

Identities Made Flesh: Sex Reassignment Surgeries and Transsexuality

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Although cross-gendered people have existed in different societal forms in other cultures and at other times, transsexuality is a unique twentieth-century phenomenon.¹ This paper will examine the history of transsexual sex reassignment surgeries and the formation of a new transsexual identity. Beginning in Europe in the early 1900s, experiments aiming to surgically change the sex of animals were performed. At that time, the discourses of homosexuality, transvestism and intersexuality also operated, and influenced how people understood others who desired to live as ‘the other sex’. By the 1930s and 1940s, sex change operations were being carried out in Europe, and knowledge of these operations was disseminated through North America by the press. During this time, the idea of a person who desired to surgically alter his or her sex began to be unhinged from definitions of homosexuality, transvestism and intersexuality. After 1953, following Christine Jorgensen’s highly publicized sex reassignment surgery in Europe, the number of non-intersexed North Americans requesting sex changes from their doctors skyrocketed. Doctors were extremely reluctant to perform surgeries on transsexual patients, but by the 1960s, some North American doctors began to grant some patients’ surgical requests. At the same time, social groups and advocacy organizations began to form in order to meet the new needs of transsexual people. Through the first

¹ In this paper, I will generally use the term ‘cross-gendered’ to refer to people who lived (or wished to live) as a gender which did not correspond with their anatomical sex. I distinguish this from ‘transsexual’, which I will use to refer to people who had (or wished to have) surgery in order to change their sex. However, people began requesting surgery before the diagnostic category ‘transsexual’ was created by the medical establishment. Therefore I will at times use ‘cross-gendered’ to refer to people who wanted to surgically alter their sex simply because in such cases the term transsexual would be anachronistic.

half of the twentieth century, the media, new technologies, and changing definitions of sexual diagnostic categories intersected and created a consciousness among cross-gendered people that they could change their sex through surgery. Patient demand for sex reassignment surgeries pushed doctors further in their use of these new technologies, and this demand was itself partially constitutive of an entirely new category of identity. The demand for surgery was one of the key features of being classified as 'transsexual', and thus transsexuals, in dialogue with their doctors, had a role in producing themselves as a new 'type' of person.

The history of transsexualism is tied to that of transvestism, and so I will begin with a brief discussion of the emergence of the category 'transvestite'. Before 1910, there was little consensus among medical practitioners as to what terms were to be used to describe cross-dressers. The practice was variously conflated with homosexuality, labelled as fetishism, or understood through a combination of these and other sexual categories. There were also attempts by sexologists to "create new diagnostic categories [such as] 'gynomania, 'psychical hermaphroditism', 'sexo-aesthetic inversion.'"² In addition, notions of "masquerade, impersonation, or disguise" often found their way into the medical discourse.³ In this way, the idea of cross-dressing as a set of actions, performed by an individual and described through a set of nouns, existed alongside the concept of cross-dressers as a 'type' in need of categorization. The term 'transvestite' was initially created in 1910 by Magnus Hirschfeld, a German doctor who "campaign[ed] actively on behalf of homosexual rights."⁴ Hirschfeld, a homosexual himself, sought to help other sexual minorities, and in this way his motivations differed from other sexologists who were primarily concerned with creating classifications to treat and reform their subjects. Hirschfeld described transvestism as "the impulse to assume the external garb of a sex which is not apparently that of the subject as indicated by the sexual organs."⁵ Hirschfeld believed that "hermaphrodites, androgynes, homosexuals, and transvestites

² Dave King, *The Transvestite and the Transsexual: Public Categories and Private Identities* (Aldershot and Brookfield: Avebury, 1995), 35.

³ King, *The Transvestite and the Transsexual*, 35.

⁴ Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (USA: Harvard University Press, 2002), 18.

