INFORMATION
FOR THE
FEMALE-TO-MALE
crossdresser
and
transsexual
**TABLE OF CONTENTS**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>The Difference Between Sexual Identity and Gender-Role Preference</td>
<td>5</td>
</tr>
<tr>
<td>Crossdressing</td>
<td>5</td>
</tr>
<tr>
<td>What is Transsexuality?</td>
<td>11</td>
</tr>
<tr>
<td>How Does a Transsexual Feel?</td>
<td>13</td>
</tr>
<tr>
<td>How Did It Happen?</td>
<td>15</td>
</tr>
<tr>
<td>Possible Biological Causes</td>
<td>17</td>
</tr>
<tr>
<td>Possible Psychological Causes</td>
<td>19</td>
</tr>
<tr>
<td>Psychological Treatment</td>
<td>20</td>
</tr>
<tr>
<td>How to Look 30 When You Are 30</td>
<td>22</td>
</tr>
<tr>
<td>Clothing</td>
<td>22</td>
</tr>
<tr>
<td>Face, Hair</td>
<td>23</td>
</tr>
<tr>
<td>Body Language</td>
<td>24</td>
</tr>
<tr>
<td>Clothing and Shoe Sizes</td>
<td>25</td>
</tr>
<tr>
<td>Breast Binding, The Crotch</td>
<td>26</td>
</tr>
<tr>
<td>The Men's Room</td>
<td>27</td>
</tr>
<tr>
<td>Sex Reassignment</td>
<td>29</td>
</tr>
<tr>
<td>Hormone Therapy</td>
<td>29</td>
</tr>
<tr>
<td>Surgery</td>
<td>31</td>
</tr>
<tr>
<td>Homologues in Female &amp; Male Urogenital Anatomy</td>
<td>34</td>
</tr>
<tr>
<td>Accepting the New Man in the Family</td>
<td>36</td>
</tr>
<tr>
<td>Your Sex Life - Thoughts to Consider</td>
<td>38</td>
</tr>
<tr>
<td>Contacts/Referrals</td>
<td>41</td>
</tr>
<tr>
<td>Readings</td>
<td>43</td>
</tr>
<tr>
<td>...And Films</td>
<td>45</td>
</tr>
</tbody>
</table>
The unique problems and needs of the female-to-male transsexual and crossdresser have largely been ignored in the literature to date. One must plow through volumes of material directed to the male-to-female in order to find a few sentences concerning the female-to-male. When the female-to-male does find something, it will most likely be a few vague sentences here and there or information not relevant to her situation, especially if she is a transvestite or transsexual with non-textbook inclinations. Is it because the male-to-female is more visible, vocal and numerous that he is granted more notice in the medical world? Possibly. There are an estimated 6,000 transsexuals in the United States, and we are told that every day three Americans change their sex. In the early research and study of transsexualism, only 25% of the transsexuals coming to the attention of the medical world were females. Now the professional community acknowledges the female-to-male makes up an even 50% of the total transsexuals. However, even now, female-to-male transvestites are said to be non-existent. Maybe because they are less visible and vocal, more closeted and guilt-ridden. This booklet is compiled to give the attention to the female-to-male so sorely lacking in information on transvestism and transsexualism.

Paradoxical though it may seem, the women's liberation movement has assisted in the "coming out" of the female-to-male. In 1869, Elizabeth Cady Stanton (friend of Amelia Bloomer and Susan B. Anthony) wrote in the Women Suffrage Association newspaper, The Revolution, that she believed the day would come when the sexes were dressed as nearly alike as possible. She mentioned how a young New York woman had travelled all over Europe and America in male attire and, thanks to it, had enjoyed a masculine independence and security. "When we have a voice in legislation, we shall dress as we please," wrote Stanton, "and if, by concealing our sex we find that we, too, can roam up and down the earth in safety, we shall keep our womanhood a profound secret."

Dress was such a topic at the first national women's rights convention in Worcester, Mass., in 1850 that one commentator wrote: "It would hardly be outstripping facts to say that the husk and shell, so to speak, of every question now being raised for debate in America as between sex and sex belongs to the domain of the milliner and the tailor. What are the proper kinds of clothes for a free woman to fold about her limbs? Is the gown a final form of dress? Is the petticoat a badge of shame? Does a man owe nothing to his hat, his coat, his pantaloons, his boots? In short, can a female be considered an equal to a male until she has won the right to wear his garb?"

Ethel Kimball (born 1892) lived in Boston as James Hathaway and, after two years' courtship, married a woman who knew. "I wore men's clothes because I wanted to approach life's problems from a man's viewpoint."
Though she never tried to pass as a man, Dr. Mary Edwards Walker (1832-1919) regularly wore men's clothes...including top hat...the last 52 years of her life. In 1865 she was awarded the Congressional Medal of Honor for meritorious service while a surgeon in the Union Army. Her first book, Hit, was dedicated "To the Practical Dress Reformers...who have been so consistent in your ideas of the equality of the sexes, by dressing in a manner to fit you for the duties of a noble and useful life." Two years before her death, Walker was one of 911 who were stricken from the roll of Medal of Honor holders "because the occasion for its giving was not of record in the War Department archives," but in 1977 the Army restored the medal to her--the only woman who ever won it.
Through a greater awareness of themselves as sexual beings, many females have found the "men" within. Women of all ages are becoming aware of their "masculine" qualities and embracing these qualities as part of a well-rounded personality. The female-to-male is now more apt to accept herself—and her sexuality, in whatever form it manifests itself.

There are many ways in which a female may express "masculinity": from the woman who is sexually attracted to other women, to the woman who is turned on by men's underwear, to the woman who wears men's clothes after work or on weekends, to the woman who is accepted as "one of the boys," to the female who passes as a male once in a while, or who makes the commitment to live the rest of her life as a man. All of these are satisfying and acceptable ways of expressing what society calls "masculinity." The possibilities are endless.

Oftentimes women who have affectional or sexual preferences for other women have many questions and doubts concerning their own femininity. Even with the gay pride movement, there is little in society to convince a woman that she can live a happy life loving another woman. The media has not legitimized the relationships of women-loving women and, especially in small towns and rural areas, such women are either completely invisible or "outside" of the mainstream of society. A young woman who is aware of her attraction to other women, but knows she is not "on the outside" or so unlike the rest of society, may find it extremely difficult to define her place in society, to shape a life for herself which encompasses her sexuality and need for affection. She may wonder, because she feels towards other women as a man is supposed to feel, if she was meant to be a man, and she may wonder if pursuing the path of the female-to-male may help her find a happier place in society. Or she may feel "detached" from her body and have a secret desire to be a man, and wonder if life would be better if only she could change.

These are questions that cannot be easily answered and it is best for someone with these questions to explore all the options available. This might entail relocating to a more cosmopolitan area in which people of many lifestyles have found each other and formed supportive communities. Most large cities have organizations to help women find their place with women of similar likes and dislikes. The best advice is to talk to many women—and men—of many different lifestyles. Imagine yourself in their place, or how you might modify their situations to please yourself. Attend many functions, see many things. Through communication will be gained a better understanding and exposure to alternative lifestyles and possibilities—a necessity to finding your special place.
Unfortunately, it is still true that the female-to-male, even when still a female, is often badly misunderstood and/or ostracized from many lesbian and women's sexuality support groups. The change from female to male seems to threaten some women's political self-righteousness— as though this deeply personal trauma felt by only a few could possibly affect women's gains. Women's rights were championed by the female-to-male of years past, those women who dared to wear trousers which enabled them to come and go as they pleased instead of being confined to the shackles of feminine frippery. The female-to-male is no threat to the ultimate superiority of the female body. Men and women are not the same. Men in male bodies have a lower life expectancy than women in female bodies. The female-to-male's perception of self as "male" does not stem in total from social role disharmony (read further on, "How Does a Transsexual Feel?"). Women should realize that the female-to-male is a complex treasure of insights into the many ways we all (men and women) express ourselves physically and mentally. The female-to-male usually looks first to sexually and politically aware women to help make sense of their sexual dichotomy, seeking information to guide them and emotional support. Males do not have the market on "sexual dysfunction." The sooner society accepts the varieties of active sexual expression in women and girls, the better will be the positive self-concept and body image of the females of the future. A word of advice from a woman who wrote to the newspapers in 1897 in defense of a female-to-male crossdresser: "I do not know Miss B., but she is a woman, and I do not think it a woman's place to try to injure a sister because she does not happen to live just as we do; and if she wants to wear men's clothes and have sixteen pockets, it is none of our business." Don't let stereotypes or false assumptions cloud your vision—check it out. You'll want to be able to say that you've been there, that you've personally experienced each road, and that you've selected the one you liked best. This process will (and should) take years—but it's an important investment in the rest of your life. Avoid any hasty decisions. Don't miss out on something because you were afraid! A good therapist with experience in the gender identity field can be invaluable if you feel the need to talk about it. Communicating with other female-to-males, if only by telephone or mail, is imperative.

A Soquel, Ca. firehouse bears the following plaque: "The first ballot by a woman in an American presidential election was cast on this site November 3, 1868 by Charlotte (Charley) Parkhurst who masqueraded as a man for much of her life. She was a stagecoach driver in the Mother Lode country during the Gold Rush days and shot and killed at least one bandit. In her later years she drove a stagecoach in this area. She died in 1879. Not until then was she found to be a woman. She is buried in Watsonville."
A distinction must be made between basic sexual identity (am I a boy or a girl?) and gender-role preference (do I prefer typically "masculine" or typically "feminine" things?). While many girls of 7 or 12 prefer participating in the more adventurous and autonomous activities of same-aged boys, they see themselves as females. They have adopted a masculine gender-role preference but maintain a basic female sexual identity. With adolescence, social circumstances change such that advantages accrue from being a girl and gender-role behavior modifies accordingly. Because tomboyishness usually arouses no concern in parents and society, very few tomboys are brought for evaluation by gender identity professionals and consequently the understanding of the development of an enduring masculine identity in young girls is at a primitive level. Our culture has changed quickly and dramatically in its perception of what typically masculine things girls can do and still be "feminine." Girls are now encouraged to do things for which, 30 years ago, they would have been punished.

