Toward a Trans of Color Critique of Medicine

Amid the accelerating and contested public visibility that trans life has accrued in the United States in recent years, certain figures have become oversaturated. Made to carry starkly different narratives for mass consumption, while simultaneously offering very narrow windows to contest the terms of their representation, images of black trans women and trans women of color on the one hand and transgender children on the other circulate seemingly without end. These very different figures are, somehow, meant to signify and embody the so-called newness and now-ness of trans life. As Laverne Cox and Janet Mock speak out from their perspective as black trans women or CeCe McDonald writes letters from prison, Jazz Jennings stars in a reality television show about entering high school as a trans girl and Gavin Grimm pursues a legal case against the school board of Gloucester County, Virginia, over its transphobic bathroom policy.[1] While there may be a growing awareness of the rising and unmatched violence black trans women and trans women of color face, a seemingly never-ending stream of documentaries, independent films, journalistic profiles, novels, and digital platforms simultaneously circulates images and narratives about a "new" generation of children growing up as transgender *during* their childhoods.[2] The public figurations of black trans women, trans women of color, and trans children have become pervasive but markedly distinct, with profoundly different significance and impact.

The contrast is instructive about the fault lines of the seismic shifts underway in U.S. trans visibility but also incredibly misleading. The publicness of black trans women and trans women of color is registered, paradoxically, through ongoing forms of social death that reduce their personhood to the barest zero degree, hiding it from view and converting their images and names more often into objects of necropolitical value.[3] As scholars in black trans studies, including Treva Ellison, Kai M. Green, Matt Richardson, C. Riley Snorton, Elías Cosenza Krell, Syrus Marcus

Ware, and Erin Durban-Albrecht, have argued, this visibility is specifically predicated on antiblack modes of subjection whereby the surveillance and exposure of being visible elicits the extreme and paradoxical charge of nonexistence.[4] Trans children, meanwhile, are presented as powerful emblems of futurity. Sanitized, innocent, and always highly medicalized, they are domesticated figures, either reassuring that the so-called trans tipping point heralds a new generation of liberal progress and acceptance or, to the transphobic agitators involved in political campaigns focusing on bathrooms and schools, acting as proof that trans life deserves to be repressed in its incipient forms for the threat to the social order that its future would represent. Children, by design deprived of civil rights and infantilized, are easy targets for political violence—just as easily, it turns out, as concerned adults can claim them for protection.

The problem with this figural contrast, of course, is that it arbitrarily separates black trans and trans of color life from trans childhood. The dominant figure of the trans child trafficked in the public sphere today underwrites, as the child has long done in the United States, a potent "racial innocence" that empties trans childhood of its content, including race, rendering it conceptually white while simultaneously libeling the existence of black trans and trans of color childhood.[5] There is tremendous damage in the figurative separation of racialized trans negativity and white trans childhood futurity.[6] And the part played by the figure of the child in this process has received very little, if any, attention. Despite the overwhelming material vulnerability of actual trans children, most of whom live at a great distance from the imagined world represented in dominant media narratives, the figure of the trans child as emblem of a new and futuristic generation is part of a larger strategy that continues to disavow and naturalize the reduction of black trans women and trans women of color's personhood to nothingness, what Eva Hayward calls "an attack on ontology, on beingness, because beingness cannot be secured."[7]

Yet an even more fundamental assumption about trans children that floats this contrast has yet to be challenged: that they are, in fact, new and future-bound. The narrative that we are in the midst of the *first* generation of trans children is so omnipresent as to be ambient. It is repeated ad nauseam in the media, online, by doctors, and by parents.[8] Trans children, these various gatekeepers say in unison, have no history at all. Trans children are unprecedented and must be treated as such, with caution or awe. What happens if this consensus turns out to be baseless? The bleached

and medicalized image of the trans child circulating as unprecedented in the twenty-first century is actually prefaced by an entire century of trans children, including black trans children and trans children of color. And trans children played a decisive role in the medicalization of sex and gender, rather than being its newest objects. These are two of the key ruptures that *Histories of the Transgender Child* uncovers. If the contrasting effect of contemporary figurations of black trans and trans of color life, placed next to trans childhood, is so damaging in its staging of an antinomy between negativity and futurity, this book argues that the twentieth century provides a surprising archive of trans childhood that undoes them from the inside.

Histories of the Transgender Child rewrites the historical and political basis for the supposed newness of today's generation of trans kids by uncovering more than a century of what came before them. From the 1910s, children with "ambiguous" sex were medicalized and experimented upon by doctors who sought in their unfinished, developing bodies a material foothold for altering and, eventually, changing human sex as it grew. In the 1930s, some of the first trans people to seek out American doctors connected their requests for medical support to reports that "sex changes" on children were being regularly performed at certain hospitals. In the 1940s and 1950s, five decades of experimental alteration of children's sex directly led to the invention of the category gender, setting the stage for the emergence of a new field of transsexual medicine and the postwar model of binary transition. And in the 1960s and 1970s, as that field of medicine became institutionalized, many children took hormones, changed their names, attended school recognized in their gender identities, and even underwent gender confirmation surgeries. Trans children not only were present but also were an integral part of the transgender twentieth century *and* the broader twentieth-century history of sex, gender, and race in medicine.

If there are so many trans children hiding in plain sight in the past, how have we failed to see them? I argue that trans children were central to the medicalization of sex and gender during the twentieth century in a very specific way, made valuable through a racialized discourse of plasticity. Examining the history of trans children through the shifting terrain of that plasticity helps to explain, precisely, *why* trans children have so easily gone unnoticed or been ignored. By limiting trans children's value to an abstract biological force through which medicine aimed to alter sex and gender as phenotypes, those children became living laboratories, proxies for working

out broader questions about human sex and gender that had little investment in their personhood. Children were by the design of medical discourse meant to recede into the background of the alteration of sex and gender by being reduced to reservoirs of plasticity, the raw material of phenotype. Children became the incarnation and etiology of sex's plasticity as an abstract form of whiteness, the capacity to take on new form and be transformed by medical scientific intervention early on in life. And the twentieth-century discourse of child development naturalized this function in the medical clinic.