⁵ King, *The Transvestite and the Transsexual*, 38.

constituted distinct types.”⁶ After 1910, a separate sexual category of ‘transvestite’ operated within medical discourses.⁷

During this time, experimental sex changes were being carried out in Europe on animals. Eugen Steinach was a physiologist working at the University of Vienna who experimented on rats and guinea pigs. In 1912 he published an article called “Arbitrary Transformation of Male Mammals into Animals with Pronounced Female Sex Characteristics and Feminine Psyche,” and in 1913 this was followed by “Feminization of Males and Masculization of Females.”⁸ Steinach implanted testes into castrated infantile female rodents and ovaries into castrated infantile male rodents. The female animals implanted with testes developed characteristics associated with males and vice versa. Animal behaviour, including sexual behaviour, was thus explained through hormones. As such, Steinach’s project attempted to locate “the essence of sex, gender, and sexuality in the secretions of the gonads.”⁹ In the beginning, research was only carried out on animals. However, this and related research programs quickly came to suggest the possibility of surgical sex alteration in humans. In this way, Steinach’s project became tied to a larger project of discovering the ‘truth’ about the sexed human body. The ‘true’ sex of the physical body was appealed to in order to explain and understand human behaviours. Before long, surgical experiments were being carried out on humans; however, unlike the experiments done on animals, those on humans did not attempt actual sex changes. Beginning in 1915, human testicular and ovarian transplants were performed, from men to men or women to women, as well as from animals to humans. These experiments were not particularly successful since the available technologies were still rather undeveloped, despite “advances in anaesthesiology

⁶ Meyerowitz, *How Sex Changed*, 19.

⁷ Marjorie Garber, *Vested Interests: Cross-Dressing and Cultural Anxiety* (New York: Harper Perennial, 1993), 131-132; King, *The Transvestite and the Transsexual*, 35-41; Meyerowitz, *How Sex Changed*, 18-19.

⁸ Meyerowitz, *How Sex Changed*, 16.

⁹ *Ibid.*, 16.

and antisepsis.”¹⁰ During this time period, surgery remained a dangerous procedure.¹¹

Research continued, however, and beginning in the 1920s, European doctors began to attempt more ambitious projects at the request of their patients. In Germany, Magnus Hirschfield’s Institute for Sexual Science became a centre for surgical sex experimentation. It was during this period that most sex change experiments were carried out. In the course of his work with transvestites, Hirschfield had encountered people who desired castration and the implantation of ovaries. He took these desires seriously, and rather than try to reform ‘deviant’ patients, he began to help people access the surgeries they wanted. Bernice L. Hausman argues in *Changing Sex: Transsexualism, Technology, and the Idea of Gender* that developments in technology “facilitated the emergence of transsexualism at mid-century.”¹² Hausman contends that it was primarily the improvement in glandular technology which led to the development of new surgeries. However, in *How Sex Changed: A History of Transsexuality in the United States*, Joanne Meyerowitz argues that the emergence of sex reassignment surgeries was not simply the result of enhanced technology. Instead, Meyerowitz posits that European developments were initiated due to Germany’s campaign for sexual liberation. Doctors attempted and improved surgeries “because Germany had a vocal campaign for sexual emancipation.”¹³ This argument helps explain why the same surgical techniques, which were available to both European and North American doctors, were used differently. In North America, doctors used the available technologies to remove genitals, breasts and reproductive organs, but only when they were damaged or diseased. What is more, North American doctors did not undertake research into sex change surgeries until significantly later than European doctors. In any case, the first complete genital sex change arranged by Hirschfield was performed on Dorchen

¹⁰ Bernice L. Hausman, *Changing Sex: Transsexualism, Technology, and the Idea of Gender* (Durham and London: Duke University Press, 1995), 27.

¹¹ Hausman, *Changing Sex*, 27; Meyerowitz, *How Sex Changed*, 15-17; Joanne Meyerowitz, “Sex Change and the Popular Press: Historical Notes on Transsexuality in the United States, 1930-1955,” *GLQ: A Journal of Lesbian and Gay Studies* (Vol. 4, No. 2, 1998), 161.

¹² Meyerowitz, “Sex Change and the Popular Press,” 24.

¹³ Meyerowitz, *How Sex Changed*, 21.