CROSSDRESSING

A young woman going through puberty, becoming aware of herself as a sexual being, and realizing that men's clothing or underwear turn her on can be a very isolated and frightened person. Nowhere has any erotic connotation been associated with men's garments, and there is little mention, even in this sex-conscious society, of other women who feel the way she does. She may comb libraries trying to understand her feelings, only to find the leaders in the gender identity field ambivalent even about her existence:

I have never seen or heard of a woman who is a biologically normal female and does not question that she was properly assigned as a female, who is an intermittent, fetishistic crossdresser. There are an extremely rare number of females who dress all the time as men, live as men, work as men—in fact pass unrecognized in society as men. These women are transsexuals, they wish to be males, live in all ways as a man does. They cannot stomach sexual relations with men; they are aroused only by women. Men's clothes have no erotic value whatsoever; these people have no clothing fetish. Neither they nor other women have a fetishistic relationship to male apparel: they do not become sexually

In the late 1800's, Madame Dieulafoy discovered the ruins of the Temple of Darius, an accomplishment for which the French government decorated her with the Order of the Legion of Honor, and gave her the right to wear men's attire at all times.
In 1906, Vesta Tilley, known in London as "Algy," was the highest paid male impersonator, earning $10 for each minute she occupied the stage in New York, singing vaudeville ditties entitled, "The Piccadilly Johnny With the Little Glass Eye" and "Following in Father's Footsteps."
excited by such objects. It can be said that there are male transvestites and male transsexuals; among women there are female transsexuals but no female transvestites.

Sex and Gender, by Robert J. Stoller (New York: Science House, 1968)

Female transvestism seems to be rare or of somewhat doubtful reality. Women’s fashions are such as to allow a female transvestite to indulge her wish to wear male attire without being too conspicuous. Her deviation has been considered merely arrogant...."


Is it any wonder that the female crossdresser hesitates to come forward? It would be quite a stigma to be known as the world’s first and only woman who gets off on jockey shorts! Are gender specialists actually encouraging women to take the transsexual route by denying a possible existence as a “female transvestite”?

Until recently (and it is still true in many places) it was not socially acceptable for a woman to admit ANY of her sexual desires. Women could not admit that they wanted sex, enjoyed sex, or that they masturbated. While it was “naughty” for boys to do, girls (we were told) simply “never did” such things! Maybe women in men’s clothes have been tolerated and overlooked because society found it improper to believe such behavior could mean anything sexual to a woman. Our society is presently struggling to accept the fact that women DO desire sex and find it as pleasurable as men do...and that women find the body sexually exciting. It will probably take a long, long time for society to accept the fact that some women are sexually stimulated by men’s clothes, or by the fantasy of being a man, or of being a man in a woman’s arms.

Women are now finally admitting to rich fantasy lives—several books of these fantasies have been published. It is especially liberating to find your own fantasies shared by others. Yes, there are others who do it! Consider a few of these:

"My husband left some of his clothes behind when he was here last, and the other thing I like to do is dress up in them. I especially like to put on his underwear. The fly

Rosa Bonheur (1822-99), French painter of animals, was issued a permit to dress legally as a man in 1857. "As for males," she once said, "I like only the bulls I paint."
front just fascinates me. That's when I like to put another Tampax in, through the slit opening, and I try to get it so that it hangs out...not all the way in, you know? But the angle is wrong, isn't it? I mean, men have it coming out in front, but the Tampax just points down, and you can't sit down naturally. But it's very exciting and I imagine that I'm Harry, just dressed in these slit-front shorts...."

"Sometimes I like to imagine what it would be like to have a penis like a guy and have sex with a girl."

"My 'fantasy' lover is always with me day and night, and I find her very exciting. She is a 'masculine'-looking woman dressed in 'drag' (men's dress). When we go to bed she is very gentle and understanding and a great lover--much better than a man. I would never exchange her for a man."

three different women in My Secret Garden, by Nancy Friday (New York: Pocket Books, 1973)

Male dress gave her a sense of freedom and enhanced the fantasy of her masculinity while she was making love to boys or girls. When she wished to look feminine, she borrowed the dresses of an effeminate homosexual with whom she was living. 'I have tailored slacks because I think it's pathetic to run around in pants with a fly. It looks like a sad imitation. I can be a masculine girl, but not a man.'

Dr. George W. Henry in All the Sexes (New York, 1955)

I have a drawer full of men's underwear and socks. I even have a couple of jock straps that I like to wear. I put on the jock, the shorts, a pair of trousers and a shirt. Then I have this full-length mirror that I stand in front of and look at myself. Finally, I try to imagine that I AM a man...I know that I'm not and never will be, but I really dig on the fantasy.

It is doubtful that Calamity Jane ever had a skirt on in her life. She won fame as an Indian fighter, hunter, trapper, scout, poker player and miner in the Black Hills. She always associated with men and lived a man's life, although she outlived a dozen husbands. In 1901, at age 48, she was admitted to a Montana poorhouse to end her days. "She never sought a quarrel, but never would go more than a thousand miles out of her way to avoid one, and was quick to avenge any insult to her sex."
You know, when I finally worked up the courage to tell my husband that I really dug dressing in men's clothes, I thought he was going to pass out. He simply couldn't handle it. He wanted me to go to a psychiatrist immediately.

I have a favorite fantasy that I hope some day to be able to fulfill. I'd like to strap on a dildo—I have a couple of them and I do this alone maybe twice a month—but I'd like to do it with a man. Anyway, I'd strap on the dildo, put on the shorts, hell, everything, and then the man and I would start to talk about sexy stuff. We'd talk about anything and everything that excited us. Maybe even look at some porno movies or books. Have a couple of drinks to lower the inhibitions. Then, we would discuss mutual masturbation. I mean masturbating ourselves together, not masturbating one another. Finally, he would take out his dick and I would take out my dildo and we would give them a working over.

"Interview with a Female Transvestite," by Bruce Arthur, Nugget Yearbook, 1980

Probably the most important and reassuring thing for a female crossdresser to know is that, yes, there are others like her. Crossdressing has by no means been a male preserve...in fact, in the 17th and 18th centuries, there are more recorded cases of women who dressed and passed as men than vice versa. There are women who become aroused by wearing men's underwear, by slipping on a man's starched white shirt or wingtip shoes. There is nothing "unnatural" about her feelings. She should strive to understand and accept her own individual motives and feelings as good and right for her. The female crossdresser can enjoy this eroticism throughout her life, and may even find a sexual partner who is willing to incorporate her transvestism into their sexual play.

Female crossdressers may take on as many aspects as male crossdressers. She may only be interested in having a few specifically erotic items of male apparel for sporadic masturbatory sessions. She might want to wear male underwear throughout the day under her usual female clothing, or only to bed at night. Some come home in the evenings to shed their female clothing and don their men's clothing. To the public eye, she does not appear unusual at all—yet she knows it's a little more than just "slipping into something more comfortable."

Katherine Voebaugh (1827-1907) spent 60 years as a man, working as a bank clerk, restauranteur, cook and sheepherder. "Frenchy" contracted pneumonia and his secret was discovered in a hospital in Trinidad, Colo. where, clad in regulation men's attire, he worked the last two years of his life, known by the nickname 'Grandpa.'
WHAT IS TRANSSEXUALITY?

Dr. Harry Benjamin, who knew Sigmund Freud and Havelock Ellis, coined the term “transsexual” and, at age 81, published the classic *The Transsexual Phenomenon*. Heralded as one of the world’s pioneers in the field of sexology, this “Father of Transsexuals,” who recently celebrated his 100th birthday, identifies four principal fundamental motives why transsexuals seek sex reassignment:

1) **sexual motive**—to have a sexually functional body

2) **gender motive**—to be free to live in their chosen role

3) **legal motive**—to legalize their lifestyle of crossdressing and living as the opposite sex

4) **social motive**—if the patient has markedly opposite-sex manners or appearance

People who wish to change their sex are not recent developments. Since the beginning of time there are records of women who disguised themselves so they could live as men. A sampling of these life stories are sprinkled throughout this booklet. Some passed their entire lives without anyone discovering their true sex. Think of the isolation, the loneliness, the fear these individuals experienced every single day of their lives. Think of the pleasures of everyday living that others take for granted that were completely out of reach for these people: the lack of physical intimacy; the bindings and self-made undergarments worn in desperation to alter their bodies; the loss of family and friends who knew them “before” and whose love and friendships had to be sacrificed to minimize the risk of discovery; the inaccessibility of medical attention (many died of diseases because they could not risk revealing their secret to a physician). An educated understanding of transsexualism and medical treatment of those experiencing this condition are now righting those wrongs.

Is sex reassignment surgery moral/right? “If a patient came to you and wanted you to remove his normal left eye or his right hand, would you do that, just because he asked you to?” A patient who comes in with such a request is, on the face of it, acutely psychotic. Transsexuals are not psychotic. Further, transsexuals do not want a useful organ removed, reducing their efficiency; but they want a more or less (to them) useless sexual equipment altered so that a more or less useful (to them) equipment will result.

Havelock Ellis reported the case of “Bill,” who in 1909 at age 22 had lived since age 13 as a man, and once served as local secretary of the International Brotherhood of Bollermakers in St. Louis.
In 1895 Milton B. Matson, "an English swell, much addicted to silk hats, patent leather boots and other fine raiment," was arrested in Los Gatos, Calif., for signing checks made out to Luisa E. B. Matson, and finally admitted they were one and the same person. When approached by the press, Matson declared, "It seems outrageous that a man cannot have any peace, but must be badgered to death by reporters! Why, I have been wearing this style of costume for the last 26 years and I wouldn't wear any other. This thing of being skewed up in tight waists and subject to the flapping of petticoats is to me unbearable. I never did enjoy the feminine style of dress, and before I took to men's clothes out-and-out, used to get myself up as much like a dude as possible." After 3 weeks in jail, the charges were dismissed and Matson left wearing his male attire, five days later signing a contract with one of the dime museum managers of San Francisco: "Her part will not be a difficult one. She will be faultlessly attired in patent leathers, a handsome dress suit, embroidered linen and a white tie. She will recline in an easy chair on a little platform for the benefit of the curious public. She will answer questions and chat with the socially inclined." Matson regarded this fate as "one of the inevitables of life."
HOW DOES A TRANSSEXUAL FEEL?

