and even before the phrase "trapped in the wrong body" was coined.

We were immediately struck by this realization: Even without any books to read, without any other source of information, with or without childhood conditioning, with or without dystonic families, assuming that he or she was alone and unlike anyone else 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; and exactly as we continue to hear them describe themselves (Schaefer and Wheeler, 1985). One would hear such descriptions as: the recognition of gender confusion very early in their lives; the attempts at cross-dressing, the secrecy, the

isolation, the unsuccessful suppression of desires and feelings, the purging and the guilt - mostly the guilt (Schaefer and Wheeler, 1989).

Being a true physician, Benjamin treated all these patients as people and by respectfully listening to each individual voice, he learned from them what gender dysphoria was about. These early patients must be lauded for their courage in seeking a description of and a solution to a phenomenon that had as yet no description and no solution. They discovered a physician who was willing to try to treat their unusual condition in a way that had never been attempted before.

OVERVIEW

A collective overview of Benjamin's first 10 gender dysphoria patients reflects a wide range of life circumstances and patterns (Schaefer and Wheeler, 1987b). There were 9 neonatal males and 1 neonatal female. (This ratio of 9:1 was considered representative until the mid 1960s.)

Date of first contact with Harry Benjamin was from 1920-1953. Ages at initial contact ranged from 23-54: 3 in their 20s, 3 in their 30s, 3 in their 40s, and 1 in the 50s. Socioeconomic levels were exclusively middle class, with 3 from upper-class backgrounds. Occupations varied: writer, office worker, scientific farmer, interior decorator, housewife, machinist, entertainer, military service, art student, chemist, and photographer. Education levels were not consistently recorded.

Marital status of the 10 patients: 4 never married; 1 married once and separated due to transvestism; 2 married twice in their male roles and then were divorced or widowed; 1 married in her new gender role, but had the marriage annuled; and 2 already married to each other went through simultaneous gender changes and remarried each other in their reversed roles. Offspring: Among the 10 patients, 3 had children, and 1 reported grandchildren.

The physical/phenotype of the patients included 3 feminine, 1 hypo-gonadal androgynous, and 6 masculine (including a male-to-female transsexual with a massively tattooed body). Their voice types included 4 masculine, 1 feminine, 2 equally masculine and feminine-sounding, 1 androgynous-sounding, and 2 unknown.

Sibling Order: 1 First-born and 2 only-children (married to one another). Only-children and first-born represent the same birth-status category. Other sibling orders ranged from the youngest of 2 to the 13th child of 14.

First evidence reported includes both "initial cross-gender identity feelings" and "first contact with cross-dressing." Six reported feelings of "being the opposite sex from very early childhood"; 1 reported "having those feelings sporadically"; 1 reported "never having the feeling of wanting to be a girl"; the remaining 2 patients' feelings are not recorded. All 10 had a history of cross-dressing from early ages into adult life. Unusual childhood conditioning: 4 were raised as boys while 3 were raised as girls one of whom was discovered at age 13 to have a birth anomaly as evidenced initially by undescended testes; for 3 patients no information is available.

Sexual Orientation. Of the 10 patients, 2 were heterosexual, 5 bisexual, and 3 homosexual (Kinsey et al., 1948, pp. 638, 641; 1953, pp 469-472). Kinsey Scale ratings were identified as a 1, a 2, two 3s, two 4s, no 5s, three 6s, and one "unknown." Descriptors that coincide with category designations of Benjamin's famous Sex (Gender) Orientation Scale (SOS), which was added to his evaluation at a later date (1966b), were recorded allowing for interpretation of the following (Wheeler and Schaefer, 1987): 1 genuine transvestite, 6 Category V and VI transsexuals, and 3 Category IV transsexuals. We were amazed to identify 3 of 10 as being transsexual IVs, i.e., the genuine transsexual who does not require genital reassignment surgery. This ratio may be as valid today as it was 30-40 years ago (Schaefer, Wheeler, and Futterweit, 1995).

Known Family Attitudes. Five mates were "sympathetic or permissive," while 2 showed "opposition and lack of sympathy;" (only 1 of 10 divorced because of the negative attitude toward gender dysphoria); for 3, no information is available.