Richter in 1922 and 1931. In 1922 Richter was castrated; her penis was removed and a vagina was constructed in 1931.¹⁴

European sex reassignment surgeries continued throughout the 1920s and 1930s and became known in North America through the media. By the 1930s, stories of European sex changes had been translated into English and reported through the press. Joanne Meyerowitz argues that this is how the possibility of sex change surgeries first became known to the majority of North American cross-gendered individuals. Sensationalized news accounts played a significant role in the formation of a new transsexual identity. Articles such as “When Science Changed a Man into a Woman!”¹⁵ which told the story of Lili Elbe’s intersexed condition and surgical change, alerted the public to the new phenomenon of surgical sex change. “American stories of sex change attempted to lure readers with shocking accounts of unusual crossgender behaviour, rare biological problems, and astonishing surgical solutions”;¹⁶ such stories tended to be carried by tabloids and popular sensationalist magazines. The sensationalist tones of these stories caught readers’ attention and helped create a growing consciousness about surgical sex changes. Such articles “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.”¹⁷ In this way, popular accounts helped establish that the ‘sex of the body’ and the ‘sex of the mind’ could differ; surgical sex changes were needed to reveal the ‘truth’ of a body which was in conflict with the mind. In the second half of the 1930s, popular accounts tended to focus on female athletes who became male. This attention “reflected discomfort with women athletes” and played to public concerns about the ‘mannishness’ of female athletes.¹⁸ Despite such negative undertones, these cultural forms of information were appropriated by cross-gendered people in order to fashion a new identity: they began to use the language of the news accounts to describe and understand themselves. Although the categories ‘transsexual’ or ‘transgender’ did not yet exist, people who recognized themselves in, and identified with, the news accounts of sex

¹⁴ Hausman, *Changing Sex*, 24; Meyerowitz, *How Sex Changed*, 18-21.

¹⁵ Meyerowitz, “Sex Change and the Popular Press,” 164.

¹⁶ Meyerowitz, *How Sex Changed*, 32.

¹⁷ Meyerowitz, “Sex Change and the Popular Press,” 164.

¹⁸ *Ibid.*, 165.

reassignment surgeries began to seek out more information and request medical treatment from their doctors.¹⁹

People began to write letters to publications requesting more information about sex changes, but these letters overwhelmingly were met with discouraging remarks. One person wrote to *Sexology* magazine to ask for more information about female-to-male sex changes, to which the editor replied: "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'."²⁰ Accounts of men changing into women and women changing into men continued to appear in the press, despite the fact that American doctors only granted surgical sex changes to intersexed people. However, this did not stop cross-gendered people from requesting information or surgical intervention. It was not until after World War II that magazines began to acknowledge that sex reassignment surgeries were feasible not only for intersexed people. This change reflects a more widespread trend, since "with the dawn of the atomic age, magazines routinely expressed admiration"²¹ for the power of science and technology. One article stated that "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."²² In this way, stories reflected an attitude of admiration for scientific and technological progress. However, very few people would have supported real sex reassignment surgeries performed on real patients, and it is important to note that even doctors generally did not believe sex reassignment surgeries were valid or justifiable. Intersexed people may have been granted surgeries in order to remove any ambiguity about their sex, but people who wanted to move from one physical sex to another were usually met with scorn.

In 1949, the new sexual category 'transsexual' was defined and was distinguished from other categories such as 'homosexual'. The American doctor David Oliver Cauldwell wrote a report on Earl, a man who requested female-to-male sex reassignment surgery, and in the report, Cauldwell coined the term

¹⁹ Hausman, *Changing Sex*, 15-16; Meyerowitz, *How Sex Changed*, 30-41; Meyerowitz, "Sex Change and the Popular Press," 161-167.

²⁰ Meyerowitz, *How Sex Changed*, 37.

²¹ *Ibid.*, 41.