Sex roles and their influence on transsexualism is a big controversy. Feminists have typically lashed out at transsexuals, condemning the male-to-female as a threat to womankind and arguing that female-to-males should accept themselves as strong, liberated women/lesbians, instead of crossing over to the "other side" and "denying their femaleness." But transsexuals don't go to the "other side" to conform to stereotypes. It's absurd to think people would so readily lop off body parts just to be a "more masculine" corporate executive. They go to the other side because it is the only way to express on the outside how they feel on the inside (the same reason gays come out).

There are reasons other than predefined sex roles for our behavior towards one another. Stereotypical sex role behavior should not be confused with the way our bodies (sexuality) govern our relationships with men and women. As long as there are heterosexuals and homosexuals, women will never relate to men the way men relate to men, and men will never relate to women the way women relate to women, despite the breakdown of rigid sex roles. This has nothing to do with being passive or aggressive, feminine or masculine. It has to do with relating to someone from the groundwork of our basic sexuality. As long as the naked body elicits responses from men and women, there will be transsexuals. Women who adjust their bodies to look like men do so in order to relate to men the way men relate to men, and to women the way men relate to women, be they gay or straight.

Transsexuals understand the subtleties of role-playing...they have participated in an unnatural role throughout their lives, very much the same way a gay person faces the unnatural role of heterosexuality much of their lives. Transsexuals also understand the subtle similarities between men and women, and are living examples that men and women are not so different. In addition, the transsexual understands first-hand the physical influence of living in the body of each sex, how hormones affect behavior, how the shape and sexual attributes of one's body affects the person within that body. It is simply not true that penis-or-vagina is the only difference. Even the feminist movement has abandoned the hypothesis that men and women are the same. Men and women are very different, but women and men are also very similar. In The G-Spot, and Other Recent Discoveries About Human Sexuality, a book all female-to-males should read, the authors say, "The evidence we present indicates that women and men are more alike sexually than had been previously imagined."

Johann Burger was arrested in St. Louis, 1908, for male impersonation and "abduction", as his marriage to a young woman was called. Burger declared she "felt herself wholly like a man," saying a mistake of nature resulted in her female body and that she "would suffer any penalty" rather than wear women's clothes.
The transsexual’s inability to adjust to sex-role expectations is not the entire sphere of the transsexual’s predicament. Most people experience some discomfort with role expectations, as clearly demonstrated in the women’s liberation movement, but they have no question in their minds whether they are men or women. More profoundly, the transsexual experiences a distorted body image. Dealing with one’s thoughts and feelings is one thing; dealing with one’s physical sexuality is quite another. To identify strongly with the stereotypical thoughts/feelings of the opposite sex can be a dichotomy, but to identify strongly with the physical attributes of the opposite sex is totally disorienting.

Even before pursuing any medical/surgical/hormonal change, the female-to-male experiences her male body every single day of her life. Through strong engulfing fantasy, she “feels” her broad shoulders, “feels” her flat chest, her low voice. She feels a need to carry more bulk between her legs, and may wear padding. With this self-image, she is met in the mirror every single day of her life by someone she doesn’t recognize. She knows she has a female body, but it is something that doesn’t jive with her self-perception. She knows she has breasts, but considers them growths that have no pleasurable sensation.

As a young girl, it is easier for the female-to-male to identify her body with males, and fantasize she is one, because her chest is flat like theirs. With adolescence comes menstruation and breasts growing from her chest. Her body is clearly no longer like a boy’s. She may be ashamed of these developments and/or very ambivalent about the sensations in them. At first she may think that all girls go through this feeling, that it is “all part of growing up,” and with time she will learn to enjoy her new body. Male children and adolescents do not experience these drastic body changes, i.e., new body parts growing where before there were none. Females are expected to “naturally” welcome these newly-formed growths and experience pleasurable sensations in them; however, this does not always come “naturally,” especially to the female-to-male.

This strong daily identification with the physical form of the opposite sex is what transsexuality is all about. It is the hardest thing for non-transsexual people to understand. It is what urges transsexuals to the seemingly unbelievable act of surgically adjusting their bodies to conform to their self-perception.

---

In 1936, six months after the death of his wife of 28 years, Dr. Eugene C. Perkins, 67, died in suburban La Jolla, Ca. On the death certificate, Perkins’ sex, first marked ‘male’, was crossed out after examination of the body and ‘female’ written in red ink. Perkins was known as a man in La Jolla during 12 years of medical practice there.
Our individual basic sexuality (heterosexuality, homosexuality, bisexuality, asexuality) defines who and what we are and pervades our daily existence. Transsexuals seek sex reassignment so they can relate to other men and women from the basis of their socio-sexual self-perception. They have struggled in the body in which they were born trying to relate to others from a non-existent level. Genetic males who seek sex reassignment wish to relate to women the way women relate to women, and genetic females who seek sex reassignment wish to relate to men the way men relate to men.

The issue, once more, is that our basic sexuality governs our relationships with others. Women react to a naked man in a different way than they react to a naked woman—this fact will never change—and to say that living in a body which is not perceived as "yours" is extremely embarrassing and limiting is an understatement. The female-to-male transsexual who is attracted to women does not feel the way a lesbian feels. Gay female sexuality revolves around the contact of two female bodies. The female-to-male transsexual's sexuality revolves around the contact of a man's body and a woman's body—with the transsexual participating in the man's body.

It is helpful to remember that sex reassignment does not change the person inside the body. The female-to-male will wake up every morning as the same person he was before. What does change is his outer appearance to others. What does change is how other people act towards him. If liberationists feel it is wrong that a person needs to change their sexual status in order to live comfortably in this world, they need to point their finger not at the transsexual, but at our society, which sees fit to treat the two sexes so differently. The blame does not lie with the individuals who have become the victims of this disparity.

**HOW DID IT HAPPEN?**

The two principal theories on the possible origin of transsexualism revolve around either a biological, inborn cause (genetic and/or endocrine) not necessarily inherited, or with purely psychological causes. The process of achieving a complete gender identity is a developmental progression, beginning with genetic foundations and ending with social learning. A specific turn of events at any one stage of the progression may not directly cause a certain twist in the final identity, but any sway in the structure may make each following developmental level more vulnerable to a specific direction. But, as research continues, even those in the psychiatric professions are more and more convinced that the cause of transsexualism is genetic.
Born in 1892, Alberta Lucille Hart began living permanently, at age 27, as Dr. Alan L. Hart in Portland, Or., and wrote *The Undaunted*, a semi-autobiographical novel published in 1936; *These Mysterious Rays* (1943) which discussed x-ray, radium, and ultraviolet therapy; *In the Lives of Men* (1937) and other books with assorted male homosexual themes.
POSSIBLE BIOLOGICAL CAUSES

Seven variables have been identified that contribute to the "sex" of an individual:

1) chromosomal configuration (XX or XY)
2) gonads (ovaries or testes)
3) internal reproductive structures (uterus or prostate, etc.)
4) external genitalia (penis/scrotum or clitoris/labia)
5) hormonal secretion (predominantly male androgens or female estrogens)
6) sex assigned at birth
7) psychologic sex or gender identity

Numerous genetic studies have been performed in a search for a possible link with transsexualism. However, genetics is still a very young science and, therefore, an absence of positive findings does not deny their possible existence. While we are able to count chromosomes at this stage of scientific advancement, we know little about the genes or the genetic code contained in each one of those chromosomes.

Of considerable significance for understanding sexual development is that the basic biologic disposition of mammalian embryos is female. No gonads and no sex hormones are required for a fetus to develop in a female direction. For maleness to emerge, androgenic or male hormones must act at critical developmental periods. Children with Turner's Syndrome generally have only one sex chromosome (X), develop neither functional ovaries or testes, and appear to be female at birth. Children with testicular feminization are chromosomally male (XY), have testes that secrete normal amounts of testosterone, but their body cells are unable to utilize it. At birth they appear to be normal females, and therefore are raised as girls and later show appropriately feminine behavior. The absence of menstruation (there is no uterus), or removal of a "mass" found to be a testis, frequently leads to the diagnosis that these girls are chromosomal and gonadal males.

In 1901 Charles Winslow Hall of Boston died of consumption at age 39 aboard an ocean liner. His Italian wife acknowledged that, after brooding for some time over the disadvantages of being a woman, Caroline Hall had lived the previous two years as Charles, and had won several rifle-shooting contests.
In 1979 the New England Journal of Medicine reported the research of doctors at the Cornell University Medical College, who studied 38 cases of men who were born and raised as apparently normal girls in the Dominican Republic. The phenomenon occurred because a defect in the unborn child caused it to appear more like a girl at birth than a boy. Increased male hormone levels at puberty caused these individuals to develop muscular builds and deeper voices. A phallus developed and the testicles descended into a scrotum formed of folds in the skin. This study of pseudohermaphrodites—people who are genetically male but have female-like external features—indicated that most of the individuals, raised as girls, formed male gender identities after puberty.

One biological theory relating to transsexualism is that there may be a gene in the sex chromosomes which has to do with the identification and feel of maleness or femaleness, and that this gene may become transposed onto the opposite-sex gene in the transsexual.

In December 1979 at the Fourth World Congress of Sexology, a report was read suggesting a possible genetic cause of cross-gender identification, involving the H-Y antigen, a cell surface component present in all male tissues. Normal men are H-Y antigen positive, normal women are H-Y antigen negative. Eleven male-to-female transsexuals were examined: eight were H-Y antigen negative, one a weak positive, and two H-Y antigen positive. In addition, eleven female-to-male transsexuals were examined: nine were H-Y antigen positive, one a weak positive, and one H-Y antigen negative. Though the study is under dispute, such findings cannot be totally ignored.