Hormone Medication. Seven patients received both oral doses (i.e., premarin and progesterone) and injections of estrogen (i.e., Enovid) to increase feelings of femininity, 1 receive injections of testosterone for increased feelings of masculinity, 1 used hormones for weight gain to appear more masculine, and 1 received no hormones at all. Additionally, all 10 received psychological support from Benjamin for their condition (Benjamin, 1964b).

Surgery. Six of the 10 were ultimately considered genitally operated. Three had their first stage - castration - done abroad, while the other 3 had both stages, castration and penile amputation then known as conversion therapy (Benjamin, 1954), done in the United States. (Vaginoplasty was not yet performed in conjunction with these two procedures.) Various surgeries for these patients were performed between 1945 and 1960. The female-to-male transsexual's surgery was both the earliest and the latest reported: a mastectomy in 1945, the hysterectomy and plastic testicles in 1960 (Benjamin, 1964a).

CASES

Although Benjamin and Otto Spengler(2) met in the 1920s, Benjamin became Otto's physician much later and while treating him for arthritis in 1938, intuited "something odd and unusual" about him. It was in fact Benjamin's instinctive and sensitive recognition of Otto's cross-dressing that launched a unique direction in his practice of medicine.

Otto is a remarkable illustration of a series of "firsts." He is Benjamin's first cross-gender case and the only true transvestite among the first 10; Magnus Hirschfeld informed Otto that he, Otto, was in fact also the inspiration for his famous work published in 1910, Transvestism (English translation, 1991); Otto's transvestite biography was the first to be presented in the United States (which was given before the New York Society of Medical Jurisprudence, December 8, 1913); and the first to be published the following year in the February 21st issue of the New York Medical Journal (Talmay, 1914).

Soon after his father died, Otto slept with his mother in her bed from age 4 to 14. He looked delicate and girlish and from early on was used as a dress model by his dressmaker sister. Because of a high instep, Otto always wore girls' shoes, he played with girls and their toys, he "wished to be a girl," and suffered from periodic nose hemorrhages, which he considered to be vicarious menstruation. At 10, Otto discovered masturbation by rubbing his knees together and later continued this pleasurable practice while dressed in female attire. Although he had little sexual attraction to women, Otto's greatest pleasure was contemplating pictures of the female form. He married only once, at age 26, when his wife proposed to him; they had 3 children. Otto suffered from the desire to live and to be a complete woman, often wishing for castration and envying women's apparel a reflection of an inner imitation of himself as a "she."

Cross-gender identification was confined to a profound longing for female clothes, which exercised a greater charm on Otto than did the woman herself. Although his male outward cover consisted of coats, vests, and trousers, he always dressed in female underclothing, wearing women's shoes, shirtwaists, corsets, and stockings. Every opportunity for cross-dressing reaffirmed that Otto was a woman with all women's feelings and longings his behavior in full accord with his feelings. By contrast, when not cross-dressed, Otto was absentminded and restless and believed that he would rather commit suicide than be without female apparel. Otto engaged in a lengthy correspondence with Dr. Mary Walker(3) and tried to secure her collection of over 1000 pictures and letters of individuals who were similarly inclined as Otto and Dr. Walker were to the desire for cross-dressing.

Just after the turn of the century, Otto's transvestism was described by Talmay in his medical book entitled Love as a "sexo-aesthetic inversion of a pure artistic imitation, occurring in highly artistic, honorable, moral, inconspicuous, nonoffensive individuals who would never commit wrong when masquerading" (Spengler, 1933). For this reason, such cross-dressers or gender dysphoric people in European countries were able to obtain documentary permission from the police to cross-dress anywhere and be safe from molestation and arrest. Even European hotels were known to have made special arrangements for them.

Forty years after meeting Otto, Benjamin met and began to treat Barry, his first true transsexual.

Robert L. Dickenson, New York City obstetrician and gynecological researcher, had introduced Benjamin to Alfred C. Kinsey; the two became good friends, sharing ideas and plans (Schaefer, 1983, 1988). The year was 1948, and Kinsey and colleagues were taking sex histories in San Francisco. During one interview, Kinsey was surprised to hear Barry, a 23-year-old "boy", express firmly and convincingly that he wanted to change his sex. Never having heard of anything like this, Kinsey referred him to Benjamin, who was staying in the same hotel. The boy's mother pleaded with Benjamin: "Look at this boy, he's not a boy! You've got to do something to help my son be a girl!" Unable to find a urologist in the United States willing to perform surgery, Benjamin in time advised them to go to Germany for the then-known operation of castration and penile amputation. Barry was the first patient Benjamin guided to genital surgery.