²² *Ibid.*

psychopathia transsexualis to describe Earl. Cauldwell distinguished a transsexual's desire for surgery from an intersexed person's desire, and also from someone with a glandular disorder. Another American doctor, Harry Benjamin, distinguished sex from gender and wrote that "the transvestite has a social problem. The transsexual has a gender problem. The homosexual has a sex problem."²³ Benjamin made clear distinctions between sex and gender, and this helped "identify transsexualism as a 'gender problem', a confusion of psychological sex or of masculinity/femininity."²⁴ This helped establish a 'sex of the self', which was different from one's physical, sexed body. Although it was gender and not sex that was identified as the 'problem' for transsexuals, Benjamin wrote that since it was evident that "the mind of a transsexual cannot be adjusted to the body, it is logical and justifiable to attempt the opposite, to adjust the body to the mind."²⁵ Thus, although one's gender and one's sex could be in conflict, it was only through changes to the body that one's 'true sex' could be revealed, and one's mind and body brought into agreement.

Transsexualism may have been established as its own sexological category at this time, but Cauldwell and others continued to refuse endorsing sex reassignment surgeries for transsexuals who requested them. Benjamin began to recommend patients for surgery, but "only for a few cases and 'only as a last resort'."²⁶ Even with this, he was in the minority. This helps illustrate the power and control with which the medical establishment was invested: doctors were given the authority to name and classify diseases, specify appropriate treatments, and act as medical gatekeepers to the categories they themselves had created. Cauldwell believed transsexualism was caused by an "unfavourable childhood environment' and referred to the use of surgery as 'criminal mutilation'."²⁷ Despite this negative and pathologizing view on the part of Cauldwell and others, transsexuals clearly played a role in the establishment of their new category. Patient demand for surgery was a key feature in deciding who should be 'classified' as a transsexual, and thus patients "actively engaged in

²³ Hausman, *Changing Sex*, 125.

²⁴ *Ibid.*

²⁵ Hausman, *Changing Sex*, 125.

²⁶ Meyerowitz, *How Sex Changed*, 104.

²⁷ King, *The Transvestite and the Transsexual*, 43.

producing themselves as subjects.”²⁸ Although doctors and patients both played a role in establishing this new identity category, the medical community was clearly invested with significantly more power. Patient demand helped establish transsexualism as a new category, but ultimately, transsexuals were at the mercy of their doctors when it came to treatment.²⁹

Although transsexualism was named as such in 1949, as a new category it had a fairly low profile until Christine Jorgensen’s highly publicized sex change in 1953. It is clear that by the early 1950s, sex reassignment surgery was known to medical doctors and, to a lesser degree, to some of the general public. 28 cases of transsexualism had been published before 1953. Of this number, 16 had had some kind of surgery. All 16 had undergone castration and seven had had penectomies. In six of these cases, artificial vaginas had been created: two in 1931, one in 1947, two in 1950, and one in 1952.³⁰ Such cases may have been reported in sensationalized news accounts, but it was not until Christine Jorgensen’s case that transsexual sex reassignment surgeries were brought out of the closet and into the public eye.

Christine Jorgensen was born in 1926 as George William Jorgensen Jr. As a man, Jorgensen had a sense of his cross-gendered identification from the time he was young. He felt alienated and alone, but like others, when he heard about the possibilities of sex change surgeries in the press, he began to feel hopeful. Jorgensen read about sex reassignment surgeries for the first time in 1948, and began consulting doctors for information and treatment. He had heard of an American doctor who was researching the effects of hormones on animals (much as Steinach had done about 35 years earlier). Jorgensen thought that his condition might be the result of a hormonal imbalance. However, the doctor he consulted did not offer any kind of examination or treatment, but instead referred him to a psychiatrist. Jorgensen later summed up the experience by saying “No examination. No questions. No answers. Nothing.”³¹ He continued reading about medical advances in the area of sex change surgeries, however, and soon decided to self-medicate with the use of hormones.

²⁸ Hausman, *Changing Sex*, 111.

²⁹ Hausman, *Changing Sex*, 118-120; King, *The Transvestite and the Transsexual*, 43; Meyerowitz, *How Sex Changed*, 42-45.