Benjamin states that it may have an endocrine significance that 40% of his male-to-female transsexual patients had distinct signs of sexual underdevelopment (hypogonadism) and that, in such a condition, the pituitary as well as the gonads may be at fault.

Research at the Oregon Regional Primate Research Center pointed to neural or cerebroneural possibilities. The neural structures and brain centers are the receiving organs for hormonal influences, they found, and their genetic quality can decide how these hormones may affect them. Evidence indicated that the gonadal hormones have a broad role in the determination of sex behavior through their organization of neural tissues.

Recent brain research has shown that tiny electrodes inserted into the brain structure could cause sexual responses by moving only a fraction of a millimeter. A report from the Brain Research Institute points out that a portion of the brain, known as the hypothalamus,
inherently feminine and will remain so unless a testicular tissue secreting testosterone organizes this portion of the brain along masculine lines. Since the hypothalamus has much to do with the regulation of the pituitary function, secondary endocrine anomalies could well occur.

The manner in which gonadal hormones, brain anatomy and sexual behavior are interrelated defies precise description. Overlaid with the profound influences of a lifetime of interpersonal experiences and mediated by a sophisticated central nervous system network, the task of orderly arrangement of all influences is insurmountable. Each new study and finding merely enlarges the complexity. It would be just as hazardous to accept a purely neuroanatomic or neuroendocrine basis of human sexual behavior as it would be to disregard biological findings as irrelevant in comparison to psychoanalytic or learning theories.

POSSIBLE PSYCHOLOGICAL CAUSES

An individual’s psychosexual gender identity is made up of a complex variable collection of inner mental traits and tendencies, some subtle and others emphatic. We have taken for granted that males will simply grow up to be masculine (whatever that might mean in our particular culture/time) and that females will grow up to be feminine (and in our quickly changing times, no one is really sure what that means anymore). Usually, one’s personality (with its many qualities and characteristics) resolves into a harmony that lives with our present definitions of what a person with their kind of body should do or be. Not so for transsexuals. Their bodies say one thing to the world—their feelings and natural behaviors say something else.

Gender specialists agree that a person’s sexuality is decided in a child’s first five years, before the child is capable of making a conscious choice in the matter. By that time, a child’s sexual identity has been determined as to whether he or she will be homosexual, heterosexual, bisexual, transsexual, etc. If we truly accept this reality, it is hard to “blame” anyone for their sexual identity or orientation.

Lucy Ann Lobdell (1829-91) wore men’s clothes and worked as a trapper and hunter and, under the name Joseph Lobdell, lived 3 years as husband to a young woman. Lobdell died in an insane asylum in Willard, N.Y., the “Certificate of Insanity” Lobdell had “an enlarged clitoris...She says she has the power to erect this organ in the same way a turtle protrudes its head - her own comparison.”
The assessment of a patient's gender identity takes into account childhood behavior and fantasies, adult body imagery, masturbatory fantasies, and sexual and social relations. Did the patient experience conflict over gender behavior as a child? Have there been life periods in which the patient was adequately able to relate as their genetic gender? Can sexual arousal accompany imagery of the self with original genetic genitalia? Has crossdressing been sexually exciting? Does the patient consider herself a man or a woman when dressed in men's or women's clothes? To what extent does the patient, by physical behavior, convey an impression of femininity/masculinity?

**PSYCHOLOGICAL TREATMENT**

Psychotherapy with the aim of "curing" the properly diagnosed transsexual so that she accepts her genetic sex is generally accepted to be a useless undertaking. A person might learn to live with this dichotomy of mind against body, but the dichotomy never goes away. There is no cure, and gender specialists admit there is no case on record of a total reversal of symptoms. The mind of the transsexual cannot be changed. A child, before the age of five, cannot make a conscious choice of sexual or gender orientation, and surely when an adult cannot be held responsible for that orientation. Coercion, whether by threats, physical force, withdrawal of love, manipulation, or such "therapies" as electro-shock and aversion therapy, cannot help transsexuals resolve the conflicts in their lives. They must decide whether to live with their contradictory body or to adjust it to agree with their heart.

Psychological help by a therapist or counselor experienced in the gender identity field, however, can be of great value to transsexuals who have experienced coldness, rejection or ridicule in their daily lives. Many must work through feelings of inadequacy, guilt, self-consciousness or paranoia. Merely the opportunity to talk to someone who is not shocked about their problem has its therapeutic value.

Psychiatric management of persons seeking sex reassignment consists of exploration and understanding of the motivation for sex change, creating a realistic view of the limits of available medical and surgical procedures, supporting the patient in the difficulties encountered in the social transition into a new gender role, management of possible emotional difficulties of the patient's family resulting from the decision for sex change, promoting a realistic anticipation of what the future may hold after sex reassignment, and assisting in the post-operative adjustment period.
Charley Wilson (born Catherine Coombes in England, 1834) lived and worked as a man for over 40 years without his true sex being discovered. For 7 years Charley lived with his niece, the couple passing as husband and wife until the girl died. In 1897 (at age 63), Charley turned himself into a poorhouse, where his sex was disclosed and he was given a blue-print dress and red shawl. "If I had money," Charley told a visitor, "I would get out of here in men's clothes and no one would detect me."
"There are only about four or five researchers in gender identity, and there's so much they're missing in understanding this," said a well-known female-to-male. "If a person like myself suddenly has depression, it is immediately related to being a transsexual." A person confined to a wheelchair is stereotyped in the same way, he said. "Nobody is helping [people going through gender problems] to relate to the subtleties of life," he said. "It is one of those areas, I guess, where if you've been through it, you know a hell of a lot more about it." It is very important for the prospective female-to-male transsexual to seek out and counsel with female-to-males who have already made the change.

Some female-to-male crossdressers hope to pass in public as men. She might learn to walk without moving her hips, bind her breasts so they don't show or move, and attempt to lower her voice tone. While the male-to-female has the benefit of cosmetics to change and disguise his face, the female-to-male must avoid make-up altogether and go out cold turkey. Here are a few suggestions for the woman trying to pass as a man (of equal interest to the pre-operative female-to-male transsexual who has yet to begin hormone therapy).

HOW TO LOOK 30 WHEN YOU ARE 30

The biggest problem when going female-to-male is that a 30-year-old female, when crossdressed as a man, can end up looking like a 14-year-old boy. What can the female-to-male crossdresser do to look older?

CLOTHING  Says John T. Molloy in Dress for Success: "One of the major problems with small men who are very young is that people still are tempted to address them as 'Hey, kid!' To overcome this, they should only wear super-adult garments." Molloy, who did extensive research on the impressions made by clothing, offers these suggestions to the small young man who wishes to project a respected authoritative figure in the business world: "The best shirt for the small man is the solid white; the best shoes are traditional wingtips; the best coats are heavy and luxurious, such as camel hair. They should only wear rich-looking attire, and they should be neat to the point of being precise." He suggests wearing only ties that are very expensive—"ties that obviously would not be available to a boy." Stay away from sporty ties (such a paisley) and wear only serious ties (Ivy League, polka dot).
"Color contrast is very important," he continues, "easily attainable with a dark suit, white shirt and dark tie. Make sure the contrast is equally pronounced in sport clothes, particularly between any two items worn above the belt. If a golf jacket and a golf shirt are both in the same shade range, they will make the small man look even smaller." Colors of business suits that tested well for small men: medium blue solid, dark blue pinstripe, and medium gray pinstripe.

Molloy suggests wearing attention-getting devices, the best being a unique watch that is immediately identifiable as quite expensive. Glasses frames should be fairly heavy to add significance to the face and very young men who must establish their authority may find that picking up their hair color in the color of their frames is effective.

While Molloy has been criticized for being too extremely ultra-conservative throughout his book, do consider his gist when putting yourself together.

**FACE** Use a small comb to brush the hairs of the eyebrows up and out toward the side of the face to make them appear fuller. Take a razor to the peach fuzz on your cheeks and chin. It may be hair, but men do not have that soft down on their faces...only women do. So shave it. It'll look like you just got a really close shave, plus your skin will feel somewhat rougher. If you look extremely young (and if the thought of make-up doesn't make you sick), try mascara to darken your eyebrows, but be meticulous. You may want to experiment applying medium-brown shadow under your eyes, blending it in well, to simulate dark circles under the eye, suggesting age. Use a brown coloring pencil to follow your natural smile lines from the corner of the nose to the mouth and the "crow's feet" around the eyes. Again, blend well to assure believability.

Some controversial methods: Don't try THAT hard to cure your acne. That pimply, pitted look is very masculine. And too much sun causes the skin to age faster, forms wrinkles, creates a leathery look...exactly what you want.

**HAIR** Use a long, very sharp scissors to cut sideburns. While they will be short, they can be very exacting and realistic (see illustration). Some feel that a short haircut with each hair in place is the ideal, but some female-to-males can wear the "tousled" look well. Just remember that fine line between a "cute" man and a "cute" boy.
BODY LANGUAGE There's a lot to say for weightlifting. One look at competitors in women's bodybuilding will assure you that women can be quite muscular, despite their extra layer of fat. Though you may be small, you'll confidently roll up your sleeves to display sharp definition in your arms.

Dainty hands are a problem for some. Pumping iron will cause the blood veins on the back of the hands to enlarge, and will push the knuckle bones apart as the muscles grow. These changes—veins and knuckles—will make your hands look more masculine and will remain even after you stop lifting weights. Gentlemen's Quarterly suggests showing more cuff beneath the suit jacket to make the hands appear larger. And keep your fingernails short.