In the early part of the century this resulted in reading trans (and intersex, as we shall see) children's "abnormal" or "mixed" sexual development through eugenic and evolutionist paradigms that sorted sexual morphology through racial typology. By the 1960s, it allowed the inaugural gatekeepers of transsexual medicine to imagine an etiology of transsexuality in the indeterminacy of childhood gender acquisition, opening the door to the genocidal fantasy of eradicating trans life altogether in its developing forms, even as children also successfully transitioned and secured access to gender confirmation surgery. Far from being a progressive vector of malleability or change, the racial plasticity of sex and gender was a decidedly disenfranchising object of governance from the perspective of trans children. At its institutional best, it granted access to a rigid medical model premised on binary normalization. At its institutional worst, it allowed gatekeeping clinicians to reject black and trans of color children as *not plastic enough* for the category of transsexuality, dismissing their self-knowledge of gender as delusion or homosexuality. The value of plasticity came to stand in for the value of trans children's personhood, enabling their continual instrumentalization in the service of medical science over and above any recognition of their embodied self-knowledge or desire. This book's uncovering of a century of untold stories is therefore not a recuperative or reparative project. I instead underline a massively overlooked way that children's bodies, because of their unfinishedness and plastic potential to be changed as they grow, have been key sites of the modernizing violence of medicine. Trans children have been forced to pay one of the heaviest prices for the sex and gender binary, silenced *as* the raw material of its medical foundation.

At the same time, however, framing trans children through a discourse of plasticity was a risky wager for medical science, as embodied plasticity itself, despite being ostensibly domesticated through its racialization as

whiteness, retained a demonstrable *autonomy* that threatens normalizing models of the sex and gender binary, along with medical technique, to this day. In key moments throughout the twentieth century, trans children's plasticity enacted forms of partial material refusal that threatened to cause a crisis for doctors in the categories sex and gender.[9] Plasticity, an invisible force in the trans child's body, seemed to always retain a certain material agency for itself, partly indifferent or oblivious to scientific rationality. Whether the strange forms of plastic growth that resulted from these moments, interrupting the orderly flow of medical reason, actually provided trans children any leverage is a complex problem that this book unfolds slowly, over a century's worth of clinical history. While I argue against the current romance with plasticity in the humanities and STEM fields, showing how the concept and its material referent encourage no particular form of political agency, the book's archive testifies to how difficult it is to imagine that trans children, already lacking patient rights, could have resisted its capture by medicine.[10]

Still, there are important and startling moments in the archive when some trans children's plasticity afforded them brief movements outward and away from the capture of modern medicine. While there is no clear-cut scene that rises to the pitch of resistance or even subversion, and there is otherwise a great deal of violence, both epistemic and material, there remains something vital to consider about the limits of plasticity in building different futures around childhood transition and pediatric medicine. To that end, this book does investigate the enigma of trans children's plasticity, not so much to affirm its value as to look *through* it for ways to undermine the rationality of medicine, challenge the racialization of sex and gender as phenotypes, and imagine different futures for trans children that do not instrumentalize their living bodies and dismiss their self-knowledge.

The Generational Trouble of Trans Children

Histories of the Transgender Child wades into a subject about which we have almost nothing in the way of reference points. There are no existing accounts of trans children's history in the United States, only speculation and retrospective theorizing from the point of view of the present. The myth that there were no trans children until recently is so widespread and unchallenged that it is present even in the small but rich and growing scholarship on the trans child, most of which focuses on the twenty-first-century

pediatric endocrine clinic or media representation.[11] In "Child," a keyword entry in the inaugural issue of *Transgender Studies Quarterly*, Tey Meadow observes that, "A relatively new social form, we see no references to transgender children prior to the mid-1990s."[12] Although in a strict sense this is correct, because the term "transgender" did not come into widespread use until the 1990s and would have been unavailable to attach itself to children before then, the second dimension of Meadow's claim—that adults are confronted with a "new social form" in trans children—is an important clue as to why their history has been forgotten or erased. Much of the celebration and controversy over trans children today departs from the fact that they express self-knowledge about something as profound as their gender, flouting social, medical, and parental gender assignment. This initial focus frequently travels to fixate on medical therapies to pause puberty and pursue childhood transition as either a biologically "reversible" or "irreversible" process.[13] The ostensible concern is that the effects of these "new" hormonal technologies are in some important way unknown or that children are too young to undergo hormonal therapy or even make the decision to alter their bodies—as if sex and gender were otherwise natural, unmodified forms in cisgender bodies.[14] This narrative also grants immense authority to medicine in making the trans child an ontological possibility, as if trans children were unthinkable, nonexistent even, prior to puberty suppression therapy.[15] The novelty of today's medical technique is deeply questioned by this book, which traces an entire century of medicalizing trans children and their biological development, while also stressing the many ways in which trans children had no need for medicine to live trans lives. Even if medical technologies do not play a causal role in the production of new social forms, however, the social meaning invested in them does seem to be very important for many *adults* today.

In "Trans*—Gender Transitivity and New Configurations of Body, History, Memory and Kinship," Jack Halberstam seizes on a speculation in Meadow's work to dramatize this point. Halberstam's interest is in a perceived "disjunction in transgender histories" between today's trans children, who are growing up in an environment where the trans child is a distinct and partially recognized social and medical category, and older trans and gender-variant adults who came of age in a different political, cultural, and medical milieu during the second half of the twentieth century.[16] The issue boils down to a generational split. If today's trans children can have a recognizable trans childhood, with options to transition, Meadow

proposes that "this new generation may have wider latitude to disidentify with transgender history and those who came before them."[17] That "is quite a mind-blowing statement," Halberstam interjects, developing Meadow's speculation further:

> Unlike other social justice formations where young people might acknowledge and even thank the adults who came before them and made the world a more hospitable place, Meadow proposes that the support that many trans children now enjoy from their families and communities affords them a radically different experience of childhood than that of trans people even a decade older. While transgender individuals of my generation, now in their forties and fifties, who often could not transition until they were adults, lacked a complex language for their gender variance and had to live large parts of their lives in relations to gender identities with which they were at odds, today's gender nonconforming children, Meadow reminds us, with parental support, may grow up trans rather than struggling through long periods of enforced gender normativity. While that is a cause for some amount of celebration, it also, Meadow hints, puts them at odds with the history that produced the conditions for their smooth(er) passage from trans childhood to adulthood.[18]

While I agree that a potentially difficult generation gap is growing in the twenty-first century between trans children and adults, and I do not wish to interrogate Halberstam's generational experience, this book puts significant pressure on the historical premises upon which this reflection rests. Setting aside for a moment the problem of *which* trans children Halberstam is calling upon, given how highly racialized and class-stratified access to competent medical care is in the United States, I would point out that the apparent disidentification of today's trans children with the trans past may in large part be premised on a fundamental misrecognition of that past.[19] We do not know trans children's history because we have assumed they do not, generationally, belong in the trans past. The fact that trans children have been forced in the twenty-first century to fare without a history may itself *be* a major cause of the generational tension that Halberstam identifies.[20] How different would this passage look in light of several key points that this book works to unfold? Today's trans children are

not the first generation to identify and live openly as trans during childhood. They are not even close to the first generation to transition or to be medicalized during childhood and grow up as publicly trans. In fact, trans children outright precede the category "transsexuality" and the contemporary medical model. Trans children have a documentable past stretching the *entirety* of the twentieth century, long before today's trans and gender-variant adults were even born.

With a distinctly different take on Meadow and Halberstam's reflections, then, *Histories of the Transgender Child* departs by considering the extent to which the twenty-first-century framing of trans children as new and lacking historicity is actually *complicit* with their ongoing political infantilization, particularly by medicine. Investing in the idea that today's trans children either are new or represent a major break with the past may actually be a significant obstacle to forming cross-generational relationships between trans adults and children that do not do the latter harm or continue to render their actions and embodied self-knowledge unintelligible. And, particularly of concern in this book, the myth that trans children have no history has significantly reinforced the rationality of medicine by allowing the twentieth and twenty-first centuries to be defined by the limiting parameters of transsexuality and puberty suppression therapy, discourses that rely on children being the nearly invisible, plastic bedrock of medical technique or an etiology for gender in general.

This presumes, of course, that there is a meaningful "transgender child" in the past, rather than another projection of contemporary categories backward. I deploy an array of terms in a careful way to explore how we have arrived at a moment where it is possible to claim trans children are somehow new. But before focusing on the historiographical problems of the period that this book covers, it is worth laying out exactly what I mean conceptually both by "transgender" and "child" in this book. "Trans" is invoked throughout in an expansive sense, as it has been theorized in transgender studies, sometimes as a prefix and sometimes with an asterisk, to mark a *political* distinction from medical or pathological meanings that have accrued to the term "transgender" in recent years, many of which have been borrowed from the earlier term "transsexual."[21] While it is technically anachronistic to name a child in 1930 "trans," I do so precisely to make an intervention, as Susan Stryker puts it so well: to "[tell] a story about the political history of gender variance that is not limited to one experience."[22]

The terms "transvestism" and "transvestite" also appear in this book, as they had both medical and lay connotations in the first half of the twentieth century, as well as relatively uneven adoption in the United States compared to Europe. I use them in precise historical contexts, largely before "transsexuality" and "transsexual" came into use. Similarly, I use the terms "hermaphrodite," "intersex," "sexual inversion," and "homosexuality" when their appearance in archival documents matters. In many instances these terms bleed over into trans domains, making their overlap important. Finally, I name "transsexuality" to explicitly mark a *medical* discourse and biopolitical apparatus, a colonial form of knowledge with racializing and disenfranchising effects. Transsexuality arrogantly pretends to know and seize trans life as an object, making it a difficult concept to write with and against, as Sandy Stone first theorized through the concept of the "posttranssexual."[23] More than some of the other terms used in this book, "transsexuality" is an artifact of a dominant knowledge system to be constantly questioned and undermined from the inside. Transgender studies has excelled at the critical use of terminology to make sense of *and* challenge scientific and medical authority, but perhaps my attention to now obsolete categories or now politically incorrect terms may, at times, strike readers as awkward. What's more, it is likely that the categorical landscape will continue to change in the future, at some point rendering the language of this book anachronistic, something that I embrace. Here I follow Leslie Feinberg's lead in *Transgender Warriors*: "Since I am writing this book as a contribution to the demand for transgender liberation, the language I'm using in this book is not aimed at *defining* but at *defending* the diverse communities that are coalescing."[24]

If it seems odd, by contrast, to take the time to define what a child is, there is good reason to be equally critical and careful. Rather than taking for granted the existence of children as a demographic group defined somehow by age, this book takes a fairly simple approach to defining who is a trans child. Anyone under the medical age of consent during the twentieth century—typically twenty-one, but sometimes eighteen—is a child in the pages that follows. I draw on the medical age of consent not because it refers to a meaningful distinction but precisely because its arbitrariness and obvious construction illuminate how the figure of "the child" and actual living "children" are entangled products of historical processes of Western subjectification, rather than representing a natural category of human life. While there are infants, toddlers, five-year-olds, teenagers, and

even twenty-year-olds throughout this book, I refer to all of them as children because they were subject to a specifically *infantilizing* form of governance (this is also why the category "adolescent" did not meaningfully come into play in trans medicine during this period). The medical age of consent, which deprived children of the ability to make medical decisions for themselves, proved to be a deciding factor in shaping their experiences and limiting their ability to act. Drawing on Paul Amar's critical reading of the field of childhood studies, I agree that the child is a dehumanized social form, the product of historical and political processes of infantilization "designed to control various populations" through sexual and racial difference, rather than to index meaningful age differences.[25] As Amar points out, one of the most pernicious effects of the production of children through infantilization is "a failure to recognize children as agents," to render their lives politically *informal*—effectively unintelligible to adults.[26] The Western form of the child and childhood is a powerful obstacle to seeing "the mechanism and practices by which social actors branded as children challenge the regime of infantilization," whether through collective organization or individual itineraries that stray from developmentalism.[27] For that reason, this book names the trans *child* not as a distinct subgroup within the trans community but as a politically disenfranchised person subject to a regime of racially and gender normative governance by medicine and other social institutions, including the family.