One can only imagine being Kinsey and Benjamin, hearing the unique features of Barry's history: He dressed as a boy until age 2 and by age 3, with no encouragement or role model, started to dress in girls' clothes. As Barry continued through grade school (which included special toilet arrangements), psychiatrists reassured his parents that their bright, contented, educationally accomplished child should be left alone to outgrow this phase. When high school authorities would not allow Barry's female dressing to continue, he stayed at home "doing woman's work." After reading about his condition and about "operative procedures which feminized men," Barry pressed his parents to find a surgeon who performed such operations. When thwarted in his desires to become a female, all Barry's emotional control erupted into severe tantrums and violence, once even causing his father to be hospitalized.

Barry was institutionalized by the courts the year before meeting Kinsey and Benjamin. Barry's records reveal his desire from childhood to be a girl and from puberty to change physically - "praying constantly for such a miracle," so he "could marry, have a house and children." Barry was utterly unable to see the social impracticability of his desire and refused any alternative to surgical change. His ideas, interests, and modes of thought were consistently feminine. He denied ever having an erection (nocturnal or otherwise) and of ever masturbating. Unlike Otto, Barry received no thrill from wearing women's clothes, but "it made him happy."

From an historical perspective, the medical profession viewed Barry's childhood "conditioning" with parental permission as having an irrevocable impact on him: he manifested all the signs of a homosexual, but with no overt behavior and, therefore, not likely to run afoul of the law along sexual grounds; they further reported the patient's threat to commit suicide rather than assume the role of a male in society. Most fascinating about this very early history is that medical people in the United States were willing and even advising surgery; but due to the Attorney General of Wisconsin's interference and Wisconsin law interpreting such surgery as mayhem, conversion intervention was prevented (Benjamin, personal communication to Dr. Karl Bowman, September 30, 1949).

Through Benjamin's encouragement, Barry, now known as Sally, made three trips to Europe, during the years 1953-1958 to complete the genital operation which ultimately included the construction of a vagina lined with skin of the thigh. She and her mother eventually moved to Canada and were not heard from by Benjamin again. If Sally is alive today, she is 65.

In San Francisco a year later, in 1949, again Kinsey sent Benjamin patients (his third and fourth), a most astonishing extraordinary couple: Carol and Christian, a female-to-male (F-M) and a male-to-female (M-F) transsexual. They were both only children and married to one another twice: the first time in their birth gender roles, the second in their reversed gender roles. A California clinic, trying to locate this couple for a study of the legal aspects of name and sex status changes, wrote Benjamin and described them as follows (personal communication, Dr. Bowman, Langley Porter Institute, Nov. 13, 1959): "both partners became transvestites; the former husband became legally a woman and had the marriage annuled. The pair still live together, however, in reversed roles; the former wife takes the role of husband and breadwinner, and the former husband now stays at home and keeps house."

Carol and Christian had already remarried each other by the time Benjamin had met them, and for both he remained the overseer of their hormone treatment for the rest of their lives; he was also their guide and advisor about all medical and psychological matters. When Carol grew bitter and hopeless about her difficulty in finding a surgeon, Harry encouraged her not to give up. He wrote: "You waited this long, wait a few months longer . . . things may change. . . . We have to find a way to help you within the presently existing possibilities."

Through Benjamin, Carol and Christian ultimately contacted Los Angeles surgeon Elmer Belt, one of the earliest-known United States urologists to perform genital reassignment surgery, and in 1956, Carol underwent peotomy. In 1963, at age 50, she died of a massive coronary. The correspondence with Benjamin provides much evidence that Carol and Christian's marriage was a love affair worthy of a romance novel. If Christian is alive today, he is 89.

Doris, Benjamin's fifth patient, was an artist who married twice. The first wife, with whom there was one daughter, knew nothing of the condition until after marriage. The second spouse was informed of Doris's cross-gender desires and they lived happily together for 3 years; but the strain of keeping the secret eventually led the spouse to a nervous breakdown and subsequent divorce. Doris concluded that it must be time to attempt to be in a life always dreamed of: to live full-time as a woman. Doris relocated to another city, managing a small apartment house, remodeling and decorating for young employed women ("working girls"), and continued successfully to sell her paintings.