Above all, walk tall! Head up—Shoulders back—Stomach in. While the temptation is strong to slouch the shoulders forward to minimize the breasts, get an effective binder instead. Your shoulders will appear broader when thrown back, and walking tall will project a serious responsible demeanor and that all-important air of self-confidence. Learn to move slower and look 'm straight in the eye. It is a well-known fact that if you EXPECT to be well received, you will be. If you act as though something is wrong, others will look to find out what it is. If you act as though you have a perfect right, even the most aggressive male will hesitate to confront you. Blasting into and dashing out of the men's room WILL cause alarm among the other guys. You'll blend in better by

Deborah Sampson (1760-1827) of Plymouth, Mass., served 1½ years as Robert Shurtleff, a Continental soldier in the American Revolutionary War, and received an honorable discharge after discovery in a hospital. Paul Revere, in a letter of personal reference, wrote of her, "We commonly form our idea of the person whom we hear spoken of, whom we have never seen, according as their Actions are described. When I heard her spoken of as a Soldier, I formed the Idea of a tall, Masculine female who had a small share of understanding, without education & one of the meanest of her Sex. When I saw and discoursed with her, I was agreeably surprised to find a small, effeminate and conversationable Woman, whose education entitled her to a better situation in life."
# MENSWEAR CONVERSION CHART

<table>
<thead>
<tr>
<th>WOMEN'S SIZES*</th>
<th>PANTS**</th>
<th>MENSWEAR SIZES</th>
<th>SHIRTS'</th>
<th>SWEATERS</th>
<th>JACKETS**</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/4</td>
<td>27</td>
<td>BOYS' 12</td>
<td>BOYS' 12</td>
<td>BOYS' 12</td>
<td></td>
</tr>
<tr>
<td>5/6</td>
<td>28</td>
<td>BOYS' 14</td>
<td>BOYS' 14</td>
<td>BOYS' 14</td>
<td></td>
</tr>
<tr>
<td>7/8</td>
<td>29</td>
<td>BOYS' 16</td>
<td>BOYS' 16</td>
<td>MEN'S XS</td>
<td></td>
</tr>
<tr>
<td>9/10</td>
<td>30</td>
<td>MEN'S S</td>
<td>MEN'S S</td>
<td>MEN'S 36</td>
<td></td>
</tr>
<tr>
<td>11/12</td>
<td>31</td>
<td>MEN'S S</td>
<td>MEN'S S</td>
<td>MEN'S 36,37</td>
<td></td>
</tr>
<tr>
<td>13/14</td>
<td>32</td>
<td>MEN'S M</td>
<td>MEN'S M</td>
<td>MEN'S 38,39</td>
<td></td>
</tr>
<tr>
<td>15/16</td>
<td>33</td>
<td>MEN'S M</td>
<td>MEN'S M</td>
<td>MEN'S 39,40</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>34</td>
<td>MEN'S L</td>
<td>MEN'S L</td>
<td>MEN'S 40,41</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>35</td>
<td>MEN'S L</td>
<td>MEN'S L</td>
<td>MEN'S 42</td>
<td></td>
</tr>
</tbody>
</table>

*Odd numbers are juniors; even numbers are misses.

**The number given is the waist size. Often this can be approximated by measuring your hips at their fullest point and subtracting six inches. For the in-seam length, measure the inside seam of your best-fitting pair of pants.

'To obtain the proper sleeve length, you will need someone else's help. Bending your elbow, measure the distance from the center of the back of your neck to the elbow, then from elbow to wrist. The total is the appropriate sleeve measurement.

"Jackets usually come in short, regular or long lengths.

---

Sautering in, glancing at the mirror, using the stall, washing your hands and sauntering out. This attitude on your part will put that unsettling hint of uncertainty into anyone who might question your status, and while they may decide you're a pretty sorry excuse for a man—hell, at least you are one! Be sure they see there isn't any doubt in YOUR mind about that!

**CLOTHING AND SHOE SIZES** In shoes, a women's size 7-1/2 translates to about a man's size 6. The following companies sell mail order men's shoes in small sizes: Lawson Hill Shoe Co., 580 Winter Street, Waltham MA 02154; and Haband Co., 285 North 9th Street, Paterson NJ 07530.
BREAST BINDING Although most advice to the female-to-male on this subject involves ace bandages or—worse!—adhesive tape, there are much easier and more comfortable methods to flatten your chest. Basically you want to do the opposite of what Frederick's of Hollywood's cleavage bras do—instead of pushing the breasts up and together, you want to push them down and apart.

If you are small busted, one method is to simply buy a wide elastic band sold to control “midriff bulge” (can be obtained through the mail from Magic Mold Inc., 210 Hanse Avenue, Freeport NY 11520). Except, instead of wearing it around your waist, pull it up around the breasts, tucking them under your arms as much as possible. Wear an undershirt or a dark shirt over the binder so it is not visible through your clothes.

If large busted, you might try this method: Use a girl's “trainer bra” to hold the breasts up to the level where a man’s pectoral muscles would bulge, higher than the normal bustline. Separate the cups of the bra by taking apart the material between the cups and inserting a strip of cloth. This holds the breasts away from the front of the chest, leaving the breastbone flat. Over this, wear a spandex elastic undershirt (sold by many men's stores for potbelly control). Then wear a T-shirt and your shirt. The result is very convincing and still breathe-able.

Sorry to say, no binder that does its job is really comfortable. Whatever's more important.

THE CROTCH Especially when wearing close-fitting trousers (or if you anticipate getting close to someone who “doesn’t know”), you may want to use some padding. Wearing an athletic supporter stuffed with two socks (dress socks, that is...be realistic!) might do the trick, but often when walking or during long periods of wear, the supporter tends to shift around too much. An athletic cup supporter, which has a pocket in front that snaps closed, passes the wear test much better. Stuff the pocket with the socks. Another idea is to pin

---

While engaged to a woman, Ellie Green was arrested in 1899 for check forgery and discovered to be a woman at the penitentiary to which he was sentenced. Unmasked, Alice Green claimed to be impersonating her twin brother to save him from punishment, and that she herself was innocent. However, she would not allow her attorney to seek to set aside the court's sentence, as it “would involve others in trouble.”
the rolled-up socks to the inside crotch of your underwear. This way there are no supporter straps and band to discover; it is a lot more comfortable; doesn't require a major reorganization whenever you use the restroom; and you could remove your trousers, showing an appropriate lump in your underwear (make sure the pins don't show).

THE MEN'S ROOM Some publications urge female-to-males against the use of public restrooms. This is not always possible, especially for the female-to-male transsexual living full-time as a man. There should be no problems using the men’s room—just use the stall. Many men find urinals difficult to use, so they use the stall and even sit to urinate. (A male Olympic gold medal boxer, who couldn't produce a urine sample, admitted he'd never been able to go “while someone's watching me. I can never stand at those long urinals you get in gents' bogs, with all the other blokes having a quick squint.”) Most stalls in men's rooms have doors. If not, you just need to be cautious about “who’s looking where” and be lightning quick pulling your pants up or down. If there are too many eyes, you may need to fake constipation until the place clears out a bit before you get up. In the sitting position, urine hitting the water sounds the same coming from a male or a female. Continually flushing the toilet while urinating will surely attract more attention than simply using the stall, the toilet paper, flushing and leaving. Blow your nose in the toilet paper if you’re paranoid that taking it sounds suspicious.

If you are passing as a man on the street, it would be highly unlikely that another man will confront you concerning your urination habits. (If someone actually has the nerve to ask why you always use the stall, tell them, “Gee, I dunno. I guess I really AM full of it! HAHA” If Joe asks why he never sees you at the urinal, try, “I didn't know you were looking for me there, Joel!” You might get a bloody nose—proof that Joe is convinced you’re a man.) However, if you are having difficulty passing, it is best to use private as opposed to public facilities. For starters, try using the men's room in an airport, or somewhere else where everyone is in too much of a hurry to pay a lot of attention to you.

In Phoenix 1908, 33-year-old Nicholas de Raylan's death by tuberculosis revealed he was a female who lived his life as a man, married women twice, fought in the Spanish-American War, and worked as secretary to the Russian Consul in Chicago. De Raylan's first wife had divorced him after a 10-year marriage for infidelity and misconduct with chorus girls. His second wife, a member of the chorus, wept on learning of his death, declaring that talk of his being a woman was “nonsense.” In his will, De Raylan made careful arrangements to prevent detection of sex after death, but these were frustrated as he died in a hospital. He wore an elaborately-constructed imitation penis and testicles made of chamois skin and stuffed with down, suspended by a band around the waist.
Jack Bee Garland, daughter of San Francisco's first Mexican consul, was detained by police in Stockton, Calif., in 1897 for "masquerading in men's clothes," and within a month was made an honorary member of Stockton's Naomie Bachelors Club. Jack spent the last 40 years of life passing as a man. In 1936, he died after spending two days in San Francisco General Hospital without doctors realizing that their patient was a female.

"Many have thought it strange that I do not care to mingle with women of my own age and seem partial to men's company. Well, is it not natural that I should prefer the companionship of men? I am never happy nor contented unless with a few of 'the boys.' I like to sit and listen to the conversations of cultured men. Could women see men as I have, they would love them all. Why? Because they are, with one another, open and frank. They know each other's little secrets and altogether are congenial. The young women whom I have met are too vain and fickle. I think too much, as it were, about looks."
SEX REASSIGNMENT

Deciding to change your life and your body to that of a man will be the most important decision you will ever make. Don’t take the matter lightly.

The female-to-male transsexual has a more difficult decision to make than the male-to-female. The status of the female-to-male sex reassignment surgery is such that the female-to-male is looking toward the prospect of building and spending his life as a man with little hope of being a physically complete male, i.e., with little hope of ever possessing functional male genitalia. But this is the decision, and the pros and cons must be weighed. Is it possible for you to function from day to day as a “masculine” female? Is your sex life satisfactory as it is, compared to what it might be as a man without a penis? or as a man WITH a vagina? These are questions that only you can answer. However, in considering these questions, remember that there are numerous genetic males with deformed genitals, or who have lost their sex organs through accident or war, who continue to function as men without questions of their gender. Many people must face life physically, handicapped—the female-to-male is one of them.