While the children who populate this book, particularly those in the early twentieth century, may not look recognizably trans by today's dominant definition, this is precisely because the signature effect of medicalization over the past century has been to restrict trans life to a singular definition *while simultaneously placing an etiological question mark upon trans people,* and children especially, forcing them to constantly prove and account for their embodied self-knowledge instead of taking their transness seriously. The social reality of trans children across the twentieth century in this book begins to suggest some of the many ways that children whose lives differed from the normative patterns for the sex and gender they were assigned at birth actually multiply the meanings of "trans," moving it in many different directions. In so doing, I stress that the being of trans children—the content of their "transness," as such—is *not* the place to ground the meaning of trans childhood, for that etiological discourse is precisely the one in whose name medicine has inflicted incredible harm. The trans child represents a further case of what Kathryn Bond Stockton

has described as the ghostliness of certain "impossible" children during the twentieth century.[28] Not meant to exist at all in the present tense of their childhoods, the ghostliness of trans children over the past one hundred years takes unique residence in the medical archive, hiding in plain sight, invisible to the inverse degree of being pervasively present, yet always slightly out of reach even as they come into discourse. To pursue the trans twentieth century *through* the perspective of trans children, as this book does, shows how Halberstam's assumed "history that produced the conditions for their smooth(er) passage from trans childhood to adulthood" is really not at all what we adults have come to imagine.

The Trans (and Intersex) Twentieth Century

This book begins at the turn of the twentieth century, when sex was brought under the jurisdiction of a modernizing project of medicine that sought to alter its form, and traces the medicalization of trans children until 1980, the year in which the publication of a new edition of the *Diagnostic and Statistical Manual* with an entry on "Gender Identity Disorder of Childhood" inaugurated the medical matrix in which we still live today. By beginning in the early twentieth century, the moment in which sex was redefined through the concept of plasticity by fields like endocrinology and urology, I read the medical archive to *contest* the historiography of the trans past monopolized by the parameters of transsexuality. While this book is first and foremost an account of trans children's past, its broader historiographical intervention within transgender studies has four specific ends: to continue the work of displacing the 1950s as a default starting point for trans history; to undermine the rationality of medical science from its inside by reading trans people as complex participants in the production of scientific knowledge, rather than its objects; to highlight the overlooked entanglement of intersex and trans bodies during the first half of the twentieth century; and to uncover the vital but unexamined role of the child's body in the medicalization of sex and gender as racially plastic, alterable phenotypes. These four characteristics of the trans twentieth century played decisive roles in shaping the lives of trans children, and vice versa.

The 1950s have been granted too much weight in transgender studies and popular accounts as the reference point for the twentieth century, overrepresenting the advent of transsexual medicine and Christine Jorgensen's

celebrity.[29] The shadow cast by the midcentury also comes in the form of historical argumentation, like Paul B. Preciado's in *Testo Junkie*, which imagines something especially distinct about the postwar era that enabled the emergence of transsexuality and its correlate medical techniques.[30] This thinking runs perilously close to reproducing the kind of technodeterminism that characterizes Bernice Hausman's reading of the history of trans medicine in *Changing Sex*, which has been roundly critiqued from Jay Prosser on for what he terms the transphobic "conception of transsexuals as constructed in some more literal way than nontranssexuals."[31] It is also historically inaccurate, as Joanne Meyerowitz points out, considering that medical procedures to change human sex long predated the willingness of American doctors to actually provide them to trans people, a shift that this book reexamines.[32] In reality there was no revolutionary technological or medical shift in midcentury. Transsexuality is, rather, a medical discourse that distracts from forms of knowledge and being that are disqualified by its rationality and its timescale, minimizing a half-century of trans life and interaction with medicine that both precedes and informs it.

Since institutional medicine typically involves meticulous record keeping and voluminous discursive practices, and because it claims unrivaled authority to know and govern trans life, it represents a significant source of information on the trans past.[33] The distinct challenge of the early twentieth century, before transsexuality, is that we still do not know very much about trans life *or* actual medical practice in this era. While there is an established sense that in some places in Europe, particularly Germany, trans people had access to various forms of medical support and built vibrant social worlds in urban centers as early as the 1920s, their experiences in the United States were not always comparable, as the second chapter of this book explores. What we do know about the concept of "sex change" and the hormonal theories of interwar endocrinology is framed in largely schematic, discursive terms through published medical texts and journalistic sources.[34] Meyerowitz argues on this basis that the entire concept of changing sex for trans people took root first in Germany, not the United States, because of a "vocal campaign for sexual emancipation."[35] Yet there are no clinical histories in the United States that examine what actually went on in the hospitals and doctor's offices where sex was made plastic and alterable or what happened when trans people began to seek out those doctors for assistance with their transitions. Nor do we have a concrete sense of how trans people understood their relationship to medicine beyond their

interaction with popular-press accounts of dramatized "sex changes." In the face of this prevailing lack of evidence, one of the central contributions of *Histories of the Transgender Child* is to reconstruct clinical histories at key places around the country, including a long-term look at the Johns Hopkins Hospital from the 1910s to the 1960s. I show that trans people readily sought out American doctors in the absence of a category like transsexuality as early as the 1930s—but not because they needed a medical discourse to make sense of their lives—that there were trans social worlds in the same period that Berlin was renowned for its trans community, and that even in the early twentieth century a few trans childhoods made it into the medical archive.

