

Harry Benjamin and the birth of transgender medicine

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Harry Benjamin (1885–1986) is now best known as the author of the groundbreaking 1966 book *The Transsexual Phenomenon* and as a pivotal figure in the early history of transgender medicine.¹ The German-American physician provided the first detailed clinical discussion of the condition then referred to as “transsexualism” and was one of the first medical professionals to advocate for compassionate treatment. He came to this field late in life; until he was in his sixties, his medical practice was focused on geriatrics. He’d had a thriving Park Avenue practice in New York treating aging opera singers, movie stars and millionaire businessmen (Figure 1).²

Born in Berlin, Benjamin studied medicine at the University of Tübingen but was left stranded in the United States in 1914 at the outbreak of World War I. Dissatisfied with the routine of private practice, he became curious about the therapeutic possibilities of the endocrine glands. While endocrine science had produced only thyroid extracts and adrenaline for clinical use, many physicians and researchers were enthusiastic about the potential for using hormones not only in treating deficiency disease but in managing sex, growth, metabolism, behaviour, aging and even criminality. Benjamin’s fascination with hormones would become the leitmotif of his career. In the 1920s, he championed the Steinach operation, a procedure intended to slow the aging process. This treatment was devised by the respected Viennese physiologist Eugen Steinach, who postulated that a unilateral vasoligation would create a back pressure on the testes, causing the sperm-producing



Figure 1: Harry Benjamin, on his arrival in New York, February 1913.

cells to atrophy while stimulating the interstitial cells to multiply and produce greater amounts of hormone. This procedure was viewed with suspicion by the medical establishment and later disproved. As more commercial hormone products became available — estrogens in the late 1920s and androgens in the mid 1930s — Benjamin began to offer them to aging patients as well.

Until the late 1940s, Benjamin’s professional activities had little or nothing to do with transgender people. He did, however, have a long friendship with Magnus Hirschfeld, the German physician and activist for homosexual rights. Through the 1920s and early ‘30s, Benjamin regularly returned to Berlin to visit Hirschfeld at his Institute for Sexual Science, the first of its kind devoted to the scientific study of sex. Hirschfeld coined the term “transvestite” in 1910. Before then, individuals who dressed in clothes generally

associated with another gender were categorized as homosexuals. Hirschfeld listened to the voices of transgender people and recognized that a person’s experience of gender was distinct from whom they found sexually attractive. Moreover, Hirschfeld offered practical aid, working with sympathetic Berlin police officials to create “transvestite passes” that allowed bearers to wear clothing corresponding to their gender identity without fear of harassment (Figure 2). Many transgender people found employment at Hirschfeld’s institute, and some of the earliest individuals to receive surgical gender transitions were treated there, including Dora Richter and Lili Elbe, the subject of *The Danish Girl*. The work of the institute came to an abrupt end in May 1933 when it was ransacked by Nazi-backed students, its library plundered, and its books set ablaze in the first of the infamous book burnings.³

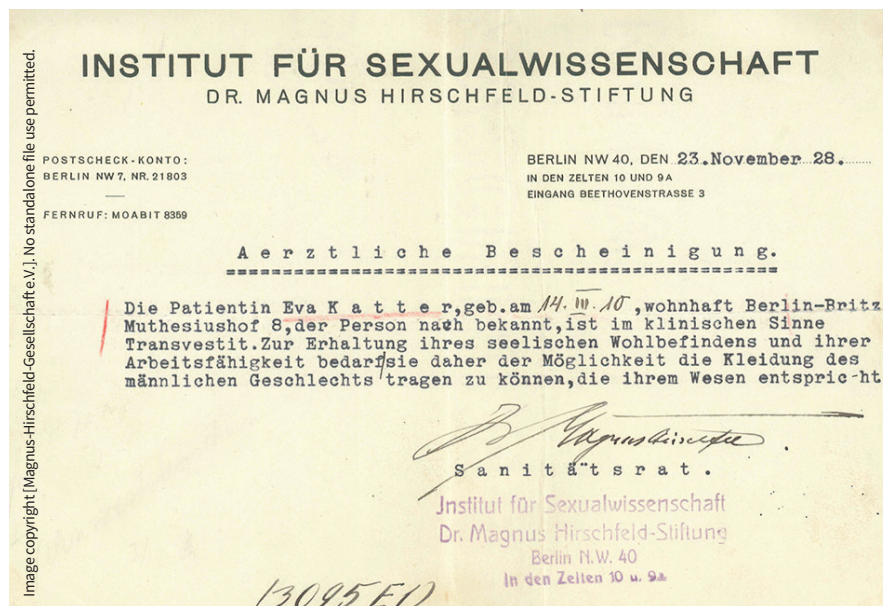


Figure 2: Transvestite pass from the Institute for Sexual Science for Eva Katter, Berlin, 1928.