HORMONE THERAPY  Your next step is to find an endocrinologist who will work with you. When you find one, it is up to you to work with him or her.

Male hormones (testosterone cypionate) are administered by intramuscular injection. Oral administration of testosterone has been advised against, because the hormone is inactivated in the liver after absorption from the small intestine to the portal vessels. Some patients contracted jaundice due to damage of the liver.

The average dosage is 200 mg/cc every two weeks. As of this writing, a vial of 10 shots plus 12 syringes/needles costs about $60. A doctor will also charge you if he gives you the shot. Have someone teach you to give yourself the shots to save $$.

To get a general idea of what hormones will do to you, look at the male members of your family—father and brothers. Whatever their hormones have done to them, testosterone could do to you. You carry the same genes.

Peter Stratford died of tuberculosis in Oakland, Ca., in 1929. His belongings found in a hotel room revealed him to be Derestey Morton, a woman who immigrated from New Zealand in 1904 and married Beth Rowland, a screenwriter, in 1925. Ms. Rowland said she did not know of her husband’s true sex until a few months before his death. No one claimed Stratford’s body.
Side effects of testosterone (not necessarily in order of appearance—each person reacts differently):

You know you are receiving an adequate dose of testosterone when the menstrual flow stops. The androgen-induced suppression of the ovaries results in diminished or completely suppressed secretion of estradiol and progesterone. Ovulation ceases and you cannot become pregnant.

The vocal cords thicken, the voice sounds hoarse and cracks like an adolescent boy's, and eventually deepens to a man's.

Acne may develop as the hormone increases sebaceous gland activity. Wash often, use a benzoyl peroxide acne lotion. The actual texture of the skin will roughen and thicken in time. If acne is uncontrollable, go to a dermatologist, who may prescribe antibiotics (tetracycline), just as he would prescribe for any adolescent boy. This should clear you up.

You'll experience an increase in energy (something like a caffeine rush), so watch what you eat. This is the time to concentrate on nutrition and a healthy diet. Do your body right, now that it's doing you right. Eventually that extra layer of female fat will melt away (yes, even around your hips and thighs!), the muscles will actually restructure and change in firmness, shaping your body to more male proportions. You may experience muscle cramps, but this will only be a temporary condition.

Testosterone forms a layer of calcium around the bones, so you should become about a half-clothing-size larger. Fingernails and toenails grow more rapidly.

The clitoris enlarges and will look much like a very tiny penis, including a ridge around its head. After a number of years it may elongate to about the size of your thumb (maybe 1-1/2 inches). Topical application of testosterone and/or a daily zinc supplement may benefit the growth.

Directly related to the growth of the clitoris is a sharp increase in the sex drive. You may find it necessary to set aside more time for yourself! You could find yourself waking several times during the night, sexually aroused. Many female-to-males welcome this surge of sexual drive and its accompanying aggressiveness.

Body hair will increase and become darker...on the legs, arms, pubic area, buttocks, abdomen, hands, and later on the chest and face. Testosterone may also cause male-patterned baldness, if baldness runs in your mother's side of the family (women carry the baldness gene).
If prone to poor teeth, the chemical change in your mucous membranes may have a bad effect, so use a fluoride rinse as an additional precaution.

Should you decide to discontinue taking testosterone, the following side effects are not reversible: the voice will remain low, the body and facial hair may continue to grow (you will need to undergo electrolysis to remove it), and you may be rendered infertile due to atrophy of the ovaries.

**SURGERY**  Most female-to-male transsexuals are especially interested in having their breasts removed. A mastectomy is usually the first, and sometimes the only, surgery many female-to-males undergo. It is performed many different ways, depending on your surgeon’s technique, the size of the breasts, etc. Usually an incision is necessary to remove the excess skin and to reduce the size of the areola, thus scarring is inevitable. However, with proper care and sufficient time, the scars will fade. Scar tissue is made of collagen which depends on both Vitamin C and calcium for strength. Speed of healing is directly related to Vitamin C intake. Medical journals have urged all physicians to recommend large amounts of Vitamin C before and after surgery. When 4,000 milligrams or more of Vitamin C is taken daily by such patients, the speed of healing is augmented. In addition, a Vitamin E supplement of 400 units or more daily will speed healing of scars. After surgery, apply the contents of Vitamin E capsules directly on the scar to help fade them.

Seventy-year-old Murray H. Hall played poker, drank whisky, smoked a big black cigar, and was an influential member of the Tammany Hall political machine in New York City. Hall had married women twice, his first wife leaving after complaining that her husband was too flirtatious with other women. Hall once tried to thrash two stalwart policemen and gave them a tussle before they subdued him. His will left $40,000 to his adopted daughter, who didn't know her father was a woman until he died of breast cancer in 1901. It was then disclosed that Hall lived as a man for thirty years, voting the Democratic ticket in New York. "Suspect he was a woman?" said Senator Bernard F. Martin. "Never. He dressed like a man and talked like a very sensible one. The only thing I ever thought eccentric about him was his clothing. Now that they say he's a woman, I can see through that. You see, he also wore a coat a size or two too large, but of good material. That was to conceal his form. He had a bushy head of black hair, which he wore long and parted on the left side. His face was always smooth, just as if he had just come from the barber's."
Some progressive surgeons now perform the simple mastectomy in their office surgical suites with the patient under local anesthetic. Either wedge resection of large breasts with free nipple grafting or subcutaneous mastectomy with second stage nipple conversion can be done. In other procedures, the patient is advised to take two weeks off for the surgery. Several days may be spent in the hospital. The rest of the time will be spent convalescing so as not to tear the stitches or stretch the newly-formed scar tissue. Follow doctor’s orders, but you may be able to remove the bandaging about a week after surgery and could begin lifting weights after about two weeks (although you are not to lift above your head, as this may open the scars). You may be tempted to bare your chest, but be sure not to expose the scars to sunlight—the sun will darken the tissue and prevent the scars from fading properly. After a certain amount of healing, your doctor will instruct you to massage the skin on the chest to prevent the internal scarring from adhering to the muscle wall.

Many female-to-males also undergo a hysterectomy to remove the uterus and ovaries. Some decide against this procedure, fearing loss of orgasm, as the female sexual response was believed to include contractions of the uterus. Most who do undergo this surgery report that they continue to experience orgasm.

Grafenberg did note that a woman may be unable to experience orgasm after a hysterectomy ‘if the erotogenic zone of the anterior vaginal wall was removed at the time of the operation.’ Yet many women who have had hysterectomies report that they continue to experience the ‘deep orgasms’ accompanied by the pushing-down sensation, even though they no longer have their uterus. One explanation for this may be that the nerves supplying the uterus and the G-spot are still intact, and thus the muscular response in the upper part of the vagina is not affected.

The existence and location of the G-spot is extremely important for surgeons to consider when performing operations. Cutting in the wrong place may deprive certain women of future sexual pleasure.

The G-Spot, and Other Recent Discoveries About Human Sexuality (see Readings)

If phalloplasty is in your future, this removal of the internal female organs can usually be done vaginally so as to preserve the integrity of the lower abdomen for the tube pedicle construction of the penis. If an abdominal incision must be made, it should run vertically in the midline toward the umbilicus. The transverse incision paralleling the top of the pubic hair should be avoided to preserve the integrity of lower abdominal tissue.
Unfortunately there is still no successful surgical technique for the construction of functional male genitals, i.e., the ability to urinate through the penis, the ability to become erect to enable intercourse, nor the ability to ejaculate. Phalloplasty now being performed involves several separate operations.

One method involves three surgical procedures, two major and one minor. The first procedure, done under general anesthesia, consists of formation of an inverted tube pedicle running vertically from pubis to approximately 4 cm beneath the umbilicus and incorporating the full thickness abdominal skin and soft tissue. By tubing this "raw" side out, a 4-inch by 8-inch split thickness skin graft taken from the anterior thigh can be wrapped around the pedicle for covering, leaving a single vertical seam. This "suitcase handle" appearing pedicle will eventually form the shaft of the penis and the grafted skin will mimic the loose skin of the natural male penis more closely than methods using non-grafted pedicles. The labia majora is then converted into a scrotum by splitting each lip along its medial border, connecting the two together in the pubic area, thus forming an inverted V. The inner layer is sutured separately from the outer layer across the midline so as to form a scrotum. Attachment of the labia across the midline "hides" the clitoris and vaginal introitus from view and when completely healed will be available to accept two silicone testicular prostheses. The second procedure, done under local anesthesia, is simply a "delay" of the abdominal skin between pedicle and umbilicus that will be used to construct the head of the penis. The incisions are made, undermined slightly and closed with simple skin sutures. The third procedure is carried out approximately two weeks later, at which time the incisions are reopened and complete release of the abdomen is accomplished. The free ends of the pedicle are folded toward one another, the points trimmed bluntly and sutured together to form a conical head with central dimpling, simulating the male penile head. The abdominal donor site is undermined slightly and closed primarily. The upper bases of each labia are surgically opened in a transverse manner and each labia "hollowed out" by blunt dissection to accept adult-sized silicone testicular prostheses. Once in place the pockets are sutured and the scrotum with testicles is completed, as is the penis.