Still, there is disagreement over the very viability of claiming early twentieth-century figures as trans, rather than lesbian and gay, because of the absence of a clear separation between categories.[36] Or rather, it would be more precise to say that our contemporary sense of categories that line up around separable phenomena of "sex," "gender," and "sexuality" did not exist until incredibly recently, coming into being perhaps only over the past forty years. This has resulted in a very slow recognition of obviously trans individuals who led public lives well before the availability of synthetic hormones or the concept of transsexuality, and several of them appear in the first few chapters of this book. And this problem has dogged the crossroads of queer theory and trans studies in particular. Take Ralph Werther, who went by the name Jennie June and whose peculiar 1919 text, *Autobiography of an Androgyne,* details her life as an "invert" and lower-class "fairie" in New York City from around the 1890s to the 1910s. In his introduction to a reissued edition, Scott Herring underlines the fascinating ways in which June's text at first glance serves a modernizing discourse of transatlantic sexology, adopting and commenting on Richard von Krafft-Ebing's typology of inversion from *Psychopathia Sexualis* and making frequent use of Latin to describe frank scenes of sex and cross-sex social life in the "underworld."[37] Perhaps to skirt obscenity censors, the *Autobiography* was published by a medical press, complete with an authorizing introduction by a well-respected physician, who framed the text as an account of "the congenital homosexualist" (11). Yet Herring also points out how June turns on the sexological premises of the narrative in key moments, authoring powerful critiques of the legal and social ostracism of the era, making the *Autobiography* "one of the inaugural acts of queer social theory in the United States" (xv).

Why *queer* social theory? Why not *trans* social theory? Although Herring is careful to point out that we know very little about the real person behind the nom de plume "Ralph Werther," he nonetheless claims June for the history of queer sexuality as a figure whose life writing undermines the sexological framing of modern *gay* American sexuality (xv, xxxi). Yet it is far less clear, within the text itself, why June's repeated professions to be "really a woman whom Nature disguised as a man" (25)—having wished to be a girl from early childhood (29), using the name "Jennie" from a young age (34), wearing women's clothing from childhood on, wishing to have her genitals recognized as a woman's (45), and eventually choosing to be medically castrated—would not invite a strongly *trans* reading. Alfred Herzog, the doctor who wrote the introduction to the original text, speculates about June's castration procedure that "he hated above all the testicles, those insignia of manhood, and had them removed to be more alike to that which he wished to be," a woman (14). Or, as June puts it herself: "were it not for certain masculine conformations of the body, I ought to go about in dresses as a woman, and always identify myself with the female sex" (13). In the retrospective frame of postwar American identity politics, where transgender has frequently been styled as a successor to gay and where trans studies has sometimes been cast as a successor to queer theory, June's account of inversion has inaccurately been routed through the same implicitly teleological model.

In *Transgender History*, Susan Stryker names Jennie June as a trans woman in her review of the era before transsexuality.[38] And there are compelling reasons to make that claim, not the least of which is that even June's definition of inversion reflects not quite proto-homosexuality as we would expect it from our contemporary vantage point but an entirely different epistemology of sex, one that is not well known anymore. June employs a scientific thesis on the natural bisexuality of the species that was very much in vogue at the time of the publication of the *Autobiography*, explaining that "there exists, in the human race, no sharp dividing line between the sexes."[39] Within that paradigm, June observes that "there are innumerable stages of transitional individuals" (21) between masculinity and femininity, including those described as inverts by sexology. June actually goes so far as to explain her life through a concept of sexual plasticity: a "protoplasm" theory of inversion, according to which "the presence in the male body of a particular kind of governing corpuscles or germs ordinarily found only in the protoplasm of females" (31) results, at birth, in a mixed

body and person, somewhat male, somewhat female. While Herring reads this inversion as a harbinger of modern homosexuality, the very resistance to modernizing sexological narratives he identifies in the *Autobiography* also undermines the reading of June's life as gay instead of trans. The specifically trans quality of this life narrative is based in a lived epistemology of sex's *plasticity*, not a binary of homosexual and heterosexual personhood.

The point is not to decide for trans over gay in a categorical sense but to understand that the European sexological concept of "inversion" was a much more complex blend of what today is separated into sex or gender on the one hand and sexuality or sexual object choice on the other. What's more, as Emma Heaney explains in *The New Woman*, the discourse of sexology that produced inversion is premised on a staggering misrecognition and confinement of the rich social reality of trans feminine life and experience in this era. Quite unlike Herring, Heaney argues that "Jennie June bridges vernacular and medical understandings *of trans femininity*."[40] *Histories of the Transgender Child* follows Heaney's important historiographical intervention into the early twentieth century, that "the emergence of the trans feminine as a field distinct from both male homosexuality and cis womanhood is a weighty historical corollary to the emergence of homosexuality."[41] Heaney shows that the growth of sexological and medical paradigms at the turn of the century was not the teleological apprehension of trans life by science, as it has often been framed, but rather the emergence of a distinction between cis and trans femininity that did not previously exist socially in Europe and the United States. In this context, I argue for reading certain historical individuals as trans when the available evidence is clear, because otherwise we risk missing key evidence, such as June's reliance on a concept of plasticity to narrate her embodied trans feminine knowledge. More important than litigating any competition between queer and trans studies, as Peter Coviello argues about the consolidation of modern American sexuality, is that in an obsession over the emergence of discourses we have grown accustomed to overlooking what was simultaneously *curtailed* by modern forms of knowledge and being around sex. In undermining the inevitability of today's dominant discourses by looking at the transitional overlap between epistemes, Coviello directs attention to "any number of broken-off, uncreated futures, futures that would not come to be."[42] *Histories of the Transgender Child* takes a similar position from within transgender studies. Indeed, trans children's history is a

powerful case of a completely overlooked field of lived experience, knowledge, and embodiment that has been lost through the positivist mythologies of twenty-first-century medical discourse, narratives of American identity politics, and the partial biopolitical normalization of certain trans subjects.