Born in 1913, Doris considered her/himself a heterosexual transvestite with strong autoerotic tendencies (i.e., masturbation), and, like Otto, reported "vicarious menstruation" that manifested itself in copious nose-bleeds lasting up to 3 days. Cross-dressing desires were always present, the intensity variable, and rationalizing them was endless and curbed only by Doris's imagination. Doris believed that the inception of the desire to dress occurred in childhood between ages 1 and 5 as a result of faulty, incomplete, or distorted sex identification. Doris felt that society's negative attitude toward cross-dressing was responsible in large part for her developing two distinct personalities: one for the public to know, and the other, "her true self," which almost no one knew. (Doris felt this dynamic was responsible for the cross-dresser's paranoid tendencies.) By the mid-1950s, Doris wrote: "I consider [Doris] to be my true identity even though the birth records say differently, and on this I will stand, for to me, as to most people who know me, I AM [Doris]. I maintain that people are personalities first and that the statistical facts are merely additional information."

In the struggle to listen to early voices that would shape understanding of the complexity of cross-gender identity conditions, Benjamin's correspondence with Doris was constant - Doris being his most intellectually developed patient about the issues of gender formation and expression and interpretation, medicine, as well as the required unique adjustments to living. Benjamin and Doris introduced each other to many of these first 10 patients and in the years to come, they met, among many others, all of the famous Kinsey researchers and also the flamboyant female impersonators from Paris' Carrousel Bar, Bambi and Coccinelle (Doris' letter to Benjamin, February 14, 1957).

Benjamin's letters to Doris were full of concern, advice, and instruction regarding terminology, genital surgery, hormones, gender as a learned role, and many other related issues. In the early 1950s, for instance, Benjamin wrote to Doris about the Christine Jorgenson case: "Christine's 'transvestism' was only a part, the external or symbolic part of her problem. The urge goes much deeper. We lack a proper scientific term for it. I would describe it as an 'obsessive urge to belong to the opposite sex.'"

The uniqueness of their correspondence was that Doris, as a patient and as an inner analytic inspiration to Benjamin, taught him much about the condition; and Benjamin, in turn, could use Doris as a sounding board for the development of many of his ideas. For instance, on the subject of surgery, Benjamin wrote: "The operation we've discussed so often is legal in Holland and could be performed there - naturally only with the proper medical and psychiatric indications. I am trying to make the necessary contact for those who may need it. Be happy that you don't" (italics added).

On hormone treatment, Benjamin both referred to endocrinological therapy as "chemical castration" and explained its effects:

Breast development on hormones is nothing constant . . . it all depends on existing breast tissue that can be developed endocrinologically or not. Treatment with estrogen constitutes an irritation, and if constant and persistent it involves the danger of tumor formation later on. I consider it my duty to prevent such possible occurrence and suggest administering "irritation treatment" with interruptions. Distinctly feeling a retrogression after cessation of estrogen medication means you can resume taking the tablets - but remember the warning. Off and on, say every three months, make an interruption so that any undue irritation can subside for awhile. Now please use your own judgement.

On gender as a learned role, Benjamin wrote:

Based on a medical journal report in the early 1940s of psychiatrists' observations of children ages 12-18, who had been reared from birth as the opposite sex, and who had been apprised of their true sex and given their choice of gender role, only 3/4 chose to revert to their physiological sex, the others remaining in the role in which they had been reared.

Doris thought this to be conclusive "proof" that role is learned and conditioned. Benjamin responded:

If the theory of a learned gender role satisfies you, fine, stick to it. I cannot believe in its exclusiveness because I am biologically oriented. A living brain has to exist to learn anything, to have any feeling, thought or emotion, and brains are very complicated instruments and very different in different people.

It is of worthy paradoxical interest to note that Doris, the creative artist with the condition, did not believe that it involved a prenatal phenomenon, but was, rather, a conditioned condition; whereas Benjamin, the scientist thinker, held the strong belief that the biology of the brain and therefore the possible etiology of the condition must emanate from other sources, or be an interplay of both biological and social effects.

Doris died in 1976 at age 63. Doris's collection of letters, research questionnaires, bibliographic citations, writings - including an article entitled, "Transvestism: An Empirical Study" (which contained no research data), published in The International Journal of Sexology, under the pen name of Janet Thompson (1951) - are permanently stored in the Kinsey Institute archives in Bloomington, Indiana.