---

A 1902 medical journal cited the case of George Greene of Ettrick, Va., who at 40 married a woman and maintained their relationship without discovery of Greene's true sex until his death at age 75; and the case of William C. Howard, a farmer of Canandigua, N.Y., who died at age 50. Howard's wife and two adopted children refused to permit an undertaker to prepare Howard's body, prompting a coroner's inquest which disclosed his female sex.
**HOMOLOGUES IN FEMALE & MALE UROGENITAL ANATOMY**

<table>
<thead>
<tr>
<th>Adult Female</th>
<th>Adult Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ovary</td>
<td>Testis</td>
</tr>
<tr>
<td>Vagina (upper)</td>
<td>Vagina masculina</td>
</tr>
<tr>
<td>Uterus</td>
<td>Prostatic utricle</td>
</tr>
<tr>
<td>Fallopian tubes</td>
<td>Appendix testis</td>
</tr>
<tr>
<td>Canals and ducts of Gartner</td>
<td>Seminal vesicles</td>
</tr>
<tr>
<td></td>
<td>Vas deferens</td>
</tr>
<tr>
<td></td>
<td>Epididymis</td>
</tr>
<tr>
<td>Bladder</td>
<td>Bladder</td>
</tr>
<tr>
<td>Urethra</td>
<td>Prostatic urethra</td>
</tr>
<tr>
<td>Vestibule</td>
<td>Penile urethra</td>
</tr>
<tr>
<td>Labia minora</td>
<td>Urethral tube of penis</td>
</tr>
<tr>
<td>Labia majora</td>
<td>Scrotum</td>
</tr>
<tr>
<td>Clitoris</td>
<td>Penis</td>
</tr>
<tr>
<td>Bartholin’s glands (vestibular glands)</td>
<td>Cowper’s glands (bulbourethral glands)</td>
</tr>
<tr>
<td>Prostate gland (urethral glands)</td>
<td>Prostate gland (urethral glands)</td>
</tr>
</tbody>
</table>

**NEUTRAL (six weeks)**

- Gonad
- Mullerian duct
- Wolffian duct
- Ducts that drain the embryo's early kidneys

**MALE**

- Testicle
- Ovary
- Fallopian tube
- Seminal vesicle
- Prostate

**FEMALE**

Formation of Male and Female Internal Sex Organs
During the first six weeks in the womb, an embryo has no sex differentiation—the structures that later form into male organs are absolutely the same as those that become female organs. If the embryo is to be a boy, testicles develop at forty days after conception... If they do not, the embryo will develop into a female. All men have an embryonic vagina and uterus located near their prostate gland—a permanent testament to our origins as one common sex.
Later, sexual functioning can be achieved by inserting a removable silicone rubber rod (baculum) through the hollow tube in the penis. In some cases the penis may be firm enough for sexual functioning without the need of a stiffening rod. The clitoris, near the base of the penis, serves as the climactic organ since the head of the penis is usually without sensation. Hair must be shaved or removed by a depilatory creme from the head of the penis as well as through the shaft. Urination, at this stage, is still through the female urethral opening and requires a sitting position. It has become evident with time that a urinary tract hook-up should not be done as they have not been all that successful. The female urethra, say the surgeons, makes such an angulation as compared to the male urethra that it is very difficult to avoid breakdown, strictures, or fistula formation.

Another method of female-to-male genital surgery consists of the removal of the “hood” of skin over the enlarged clitoris and the freeing of the underside, allowing the clitoris to protrude as an extremely small, but aesthetically correct “penis” with sexual sensation, but which again cannot be used for intercourse or urination. Testicular implants are inserted into the labia majora, which are sutured together, leaving a small opening for urination. This method leaves the patient with little or no scarring.

ACCEPTING THE NEW MAN IN THE FAMILY

A lot of supportive therapy may be necessary for families of those deliberating over sex reassignment. Sometimes spouses or lovers feel they may have somehow failed the transsexual, but they must understand that the transsexual’s atypical gender identity existed prior to their relationship and it is very unlikely that they had any influence on the condition or altered it by any means.

Parents of transsexuals may also need professional help in assimilating the change. They may feel responsible or guilty for their child’s behavioral anomaly. They need support, understanding and guidance in dealing with these feelings. Hopefully this booklet will help.

Parents of transsexuals are not completely unprepared for the revelation of their child’s transsexuality. Thinking back, they will trace the pattern, the many clues, from the child’s earliest days through their adolescence, when the onset of sexual maturation triggers many dramatic distress signals. Parents shared in their child’s embarrassments and traumas. They remember their own unhappiness for their child, as it became apparent that their

In the mid-1700’s, Englishwoman Mary East assumed the name James How and lived 34 years as husband to a childhood girlfriend. How was exposed by a blackmailer, who was imprisoned for a considerable term.
child's natural behavior was somehow inappropriate. Parents remember worrying as their child hid in isolation, rejected by their peers and regarded with disapproval in public.

Everywhere and everyday this child was under pressure to fit in at school, on the job, in social relationships, perhaps even at home. As time went on, she became aware that life revolved around contradiction and self-deception. Living this constant dichotomy becomes overwhelming for some, who attempt suicide (and sometimes succeed). Hopefully the transsexual in your life has instead sought out and found the professional help available in his quest to adjust to a rewarding life, which is possible for all who seek it.

Specific areas of family relationships have been studied as crucial to the emergence of sexuality. Among them are mother-daughter or father-son separation, marital role division or the relative power within a family of mother and father, parent-child emotional closeness, and sibling sequence. A major failing of much research into intrafamily relationships has been the inability to demonstrate why only ONE child displays transgenderism. If, for example, passive or absent fathers and dominant overbearing mothers are responsible for producing a certain behavior in a child, why don't ALL their children exhibit that behavior? The fact is that nearly every longitudinal study of gender atypical children, thought to be "pre-transsexuals," eventuated with none of the children growing up to become transsexual.

Again, it is just as futile to "blame" a certain life experience for one's sexual identity as it is to "blame" some unknown genetic error as "the" cause. We can all wonder forever WHAT it was that pointed the homosexual, heterosexual, transvestite or transsexual in the direction they ended up going. We'll never know THE answer for everyone—that is, if there IS any one such answer.

Once your loved one has taken on a new identity, your acceptance is most important...not only in your heart, but through your words and actions. Parents, after so many years of addressing their child by the name they chose for them and the appropriate pronoun ("she" or "her"), will find it no easy task to suddenly change all that. It will be very hard to readjust Joan to John, Margaret to Mark. Probably in your mind, Mark "will always be your little Margaret." It will not come naturally to call her "him," to say "he" instead of "she." It will require a conscious rearranging of your thoughts and a studied awareness when you speak. Some find it easier to avoid pronouns whenever possible, i.e., "This is Mark's car" instead of "This is his car."
Probably the best motivation is to know that your effort in the manner of addressing your loved one will mean a lot to them. It will take you a while to become used to his new name, but let him know that you are thinking of “him”...not the “her” from whom he has freed himself. Let the new man in your family know that “he” is the one most important to you.

Remember that this rearranging and readjustment is most keenly felt by him. As his identity solidifies into the reality of everyday life, he will understandably cringe when you address him by a woman’s name, or as “she” or “her,” thereby ignoring the most important thing in his life.

Making the decision to seek a better life is the major step in the process of sex reassignment. Most never look back after having finally made that decision. The true transsexual will continue to pursue the total change as it becomes apparent that their “new sex” really does feel right. Many facing this major life change face the additional trauma of rejection from “friends” and family, who mistakenly hope their disapproval will somehow erase the problem and make everything as it “should” be, instead of what it is. All parents must face the “imperfections” and limitations of their children. Fortunately, the candidate for sex reassignment has found a way to address this life impasse. “I love my new son!” said one parent of a female-to-male. “I always used to be uneasy around my daughter—she was so strange—and often I was embarrassed to be seen with ‘her.’ But now I have a happy, self-confident son who makes me proud. I am relieved.” Let your loved one know that he will be able to pursue a happier life, fortified by your support and love.

**YOUR SEX LIFE—THOUGHTS TO CONSIDER**

A potential sex partner, whether female or male, is interested in sexual stimulation and satisfaction. Your particular status may demand that you be more inventive in order to satisfy your partner, keeping her/his wants and needs uppermost in your mind. You will be a good lover if you are responsive to your partner’s signals and find ways to meet her/his desires. If your partner is being satisfied through one means or another, your body parts oftentimes will not be an issue. (Many female-to-males successfully use strap-on dildos to engage in intercourse.) There are countless women who will gladly lay back and surrender themselves passively to be ravaged by you. Or you may be one of those fortunate who finds a partner who cares enough to seek out and fulfill your needs and desires.

Anna Morris, who lived as Frank Blunt for 15 years, was sentenced in Fond du Lac, Wis., to one year for stealing $175 in 1894. Blunt’s wife, Gertrude Field, who paid in full for Blunt’s defense, “fell upon the neck of the prisoner and wept for half an hour” and vowed to carry the case to the Supreme Court.
In 1914, a jilted girlfriend exposed Ralph Kerwinleo, who had lived as a man 13 years in Cleveland and Milwaukee. After a hearing, Cora Anderson was set free, but was commanded to wear women's clothes. Wrote Anderson, "Do you blame me for wanting to be a man - free to live life as a man in a man-made world? Do you blame me for hating to again resume a woman's clothes and just belong?"
While the vast majority of female-to-male transsexuals seek females as sexual partners, there are female-to-males who are interested in men and who find a place in the gay men's world.

During the transition from female-to-male, it is important to be all body-aware. In deciding to accept the challenge of life as a physically handicapped man, the female-to-male must learn to accept the fact that he cannot help having been born with a female sexual response and accompanying apparatus. Some female-to-males reject stimulation of the clitoris or vagina; yet, he should remember that all parts of his body are sensual areas, that the vagina contains the erectile tissue found in the male penis, and that he has been born with a handicap. It makes sense to keep in mind that males differ anatomically from females, internally, only in the absence of the uterus and related reproductive organs. Their basic innervation and musculature is identical to that of the female, with obvious differences in the external organs. Every gland and organ in the male has its counterpart in the female, and vice versa. The increased sex drive spurred on by testosterone may torment someone who has backed himself into a body-hating corner. Learn to relax and appreciate every portion of your body as a potential erogenous zone. Be open to various sexual practices, learn to adapt them to your special circumstances. You CAN satisfy your partner AND satisfy yourself. Society is becoming more attuned to the sexual needs of physically handicapped persons. If possible, arrange to attend a sexuality workshop for the physically handicapped, or study up on the subject yourself. It will make you feel a lot better about yourself AND a lot more optimistic about your future in the sexual arena. Acceptance of what can and cannot be in this respect is key.