Many early twentieth-century trans people, like June, also drew on the language of intersex embodiment (then most often called "hermaphroditism") to describe themselves as sexually intermediate types, somewhere between male and female. This was in addition to a growing medical discourse on hermaphroditism in the early twentieth century that was based around experiments on infants and children born with ambiguous genitalia and other morphological characteristics that could take on many nonbinary forms. For that reason alone, this book reads intersex children alongside trans children. Yet it turns out that it was precisely the same doctors and psychiatrists who saw both groups of children, too. What's more, experimental medicine practiced on intersex children, typically without either their consent or even their knowledge, directly founded the modern medical protocol for assigning a sex and then reassigning a child's body to fit that sex, first surgically and, later, hormonally. The second chapter of this book, which covers the 1910s to the 1940s, shows that the applicability of intersex medical protocols and techniques to trans people was actually proposed by trans lay persons, long before doctors were willing to consider the same. In this moment, trans people actually *anticipated* important medical links that would not be institutionalized by doctors for more than two decades. By seeing trans people as active participants in the construction and contestation of medical discourse in this way, rather than as passive objects of knowledge, I emphasize that at many key moments trans people's embodied fluency in medical science far outpaced institutional medical knowledge. The broader point is that trans life had no causal reliance upon medicine during the twentieth century and that the trans people who did interact with doctors brought their own embodied knowledge of the social realities of their transness with them to the clinic. What's more, the medical model consisted of a strategy to deny the social reality of trans life and confine it to a wrong body narrative by suggesting that trans women and men were not already woman and men (as their lives frequently testified) but that they somehow *aspired* to become women and men.[43] For the first half of the century, trans people's embodied knowledge borrowed heavily from intersex discourses to negotiate this growing power of the doctor and the clinic.

The ongoing intersex-trans dialogue led in the 1950s to the invention of gender, a signal event with deep consequences for all human life. Scholars working at the crossroads of intersex and trans studies, including Jennifer Germon, Sharon E. Preves, David A. Rubin, and Jemima Repo, have reconstructed how the concept of gender was built out of clinical experimentation on intersex infants and children born with ambiguous genitalia or secondary sex characteristics.[44] Reassigning the sex of intersex infants led to a theory of gender that coordinated the development of the biological body with the psychological acquisition of an ineradicable identity, installing a new difference *between* sex and gender, a distinction that would have had very little intelligibility over the preceding fifty years.

The second and third chapters of this book, which reconstruct four decades of experimental medicalization of intersex children's plasticity at the Johns Hopkins Hospital, greatly expand our understanding of how intersex children informed the invention of gender by the psychologist John Money and his colleagues in the 1950s. Reconstructing such a detailed history of intersex medicine also serves to undermine Money's referential position—whether lauded or critiqued—as the ostensibly decisive factor in producing gender. I argue, instead, that Money only *interpreted* the results of many decades of complex surgical and hormonal experiments upon intersex children's plasticity at Hopkins, importantly smuggling the racialized sense of sex as phenotype into the postwar era, so that gender was designed to function as phenotype, too. In this book, Money emerges not as a singular historical force but more as a relay point between the pre- and postwar eras, joining discourses and practices of intersex and transsexual medicine by way of the invention of gender. The persistence of the entanglement of intersex and trans life in the bodies of children has been underappreciated; in fact, it endured well into the 1950s, if not later. It lasted nearly as long as we have had the discourse of transsexuality, and yet it has radically faded from contemporary conversations about the plasticity of sex and gender.

Overall, *Histories of the Transgender Child* contests and carefully rereads the normative medical archive by beginning in the early twentieth century and working to undermine the model provided by transsexuality for making trans life intelligible. The final chapter attends specifically to trans boys, in part to open up the problem of how a transsexual definition of surgery has become an implicit measure by which to judge the relative degree of reality of trans life in the past, producing a highly gendered asymmetry

revolving around bottom surgery for trans women and girls, making trans men's and boys' transitions, which are more likely to revolve around top surgery, less legible—not to mention all who do not seek out surgery or do not have access to medicine.[45] This book militates against the implication, born of the discourse of transsexuality, that trans people *need* medical knowledge about themselves to name or understand their lives. Ironically, it is the medical archive itself that shows this to be untrue. The records of many trans people who interacted with American doctors contain their rich reminiscences of childhoods, adolescence, and years lived openly as trans, often with the acceptance of local communities, without searching for or even wondering about medical support or terminology. Very often medicine became important only *after* children and adults had lived significant trans lives. And medicine was transformed by its experience with their trans lives as much as the inverse was true.

These interventions into the trans twentieth century contribute to a broader movement in transgender studies that seeks to revisit the role played by trans people in scientific and medical research and to undermine the Western rationality and secularism too often reproduced by the field. Several key early figures in European and American trans medicine, after all, were trans men who became doctors and were in some cases able to experiment on themselves. In England Michael Dillon, likely the first trans man to undergo testosterone therapy in the 1940s, became a physician and penned what could be read as a major volume of trans knowledge before transsexuality, *Self: A Study in Endocrinology and Ethics*.[46] In the United States, Alan L. Hart, a physician, radiologist, and tuberculosis researcher, was one of the first trans men to transition with medical support, including surgeries, even earlier, in 1917 to 1918.[47] Other lay persons, such as Louise Lawrence, a major trans community leader in the San Francisco Bay Area and the head of a national network of trans correspondents, actively sought out and challenged medical experts and practicing clinicians, significantly shaping research on transsexuality at midcentury. "More and more I see the need (as Dr. [Alfred] Kinsey once told me about my appearance before the Staff at Langley Porter [Psychiatric Clinic in San Francisco])," she wrote in a letter in 1953, "to educate the doctors, to give them a thought to work on that doesn't come out of a text book."[48] Throughout this book are numerous trans people who decided, whether voluntarily or through exigent circumstances, to work with—and, almost as frequently, to antagonize—doctors. Some of them were trans children like "Vicki,"

who appears in chapter 4 and whose persistent letters to the endocrinologist Harry Benjamin in the 1960s interrogated his gatekeeping role from the perspective of a trans girl living in rural Ohio.[49]