The medical file on Frank, Benjamin's sixth patient, is sparse, and much of our information concerning him was gleaned from Benjamin's extensive correspondence with Doris. Frank, who was perhaps Doris's first referral to Benjamin, falls in chronological order between Doris (Benjamin's most developed patient) and Christine Jorgensen (Benjamin's most famous patient at that time).

Frank was a 35-year-old, single, Caucasian male, a machinist by trade who wished to be a professional writer. When he came to see Benjamin in 1951, tormented over the years by his cross-gendered feelings, believing himself to be "sick," Benjamin diagnosed him as a transvestite woman, who later admitted she was male. Frank was never on hormones and was chronically vacillating about whether to "give in" or to fight his anomaly. He wanted to retain his penis unless he could be reassured that he could have a vagina capable of orgasm.

Little is known about Frank's childhood except that his father was unknown to him; and although he reported his mother to be in good health, he was brought up by a great aunt whom he hated and called a witch. Frank was not brought up as a girl: In his childhood he would secretly wear his sister's clothes, (or "exchange clothes with her" - she being 2 years older); he reported his earliest cross-gender memory at age 3 to be an impression from a picture book of a painting entitled "Boy in Bloomers." Throughout a good part of the next 20 years, Frank reported to Benjamin his continuing work on an autobiography in which he referred to himself as "Billy Boy." From their first meeting, Benjamin diagnosed this patient as a Transvestite II, of moderate and vacillating intensity, according to Benjamin's own initial scheme of charting gender profiles (Benjamin, 1953b, 1955). (In Benjamin's designations of Transvestite I, II, III in the early 1950s, the III literally meant Transsexual - by the mid-1960s these designations were used prior to the development of Benjamin's SOS, 1966a.)

For 1 1/2 years Benjamin saw Frank on a weekly basis, providing him with counseling and ultimately diagnosing him as "having psychic masochism," or being "emotionally unbalanced," and regarded his fantasies of transsexualism as "a denial of reality." Frank conveyed a severe neurotic interpretation of himself and of the world to Benjamin, who noted that this patient suffered from "paranoia" and a fear of "criticism." As his interactions with this patient progressed, Benjamin wrote in his records and in his correspondence with Doris that "Frank's brain is almost feminized," and that

beyond listening to him, I don't see what I can do for him. I try to give him better balance to make better decisions . . . the poor fellow is really in a terrible emotional turmoil. I let him talk to me as often

as he wants to and one of these days I may really take him in hand and try to do something for him . . . he needs intensive psychotherapy.

Early in 1953, Benjamin referred Frank for consultation to the eminent New York City psychologist/psychotherapist Albert Ellis. Benjamin reported the patient as "very confused with a lot of social and political problems, frantic, sleepless, acutely disturbed by the Christine Jorgensen story due to a complex identification with her." Benjamin felt that the "chemical knife" could be considered only if analysis advised it. Ellis used Jorgensen as the model for how Frank would be if he gave in to his desires! This illustration made a dramatic change in Frank's life, because he admired Jorgensen - whom he met one time in Benjamin's office; however, the totality of her actions was also quite upsetting to him. Ellis's illustration showed Frank who and how he would be if he gave in to his cross-gendered feelings. Frank despised thinking that his family would be right in their conjecture that he was actually "homosexual," and consequently "no good," yet, this was underlying or behind his own vacillation and perplexing reaction to Christine who simultaneously both attracted and repelled him.

Perhaps Frank's vacillation had more to do with the possibility that he was of the category that many years later Benjamin himself would eventually identify on his SOS as the Category IV Transsexual (see Table I; Benjamin, 1966b, p. 22). It is interesting to speculate that had Frank known or believed it was possible to be a true transsexual without the genital surgery, he might have opted for living full time in his preferred gender role, with less torment.

[TABULAR DATA FOR TABLE I OMITTED]

Frank did not see Benjamin again until 1972, when he returned for a visit "having decided that after 20 years of vacillating, I am no longer interested at all in a sex-change."

Benjamin, however, believed that Frank was not a true transsexual so long as he desired to preserve his male genitals for pleasure. For a long time, Benjamin did not consider anyone a "true" or genuine transsexual who did not want to consider sex reassignment surgery - who did not want to "change their genitalia" in order to have the total body appearance of the opposite and preferred gender (Schaefer and Wheeler, 1983; Wheeler & Schaefer, 1981). If Frank is alive today, he is 71 years of age in 1995.