Here are some considerations when relating to women: Perhaps you might start by saying you're impotent to get her ready for a "sexual dysfunction" and see how she reacts. Take her to see Yentl or one of the other female-to-male films and have a long talk about the movie afterwards. It doesn't do any good to call the subject anything but sex change. Too many people know at least a little about the subject. Remember that you've been dealing with the issue all of your life. It will take more than a few days for her to resolve it in her mind. She'll go through a lot of changes, too. It may help if she read this booklet, or met another transsexual. Don't expect to hide your

At age 15, Sarah Edmonds Seelye (1841-98) began to pass as Franklin Thompson, selling Bibles, and "came near marrying a pretty little girl." After passing for 5 years, Thompson joined the Union Army as a male nurse and spy. "I was so conscious of being led, so certain of my own self-respect, that I never viewed it from a conventional standpoint. And then I was so busy...."
past from your lover—you’ll live with the fear that she’ll come across someone you knew or an old photo, and how can she meet your family? But don’t dwell on it. Keep it more clinical: for example, refer to when you were a “female,” not a “woman.” Don’t use your former name in conversations about the past. Keep the picture vague and “sterile” (without details to create a real picture in her mind).

Another fact to consider: There are a lot of attractive desirable men who are A-1 lousy selfish lovers. Use what you know about the female anatomy and sexual response to your advantage and you will be a far better lover for her. It is not unusual to discover that a man who seems to have everything to offer in actuality has nothing. Make a special point of observing other men. Especially look for stereotypical “masculine” qualities in them and evaluate yourself in comparison. You may discover that, when it comes right down to it, YOU have more “balls” than a lot of men!

CONTACTS / REFERRALS

The lack of a crossgender peer group is a gaping reality for most female-to-males. While all transvestites/transsexuals are a hidden minority, the female-to-males are even more hidden within that minority. There may be no one with whom to discuss the subject. Female-to-males may seek support from the general male-to-female transvestite/transsexual community and, while the female-to-male and the male-to-female experience many similarities in their transitions, in many instances trying to discuss female-to-male questions with the male-to-female may result in the female-to-male’s feeling even more isolated and alone. The male-to-female is necessarily preoccupied with the very notions from which the female-to-male hopes to escape and it may be extremely hard for the male-to-female to empathize with someone who embraces the masculine. The meshing of the two opposites sometimes only serves to accentuate the polarities.

In 1903 Harry Gorman, employee of the New York Central Railway, ”a robust, athletic, heavily-built man-cook of about 40,” was discovered to be a female in a hospital in Buffalo after more than 20 years of passing. Gorman claimed to know “at least ten other women” who passed as men and worked in the same railway company—some as porters, train agents, switchmen, etc. They often met together and ”made themselves not a little merry over the success of their transference from one class of humanity to another,” possibly forming the first female-to-male peer support group.
The major task of the female-to-male is to (all by himself) openly define his innermost feelings, find a place for those feelings in his life, and map a course of implementation. It is no wonder the female-to-male (in comparison to his male-to-female counterpart) is said to be of a more stable and logical demeanor—he must be an especially strong person to forge his way along seemingly virgin ground. However, there are female-to-males (in stages from transvestic to post-operative) who are interested in extending support to one another and exchanging information. The following is a list of female-to-male contact and referral groups:

Mario Martino, Ph.D., The Labyrinth Foundation, Yonkers NY (914) 969-7014

Steve Dain, P.O. Box 684, Union City CA 94587 (415) 489-1531 Consultations through correspondence, lectures, personal appointments, group discussions.

Jude Patton, Gender Dysphoria Program, 2006 N. Broadway, Suite 102, Santa Ana CA 92706 (714) 558-1012 or (714) 836-1803

J2CP Information Services, P.O. Box 184, San Juan Capistrano CA 92693-0184 (714) 496-5227 Package for $25

Metamorphosis, P.O. Box 5963, Station A, Toronto, Ontario, Canada M5W 1P4 Publishes a monthly newsletter for female-to-males.

Under Construction, P.O. Box 545, Alhambra CA 91801. Weekly meetings for female-to-males; publisher of The Los Angeles Transsexual Yellow Pages, $10 ppd.

Mrs. Lillian Arkel-Smith lived six years as Colonel Sir Victor Barker, serving as an officer in the British Army and marrying a woman, and was sentenced to 9 months in London 1929 for entering a false statement in the marriage register. Several years earlier the same court had acquitted Colonel Barker of carrying a revolver without a license.
READINGS


The Awful Beacon...by One Who in Disguise Served Three Years as a Marine on Board the Frigate Constitution, by Lucy Brewer West. Boston: Printed for N. Coverly, Jr., 1816.

Narrative of Lucy Ann Lobdell, the Female Hunter of Delaware and Sullivan Counties, New York, by Lucy Ann Lobdell. New York: Published by the authoress, 1855.


The Well of Loneliness, by Radclyffe Hall. Copyright 1928 by the authoress. New York: Doubleday.


The Strange Story of Dr. Barry (see photo above, with his black servant and poodle), by Isobel Rae. London: Longmans Green, 1958.


The Uninvited Dilemma: A Question of Gender, by Kim Stuart (Metamorphous Press, P O Box 1712, Lake Oswego OR 97034). Interviews with 20 female-to-males; separate research supplement available.


Female Warriors, by Ellen C. Clayton. London: Tinsley Bros., 1879. 2 volumes.

Mountain Charley, or the Adventures of Mrs. E. J. Guerin, Who Was 13 Years In Male Attire, by Mrs. E. J. Guerin. Oklahoma: University of Oklahoma Press. 1968.

... AND FILMS

Sylvia Scarlett, starring Katherine Hepburn as a female-to-male crossdresser (see photo above), 1936.
Yentl, starring Barbra Streisand as a woman who crossdresses as a man to join a yeshiva (see photo below), 1983.

Victor/Victoria, starring Julie Andrews as a woman who impersonates a man who crossdresses as a woman, 1982.


...She Even Chewed Tobacco, a 45-minute tape-slide show of women who passed as men in early San Francisco, produced by Dr. Estelle Freedman and Liz Stevens. Distributor: Iris Films (415) 549-3192, or write The San Francisco Lesbian & Gay History Project, Box 1653, San Francisco CA 94103.
Two Girls Wanted, with Janet Gaynor as a girl disguised as a boy to get a job in the big city, 1927.

Wild Boys of the Road, the story of a girl traveling as a boy to avoid arrest for a murder in self-defense, 1933.

I Want What I Want, with Anne Heywood as Roy (see photo below), who undergoes a male-to-female operation, 1972.
The Hoodlum, starring Mary Pickford as a Park Avenue snob who disguises herself as a boy to learn about slum life, 1919.

Girls Will Be Boys, starring Dolly Haas as a girl who posed as the grandson of a misogynist, 1934.

She Loves Me Not, features Miriam Hopkins disguised as a male student, aided by collegiate Bing Crosby, 1934.

The Amazons, starring three women who rebel against a male-dominated society when they crash an all-male club, 1917.

The Silent Accuser, with Eleanor Boardman in male attire, 1924.

Almost a Lady, a comedy-drama with mistaken identity and impersonations of the same and opposite sex, 1926.

The Crystal Cup, in which Dorothy Mackaill attends a social affair as a man, 1927.

Beggars of Life, with Louise Brooks who disguises herself as a boy and hides in a hobo camp, 1928.

Wings of the Morning, the story of a woman who is reincarnated and disguises herself as a boy, 1937.

A Song to Remember, with Merle Oberon as Mme. Dudevant (the 19th century French novelist George Sand), 1945.

The Magician, with Ingrid Thulin passing as her husband's male pupil, 1959.

Queen Christina, with Greta Garbo as the 17th century Swedish heroine with a penchant for male attire, 1933.

A Man Like Eva, a German film with Eva Mattes as a male film director in a loosely adapted biography of Rainer Werner Fassbinder, 1983.
# ILLUSTRATIONS

<table>
<thead>
<tr>
<th>Illustration</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mary Walker</td>
<td>2</td>
</tr>
<tr>
<td>Vesta Tilley</td>
<td>6</td>
</tr>
<tr>
<td>Calamity Jane</td>
<td>9</td>
</tr>
<tr>
<td>Milton B. Matson</td>
<td>12</td>
</tr>
<tr>
<td>Dr. Alan L. Hart</td>
<td>16</td>
</tr>
<tr>
<td>Charley Wilson</td>
<td>21</td>
</tr>
<tr>
<td>Jack Bee Garland</td>
<td>28</td>
</tr>
<tr>
<td>Murray H. Hall</td>
<td>31</td>
</tr>
<tr>
<td>Ralph Kerwinieo</td>
<td>39</td>
</tr>
<tr>
<td>Colonel Sir Victor Barker</td>
<td>42</td>
</tr>
<tr>
<td>Dr. James Barry</td>
<td>44</td>
</tr>
<tr>
<td>&quot;Sylvia Scarlet&quot;</td>
<td>45</td>
</tr>
<tr>
<td>&quot;Yentl!&quot;</td>
<td>46</td>
</tr>
<tr>
<td>&quot;I Want What I Want&quot;</td>
<td>47</td>
</tr>
<tr>
<td>&quot;A Man Like Eva&quot;</td>
<td>48</td>
</tr>
</tbody>
</table>


by L. Sullivan
1827 Haight Street #164
San Francisco, California 94117
"...if, by concealing our sex we find that we, too, can roam up and down the earth in safety, we shall keep our womanhood a profound secret."  
Elizabeth Cady Stanton, 1869

THE FIRST HANDBOOK TO ADDRESS THE NEEDS OF THE FEMALE-TO-MALE

* CROSSDRESSING
* PASSING AS A MAN
* MALE HORMONES
* SEX REASSIGNMENT
* DOZENS OF TRUE STORIES OF FEMALES WHO CROSSED OVER

Cover Photo:
"Do you blame me for wanting to be a man?"
Ralph Kerwinieo, 1914