In 1949, Val Barry (pseudonym) was referred to Benjamin by the sexologist Alfred Kinsey. Because of his experience, Benjamin was primed to view and treat her differently than most of his US colleagues. Barry had been raised as a girl since childhood and urgently wished to find a doctor who would help her rid herself of all physical signs of maleness. Most other physicians assumed that such an individual should be treated psychiatrically to help change her mind to fit her body. Benjamin, in contrast, found her request reasonable. Thanks to his connections with Steinach and Hirschfeld, Benjamin was willing to consider using the tools of medicine to change her body to match her mind. And thanks to his years of giving hormone therapy to his aging patients, he felt comfortable supplying the means to begin this transition.⁴

Benjamin's practice with transgender people grew by word of mouth. Long an outsider to medical circles, Benjamin was not put off by censure. Transgender pioneers such as Christine Jorgensen and Louise Lawrence became valued collaborators. Together, they bandied about ideas and tried to get to the heart of this condition they were only beginning to define. Benjamin's approach was cautious. Not knowing the long-term implications for the health and well-being of his patients, he urged them to proceed slowly and only

change the body as a last resort. When they underwent treatment, he found it difficult to do proper follow-ups because patients often preferred to quietly disappear into their new lives. But over time, as he began to document successful cases of medical transitions, he became more confident in the correctness of this approach. He not only provided hormone therapy, but followed the example set by Hirschfeld in offering practical aid as well. He testified on his patients' behalf in court, wrote letters attesting to their chosen gender, and helped in obtaining identification papers and in finding a surgeon.

By the 1960s, as historian Joanne Meyerowitz puts it, for anyone who was interested in transsexualism, "most roads led to Benjamin."⁵ At 81, Benjamin published *The Transsexual Phenomenon*, which influenced a generation of transgender people and the health professionals who worked with them. He advised in the establishment of the first university-based gender clinics. By the time he retired at the age of 90, he had become physician to more than a thousand transgender people, including Jan Morris and Renée Richards, the well-known transgender figures of the 1970s.

Benjamin's patients, whether aging or transgender, always remarked on his calm and compassionate manner. "Just his approach is enough to make one feel better. He doesn't scare the life out of

you the way some doctors do," said one man.⁶ In particular, many transgender people experienced fear, disdain and disbelief at the hands of their doctors. Being looked in the eye and treated with respect by a person in a white coat was a revelation to them. In 1961, Ira Pauly, a psychiatry resident, developed an interest in transsexualism and was invited by Benjamin to sit in on his weekly transsexual clinic. Pauly was amazed at the generosity with which Benjamin shared his knowledge with him, a complete stranger, and the graciousness of the patients who opened up to him as well. He observed how Benjamin gave each patient his full attention and was concerned for them as if they were family. Benjamin came to epitomize for him the ideal doctor-patient relationship, one characterized by connection and caring.⁷

Transgender health care is rapidly evolving, and Benjamin might strike readers of today as patronizing and old-fashioned. After all, the man who referred to his transgender women patients as "HG" or "his girls" was in many ways a product of his era and its gender norms. In deciding who made a good candidate for surgical transition, he and his associates were preoccupied with whether a transgender person would "pass" in their desired gender and concerned that patients who regretted an outcome might seek revenge.^{8,9} More importantly, his cautious approach to determining eligibility — an approach that became codified in the earliest standards of care — had embedded in it assumptions of heteronormativity, a gender binary, and the belief that psychological distress is an inherent characteristic of being transgender.¹⁰ Since then, as transgender experiences have become increasingly characterized by diversity rather than conformity, these assumptions have been challenged.

What remains true, however, is that in facing the condemnation of his peers and defying the conventions of his time, in treating his patients with compassion and respect, Benjamin eased the suffering of many and helped open an important new field of care. At his memorial, the ophthalmic surgeon and transgender pioneer Renée Richards ventured to act as spokesperson for all of Benjamin's

patients, saying, “We are grateful to him because without him, I don’t know what our fate may have been: a fragmented personality, a suicide, many possible things other than the integrated, consolidated, productive people that many of us are.”¹¹ She recalled how at their first meeting, Benjamin had recognized in her both a fellow doctor and a person in need. For her part, Richards had recognized in Benjamin a good physician.

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