In the early 1950s Benjamin wrote to Doris: "The papers here are full of the Jorgensen case, the boy who went to Denmark to be operated on and is now coming back as a girl. I'll probably see the party when she gets home" (personal communication, Dec. 3, 1952). Immediately, mutual friends arranged for Christine and Benjamin to meet, and months later in April 1953, the 27-year-old "GI turned Blonde Beauty" (Jorgensen, 1967, pp. 110-111; New York Daily News, December 1952) became Benjamin's seventh patient with gender dysphoria. Although Harry never made the original diagnosis of her transsexualism, his meeting with "the Jorgensen girl" was the onset of a relationship that lasted the rest of his life. Benjamin monitored Christine's hormones and discussed with her the multiple problems facing transsexual people.

The most significant feature of Jorgensen's case is not so much the facts of her life but rather the influence her actions had on the entire world. To this day, there has probably been no single event that has echoed the reverberations of the "conversion that was heard round the world!" Christine's surgery not only affected the gender dysphoric worldwide-providing hope and possible solutions - but even influenced one of the major workers in our field: Richard Green (psychiatrist and lawyer), who as a high school senior was fascinated by the Christine Jorgensen story. He exclaimed to his father, "Why couldn't everyone's fascination become one person's profession?"

In his infinite wisdom, Benjamin suggested that Christine establish a networking system to disseminate information and to give psychological help to the desperate needing contact with a successfully managed patient. Christine replied to him in 1953:

As you know, I've been avoiding publicity, but this seems the wrong approach. Now I shall seek it so that "Christine" will become such an average thing in the public mind that when the next "Christine" comes along the sensationalism will be decreased. You know what I'm trying to do is not as great as the big medical discoverers in the past, but it will be a contribution. With God's help and those few who

believe as you do, I know this will be a step into the future understanding of the human race. I wonder where there are more who will join us in this struggle.

In her middle years the attractive Christine Jorgensen lived a private life in California and supported herself giving lectures on the uniqueness and difficulties of living the life of a gender-dysphoric person and on what she contributed to the understanding of this condition. She died in 1990.

Harold, Christine Jorgensen's first referral to Benjamin, only saw Benjamin on three separate occasions, over a period of 26 years; but their contact with one another included correspondence and a psychiatric evaluation.

When Harold was 4, he had the desire to wear his sister's clothing and recognized a fetish toward silk.

I felt that I was normal as a child until after my father's death, which occurred when I was 6 years old. Previous to his death I had been asthmatic. My siblings were away from home and my mother clung to me and made me more of an invalid than I really was. My first homosexual experience at 17 caused me to believe I was one. Cross-dressing in private stimulated my fantasy of being accepted by men as a woman and gave me psychological and sexual satisfaction. Having no knowledge of transsexualism, I looked on myself as a homosexual transvestite.

Harold first spoke to Benjamin at the age of 17, shortly after the Jorgensen affair was made public, but it was not until age 20 when Benjamin examined Harold and diagnosed him, questioningly, as a "TV III-?" and prescribed thyroid medication for his underweight condition. (The question mark following the diagnosis of a Transvestite III indicated that Benjamin wondered or questioned whether this patient was a true transsexual, according to Benjamin's early 1950s original designations reflecting the intensity of the cross-gender condition.) Not considering Harold to be a surgery candidate, Benjamin encouraged him to do two things: first, to take psychology courses in college to educate himself about his condition and to be able to earn his own money ("more understanding of your problem and your own self could help greatly toward a final solution"). Second, which was even more important to Benjamin, was his recommendation that Harold undergo psychotherapy ("best in the form of psychoanalysis"). Benjamin further explained, "It is your own attitude toward your problem that will make you either very happy, or reasonably reconciled and satisfied. Psychotherapy could help toward acquiring such an attitude." Benjamin felt that the operation was not feasible for this patient at that time, due to the lack of surgeon availability in those pioneering days, to Harold's lack of money or the ability to earn it, and to family and parental disapproval, Roman Catholicism, and possibly even the patient's exclusively homosexual life experience up to that point.