Appreciating the active role played by trans people in twentieth-century medical science calls not just for an expanded sense of the medical archive but also for an interpretive practice that works against the rationality of the categories "transsexual" and "transgender." In their writing on the life of Reed Erickson, a wealthy businessman and trans man who founded the Erickson Educational Foundation (EEF) in 1964 after his own medical transition, Aaron Devor and Nicholas Matte have worked to shift thinking in this direction. By personally overseeing the dispensation of millions of dollars in philanthropic funding from the 1960s to 1980s, they argue, Erickson directly financed much of American transsexual medicine in the postwar era. His funding provided Harry Benjamin, often canonized as a founding figure, with the actual resources he needed for his clinical work; the EEF provided Hopkins with the money needed to open its Gender Identity Clinic in 1965; and the vital professional networks for researchers and doctors treating trans people in these decades were likewise financed by the foundation. Devor and Matte argue that the contemporary landscape of trans medicine and social services in the United States is in large part the result of Erickson's specific philanthropic vision, not only Benjamin's or Hopkins's approach. Rather than support a field of medical science with his money, Erickson took an active role in shaping it, meaning that his perspective on transition, transsexuality, and trans masculinity all played a role for too long underappreciated.[50]

Erickson's place in transgender studies, in particular, has remained marginal in comparison to the influence that Devor and Matte reclaim. In part, Abram J. Lewis argues, this is because of Erickson's many nonscientific and ostensibly irrational pursuits. As he got older, he funded a massive amount of New Age research into mystical, magical, and supernatural practices and knowledge. Erickson also became a chronic drug user, exploring psychedelic and transcendental practice before becoming a serious addict and, by the accounts of his contemporaries, descending into a period of paranoia and delusion toward the end of his life. Rather than reading Erickson's notorious "eccentricity" as evidence that these irrational matters were separate from or contaminated his work with medical science and represented a failure to live up to his empirical commitments to transsexual science, Lewis argues that Erickson's life instead precisely challenges the

epistemological coherence of trans life as an object of knowledge. "Erickson's interest in psychedelia and para-psychology were not, as they have appeared in the historiography," he explains, "mere footnotes to his work on transsexualism."[51] Lewis asks how positivist connotations of the discourse of transsexuality might change if New Age mysticism, psychedelic drugs, and research into animal communication were understood as integral threads of the ostensible rationality of transsexuality rather than its convenient foil.

Reflecting on the experience of researching in the trans archive of the twentieth century, Lewis underlines an odd contrast between primary documents and the historiographical narratives in existing scholarship. "Possibly in an effort to resist popular notions of transgender people as at once insane, tragic, and absurd, this literature has seemed, if anything," he suggests, "to promote histories of agential and politicized communities—of subjects with sensible, self-interested aspirations." While that may be understandable in its context, "perhaps unsurprisingly, then," he adds, "much of the transgender archive is even more perplexing than secondary accounts suggest."[52] This tendency has both overvalued and overrepresented the authority of medical science, while underplaying the role of trans people who, like Erickson, may have had complex political agendas that in unexpected ways undercut medicine's rationality through ostensibly irrational or nonsecular commitments. As Lewis suggests, trans studies need irrational concepts, such as "trans animisms," to understand not only figures like Erickson but also trans activist efforts that took place outside the medical context, such as a 1970 protest against the police murder of gay and black trans people in Los Angeles, which involved an attempt to collectively "levitate" the Rampart Police Station in the hope that it might be made to disappear. Reina Gossett connects this manifestation to the present day as both a trenchant critique of "the normalized organizing tactics preferred by the Non Profit Industrial Complex" and a demonstration of being "accountable to the unborn, the dead and the living," a potential "shift in connection [that] would create more space in our movements to hold more people, more levity, more magic, less isolation, and less shame."[53]

Histories of the Transgender Child contributes to and extends Devor and Matte's, Lewis's, and Gossett's careful rereading of the archive, working to undermine medicine's self-appointed authority and self-referential rationality from within by emphasizing the ways that trans people were

actively involved with the contested production of medical knowledge despite lacking, in most cases, expert education and, especially in the case of trans children, often producing theories of trans life that drew as much from magic or fantasy as from science. While the trans twentieth century uncovered here is drawn primarily from archival research in major medical institutions, including the Johns Hopkins Hospital, the University of California, Los Angeles Medical School, and Harry Benjamin's private practice in New York City, the depth and breadth of the archive's contents move well beyond these focal points. Trans children lived in every single region of the United States. The coasts were also far from the only locations in which trans children (or adults) encountered and interacted with medicine or one another. Indeed, it would be difficult to maintain any pretension to a trans "metronormativity" during the twentieth century, even if major urban centers such as San Francisco and New York City were important places for trans social life, community building, and activism.[54] In this book as much space is devoted to rural trans life and childhood in states like Ohio, Alabama, Missouri, and Wisconsin as to urban trans life and childhood in Los Angeles or Washington, D.C. What *does* typify the demography of the medical archive, however, is its overwhelming whiteness. To reckon with the implications of that pervasive whiteness in relation to trans of color life, this book draws on and contributes to trans of color studies.

Trans of Color Studies and Medicine

If the twentieth-century medical archive is compromised by the limited perspective of its rationality and by its overrepresentation of white, middle-class trans life, how can trans of color studies reckon with a reliance on that archive? Why not abandon the medical archive for alternative forms of knowledge? In reconstructing the history of trans children, this book could have begun, for instance, with Sylvia Rivera. Trans "street kids" are central to her political work and legacy. Rivera was also a trans street kid herself in the late 1960s. Running away from her grandmother's home on Long Island to New York City at the age of eleven, Rivera found her way to Greenwich Village, where she "was adopted by a few young (but older than I was) drag queens"[55] and soon thereafter joined a community of trans and queer street youth, including a teenage Marsha P. Johnson, as a sex worker on 42nd Street. Rivera lived openly and defiantly in her childhood, even wearing

makeup to elementary school. She was also held at the Bellevue psychiatric ward after a suicide attempt and shortly before running away from home.[56]