³⁰ King, *The Transvestite and the Transsexual*, 41.

³¹ Meyerowitz, *How Sex Changed*, 55.

Jorgensen obtained oestrogen, which he took for two years. In 1950, he travelled to Europe in order to seek medical help from doctors there. Jorgensen had read and heard about European surgeons who were willing to perform sex reassignments, and in Copenhagen, he met with Dr. Christian Hamburger who agreed to experiment on Jorgensen for free. After the first year of hormone treatment under Hamburger, Jorgensen told his friends “Skin clear and smooth, body contours definitely more feminine . . . Of course, I am my same old self inside only much happier.”³² Hamburger reported that Jorgensen was “now in a state of mental balance, psychically at ease; he was freed from his mental stress and worked with increased vigour and inspiration.”³³ In 1951, Jorgensen’s testicles were removed, and in 1952, so was her penis. It was at this point that Jorgensen renamed herself Christine and began to live as a woman. She later had a vagina constructed while in the US, against the advice of her first doctors.³⁴

Christine Jorgensen’s story exploded into the press in a way that the transsexual stories that preceded her did not. She became a household name, and her celebrity was covered in the mainstream press, tabloids, counter-cultural newspapers and magazines. The number of self-identified transsexuals requesting surgeries from their doctors skyrocketed. Throughout the 1950s, transsexual social networks developed, and these helped to “offer emotional support and foster a sense of community” among transsexuals.³⁵ Interestingly, it was overwhelmingly male-to-female transsexuals who began demanding surgery and this difference in numbers could have been due to a number of factors.³⁶ First, as a male-to-female, Jorgensen may not have been as much of a role model for females wishing to become male. Economic concerns may have also played a role, since women would have earned less money than men and thus would have less access to costly medical procedures. Additionally, the technologies for phalloplasty were not as developed at the time, and so females may have been reluctant to undergo new and untested procedures. Nevertheless, “in less than a

³² Meyerowitz, *How Sex Changed*, 59.

³³ *Ibid.*, 59.

³⁴ Hausman, *Changing Sex*, 149-150; Meyerowitz, *How Sex Changed*, 51-61; Meyerowitz, “Sex Change and the Popular Press,” 171.

³⁵ Meyerowitz, “Sex Change and the Popular Press,” 177.

³⁶ *Ibid.*, 174-177.

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.’³⁷ Of these, 180 were from the United States.

Transsexuals used stories they read in the press to find doctors who might be sympathetic to their concerns, but they also used the language and diagnostic categories of these stories to phrase their demands. In this way, transsexuals began to use the discourses available to push doctors into providing them with the surgeries they needed. Thus, press coverage “provided material resources that could give isolated readers a sense of community as well as a sense of possibility.”³⁸ However, most doctors still did not believe sex reassignment surgeries were legitimate, and even those who did continued to be extremely reluctant to provide surgeries to people who were not intersexed. This led to issues of power and control, and often, patient-doctor relationships were characterized by mistrust on both sides. The case of Agnes’ sex reassignment surgery is helpful in understanding this.³⁹ Agnes presented herself to doctors in 1958 as an intersexed female. Although she had been raised as a boy, Agnes had always seen herself as a girl, and claimed that during puberty she had developed breasts and began to live as a woman. Agnes wanted to have her penis removed and a vagina constructed. Doctors evaluated her and eventually agreed to the operations based on her intersexuality. Several years later, she told doctors that she had actually taken oestrogen since she was twelve, and was not intersexed at all – she was a transsexual. At the time of her surgery, Agnes was young and not very well off economically; this was her only way to obtain the surgery she felt she needed. Patients knew that if they told doctors what they wanted to hear, their chances at being recommended for surgery would be drastically increased. This power inequality did not create an environment where transsexuals could feel free to share their true feelings. In turn, doctors, scientists and researchers viewed this tendency with mistrust. Doctors concluded that transsexuals were “unreliable historian[s] . . . unable to recall very well, or inclined to distort.”⁴⁰

³⁷ Meyerowitz, “Sex Change and the Popular Press,” 175.