Although disappointed, Harold willingly abandoned the idea of surgery and wrote to Benjamin, thanking him for his advice in response "to my mixed up epistle." Harold further explained that he agreed with Benjamin's evaluation and encouragement, and that "having discussed the whole matter with a very nice and understanding priest, it seems wiser to let nature take its natural course until I can really put up a big fight against my difficulty. So, following your advice, I shall not have a terrible feeling of guilt and shall wait until a more opportune moment." (In his psychiatric evaluation of 1971, Harold reported that he felt disappointed that Benjamin put him on thyroid medication, since he wanted surgery, "so I decided I must be a homosexual and gave up the idea.")

In 1953 while in the Navy, Harold wrote to Benjamin: "my transvestism grows worse daily. I still keep hoping I may undergo the same treatment that Miss Jorgensen had in Denmark." Benjamin responded: "As you know, the operation is at the present moment not feasible. . . . Your own attitude will make you either unhappy, reasonably reconciled or satisfied. . . . You should undergo psychotherapy - best in the form of psychoanalysis - which could help you toward acquiring such an attitude."

Through correspondence with Jorgensen's surgeon, Christian Hamburger of Copenhagen, Harold was informed:

It is not possible to transform a man to a woman. It is possible by surgical operations, including castration, to change the outer appearance of the sex organs to a completely woman-like state. By treatment with female sex hormones the feminine features are enhanced, and a swelling of the breasts

frequently occurs. The hormonal treatment is not expensive, and the whole treatment can be carried out in any country. Unfortunately, the Ministry of Justice has decided in the future to give this permission to persons of Danish nationality only. Consequently, it is not possible for you to have the operations done in this country for the present time at least.

In 1958 Harold again visited Benjamin, having begun hormone treatment that seemed to have affected him well physically, although psychologically he believed they were "taken to reduce my libido and the results were like taking a tranquilizer."

In 1970, 17 years later, Harold again returned to Benjamin, "out of desperation," and described himself:

I have no marked homosexual desires, but a natural desire to be a woman and lead a perfectly normal life. My body is fairly woman-like in appearance and psychologically I am not adjusted to the male way of thinking. Possibly all this could stem from my long history of asthma?! Since the spring I have cross-dressed in public with great satisfaction, and feel I am successful in a woman's role . . . recently I read Dr. B's book and this has convinced me that I am a transsexual, but I have not made up my mind as to surgery. I have never felt myself a woman trapped in the body of a man, but secretly I have always wished I had been born a woman. I feel my inmost psyche is female.

The records do not show whether Harold was ever operated on. If Harold is alive today, he is 59 years old.

Inez came to Benjamin in 1952, at age 52. She was the ninth and the oldest patient, and the only one who had grandchildren. Inez had already lived half of her life as a male, was married and had raised two children. She spent over 30 years seeking out physicians, "in hopes of being operated on," and even wrote to the eminent surgeon Dr. Hartsuiker of Holland, "Since childhood I've always had a great desire to be in female attire, and always acted and thought like a female."

Inez was never encouraged or helped from any sources and was considered a dubious candidate because of her age (54) and her heavy masculine-type body structure, which supposedly at that time, precluded a positive surgical outcome. In spite of all this, Benjamin wrote, "If the operation would be available, despite his disadvantages, I'd favor it as a calculated risk, and a lesser evil than abandoning him in his present unhappy state." Konrad Van Emde Boaz, an eminent Dutch sexologist, helped Benjamin arrange for Inez's conversion surgery in 1955. Inez felt that she was "the only real true transsexual in the world" because she believed that she was the only one who had the courage to complete her operation in three separate stages - castration, peotomy, vaginoplasty - "the only real way to do this." Even after the surgery, Inez remained married to her wife, but also took a common-law husband for a while because, she stated, "I need a male to keep my vagina open."

Inez is a wonderful example of the early three-stage prolonged process form of sex reassignment surgery, which at that time, was not always successful. With all of its difficulties, coupled with her rejections and discouragements, Inez considered herself the "happiest woman in the world . . . and wouldn't exchange places with any man even if given a million dollars." She continued to stay in touch with Benjamin until his death and was always proud to be one of the biographical stories in his seminal work, The Transsexual Phenomenon (Benjamin, 1966b, pp. 248-256). Inez is alive today at age 90.

Benjamin referred to Janet, his tenth patient, as "one of my most interesting cases," and immortalized her biography and tattooed photo in his famous book. Janet's case is a story of rags to riches, of pre-op misery and post-op happiness. Although born a male, she manifested sufficient anomalies at birth to spend the first 13 years of her life as a girl, adored by her mother. An accident and subsequent operation revealed Janet's male genetic condition (anomalous, not hermaphroditic, according to several reputable physicians who examined her), thus causing her untold psychological damage and the loss of her mother's love, who could not accept this "boy monster" who she once accepted totally as her "little girl."

Benjamin wrote, "Since not all such cases of wrong gender diagnosis at birth have the same results, it is possible that the faulty conditioning felt on a fertile soil, in the form of an inborn, constitutional predisposition, the nature of which is as yet unknown."

Janet fought her transsexualism bravely and desperately all her young life: she ran away from home, joined the Navy, tattooed her entire body, jumped ship, attempted two unsuccessful marriages, became both an alcoholic and a morphine addict. After jumping ship in Mexico, Janet lived the happiest year of her life being courted by a young man until he accidentally discovered her "secret," forcing her to give up her "girlhood" to return to the United States and to continue unhappily trying to live the male life. Eventually Janet began a correspondence with Benjamin, who replied sympathetically, "I understand the difficult situation you're in but I do believe a way can be found to help you lead a happier life than you are doing now."

Janet finally met Benjamin in person at age 48, after the last of many self-castration and mutilation attempts in order to get a surgeon to complete the operation she had desired for so long. With Benjamin's encouragement and the inspiration of Jorgensen's story, Janet took a more scientific and intelligent path toward fulfilling her dream. As with Inez, despite her generally masculine appearance and the late age at which she completed her surgery (in her late 50s), Janet's is a genuine success story. Freed from her lifelong gender struggle, her brilliant talent emerged. Janet and a business partner developed an invention sufficiently valuable to be sold eventually for millions of dollars.

Except for her closest and most intimate friends, no one in Janet's life knew that this loved and wonderful woman was not a genetic female. Although she died at 72 of lung cancer, Janet lived her last 25 years in great wealth and contentment.

CONCLUSION

How representative these first 10 patients were of every combination and complexity known to the gender-concerned world today: the true cross-dresser, as Otto; the male-to-female; the female-to-male; a gender-changed couple, as Carol and Christian; the true transsexual who does not require genital reassignment surgery, as were Frank, Harold, and Doris; those with carefully planned surgeries and the desperate self-mutilators; the very young, such as Sally, and the very old, such as Inez, both seeking surgeries and both successful; the very public, as Christine, and the very private, as were most of the rest; from sympathetic and from rejecting families; those who maintained original spouses, and those who were ostracized and abandoned; those whose transsexual conditions existed in addition to, or as part of, borderline psychotic conditions.

The mere contemplation of gender and its conflicts, for most, shakes the very foundations of human personality. Benjamin wrote, "Instead of treating the patient, might it not be wiser and more sensible to treat society educationally so that logic, understanding and compassion might prevail" (Benjamin, 1953a; Wheeler and Schaefer, 1984a). This journey into the lives of 10 remarkable people, whose stories help document the initial history of this medical specialty, will inspire us all to find a way to diminish the paralyzing guilt and the negativity with which these conditions of cross-gender identity and dysphoria are viewed (Green, 1992, 1993). At birth, identification of genital configuration causes a lifetime scripting. Such scripting creates feelings of incongruity and confusion for people with gender identity conditions and disorders (DSM IV, 1994, pp. 530-538).

Perhaps we can consider that there is one other answer to the question, "Is it a boy or a girl?" Perhaps on rare occasions, the answer might more accurately be neither, but instead, a rare and beautiful combination of boy and girl - another color on the gender rainbow (Francoeur, 1991, p. 524; Wheeler and Schaefer, 1984b). Listening to these early historical voices that inspired the development of a discipline in modern medical science, broadens and expands our considerations of the most basic aspect of the human personality - gender. Compassion and acceptance in creative conjecture of gender mosaics can reward us with enriched understanding and expanded life-choices.

2 All patient's names, except for Otto Spengler and Christine Jorgensen, have been changed to protect their identities.

3 A female physician who was a self-claimed recipient of the Congressional Medal of Honor in recognition of her services to the Union Army as assistant Surgeon General (Garber, 1992, pp. 54-55).

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