³⁸ Meyerowitz, *How Sex Changed*, 92.

³⁹ Hausman, *Changing Sex*, 117-119; Meyerowitz, *How Sex Changed*, 159-161; Vivian K. Namaste, *Invisible Lives: The Erasure of Transsexual and Transgendered People* (USA: University of Chicago Press, 2000), 192-194.

⁴⁰ Meyerowitz, *How Sex Changed*, 161.

In the 1960s, as American doctors slowly began to perform sex reassignment surgeries on patients who were not intersexed, transsexuals attempted to present themselves as 'normatively transsexual'. They would often describe their problems using a standard narrative based on the available diagnostic categories. This occurred because "the increasingly narrow taxonomic classifications of 'aberrant' gender behaviours . . . specif[ied] the exact behaviours and histories necessary to obtain the appropriate diagnosis."⁴¹ Doctors were granted the authority to classify patients into appropriate categories, but patients were able to use these same discourses to their advantage. Transsexuals were typically well-read on their condition, whether through medical publications or popular accounts. They knew that what they told doctors could either help or hinder them in their quest for surgery, and so it was in their best interests to present a life which did not contradict their diagnostic category. In this way, patient-doctor relationships became characterized by mistrust on both sides. Nevertheless, by using the available medical language, transsexuals were able to begin pushing doctors further in their use of the new medical technologies.⁴²

Sex reassignment surgery continued to be difficult to obtain in the 1960s: operations were expensive and were not covered by health plans. Additionally, most doctors still refused to perform surgery on non-intersexed patients. However, change had begun. In 1966, for example, John Hopkins Hospital announced a new program to provide sex change surgeries. Surgery seemed to become a realistic possibility, especially for transsexuals who could not afford to travel to Europe for surgery. The hospital was inundated with over 2000 requests, but only provided 24 surgeries. In this way, the program did not provide much of a practical difference, but it was symbolically important. It lent some cultural authority to transsexuals' requests for surgery, and other programs soon began to develop. Transsexuals who still could not obtain surgery because of economic reasons, or because they were not approved by doctors for treatment, continued to use strategies such as chest binding, electrolysis and cross-dressing. Transsexual social networks had developed in the 1950s, and in the 1960s, advocacy groups such as the Erickson Educational Foundation were

⁴¹ Hausman, *Changing Sex*, 118.

⁴² Hausman, *Changing Sex*, 117-118; Namaste, *Invisible Lives*, 193.

established in order to “promote research on, understanding of, and assistance to transsexuals.”⁴³ In this way, transsexuals who wished to do so could now express their identities within a larger trans-identified community.⁴⁴

New technologies, the press, and changing diagnostic categories converged in the twentieth century to give cross-gendered people knowledge about the possibility of surgically transforming their sex. In the 1930s and 1940s, European sex change operations were reported in North America, and non-intersexed people who wanted their own surgeries began seeking out more information. After Christine Jorgensen’s sex change in 1953, sex reassignment surgeries were still commonly reviled by the general public, but the issue became a topic of household conversation. North American transsexuals flooded their doctors with requests for surgery, and patient demand for surgical sex change became fundamental to being classified ‘transsexual’. By the late 1960s, social groups and advocacy organizations had begun to form in order to meet some of the new needs of a transsexual population. Change was slow in coming, however, and all too often today there is still a stigma against people who are transsexual. Because transsexuals must continue to rely on the medical community in a way that other sexual minority groups do not, it is important to understand the role patient-doctor interactions have had, and how these interactions have historically operated to form a new identity. Through dialogue with doctors and scientists, transsexuals had a role in producing themselves as a new ‘type’ of person.

⁴³ Meyerowitz, *How Sex Changed*, 210.

⁴⁴ Meyerowitz, *How Sex Changed*, 185-186, 208-210, 220-222; Meyerowitz, “Sex Change and the Popular Press”, 177.