Rivera's and Johnson's participation in the Stonewall riots, their affinities with and critiques of gay liberation activism, and their trans of color liberation activism at the turn of the 1970s present a rich tangle of categories, politics, and priorities that undermine the increasingly sanitized and progressive narratives that collapse retrospectively into the U.S. "LGBT" movement or the creation of "a generalized 'transgender' subject in the narrative of Stonewall and the gay liberation movement," which, as Ehn Nothing points out, "celebrate Sylvia Rivera's visibility as transgender, conceal[ing] her status as a broke woman of color."[57] Rivera is also a difficult figure to reconcile with contemporary political taxonomies of sex, gender, and sexuality. As a child, she recalled, "I was an effeminate gay boy. I was becoming a beautiful drag queen, a beautiful drag queen child. Later on, of course, I knew that Christine [Jorgensen] was already around, but those things were still waiting on the backs of people's minds."[58] Donning and contesting the *political* identity of "gay" in the early 1970s and referring to herself here and there as a "drag queen" and a "transvestite" in the expansive idioms of the era, not adopting the term transgender until the 2000s, Rivera remained mostly aloof from the medicalization of transsexuality. In an interview about their work in Street Transvestite Action Revolutionaries (S.T.A.R.), Johnson asks Rivera about the difference between the terms "drag queen" and "transvestite," and she responds:

> A drag queen is one that usually goes to a ball, and that's the only time she gets dressed up. Transvestites live in drag. A transsexual spends most of her life in drag. I never come out of drag to go anywhere. Everywhere I go I get all dressed up. A transvestite is still like a boy, very manly looking, a feminine boy. You wear drag here and there. Where you're a transsexual, you have hormone treatments and you're on your way to a sex change and you never come out of female clothes.[59]

When in response Johnson asks, "You'd be considered a pre-operative transsexual then? You don't know when you'd be able to go through the sex change?" Rivera responds, "Oh mostly likely this year. I'm planning to go to Sweden. I'm working very hard to go." Johnson points out that surgery in Sweden would be "cheaper" than at "Johns Hopkins," to which Rivera

agrees, "It's $300 for a change [in Sweden], but you've got to stay there for a year."[60] Yet some time later, in 1990, during an interview, the historian Martin Duberman asked Rivera about hormones. Duberman's notes record that Rivera said she "took them for a while but came to the conclusion that she did not want to be a woman. 'I like pretending, the whole world for me is a stage I like to dress up. I don't want to be a woman. I didn't think about the sex change, that's not what I want."[61]

Even if Rivera is a complex figure around whom to write a history of trans children, why are the street kids of major cities like New York not already recognized as proof that trans children have a past?[62] Why are they not brought up in present-day conversations about the "newness" of trans children? Their radical politics, which would hardly be compatible with the modernizing, progressive narrative of medicine and corporate political lobbying, is surely one reason. Rivera's and Johnson's work in S.T.A.R. undoes progress narratives of gender and sexuality. They prioritized a trenchant critique of the police, gay gender normativity, and institutional racism and pursued a celebration of Latinx and black trans life that led to their own marginalization within activist circles almost as soon as they began organizing.[63] Another reason, however, is that their lives are incredibly ephemeral—most "street kids" are anonymous as historical subjects, an unknowable diversity of experience hiding behind the collective noun. Even though Rivera and Johnson have generated perhaps the largest amount of archival documents and scholarly interest of any known street kids, even the account to which we have access is organized around a relatively sparse set of repetitive narratives that provides only small snapshots of what the lives of black trans and trans of color street kids were like in the 1960s and 1970s.[64]

S.T.A.R.'s work on behalf of trans children nevertheless offers an important set of contrasts to the clinical history that anchors this book. Formed in 1970 and led by Rivera and Johnson, S.T.A.R. "focused on survival, countered societal injustice, and asserted a revolutionary and unapologetic transvestite identity" in the face of an increasingly hostile and gender-normative gay liberation movement dominated by cisgender, white men.[65] S.T.A.R.'s efforts were guided, argues Jessi Gan, by Rivera's hope "of enacting a very grounded kind of social change: creating a home for 'the youngsters,' the underage street queens who, like her, had begun working on the streets at age ten, and who not long afterward ended up dead."[66] She and Johnson materialized this aim through the creation of a S.T.A.R. home, a place where street kids could live together, pool resources, and develop

practices for addressing violence in the sex work industry, police brutality, and overincarceration. In its first iteration, the S.T.A.R. home "was a parked trailer in an outdoor parking lot in Greenwich Village," where around two dozen street kids lived. When the trailer was suddenly driven away by a trucker, Rivera and Johnson "decided to get a building," hoping also "to get away from the Mafia's control of the bars." They found a place to rent in the East Village. Teaching themselves to make repairs and renovate the space, Leslie Feinberg explains, "they envisioned the top floor as a school to teach the youth, many of whom had been forced to leave home and live on the streets at a very early age, to read and write."[67] Johnson and Rivera worked to make sure that the children were fed and clothed. "We went out and hustled the streets. We paid the rent. We didn't want the kids out in the streets hustling."[68]

By prioritizing the lives of trans of color street kids and sex workers, S.T.A.R. had an extremely fractious relationship with the Gay Liberation Front and the Gay Activists Alliance, which culminated in Rivera's infamous exclusion from the 1973 Christopher Street Liberation Day rally, to which she responded by physically fighting her way on stage to deliver a scathing speech indicting gay men for ignoring the beating and rape of trans people in jail.[69] Because S.T.A.R. built itself through the situated knowledges of the arguably poorest marginal constituency of the trans community, it also did not address institutional medicine much during its short existence. Like Rivera, S.T.A.R. did not identify itself through the medical model of transsexuality, although it was certainly aware of it. What little work S.T.A.R. or its affiliates directed at medicine at the turn of the 1970s instead addressed access to other basic, life-sustaining health care. For instance, Bob Kohler, a gay activist and friend of Rivera and one of the only people who maintained a friendly relationship with the homeless and with the street kids of New York, worked with the Mattachine Society and the East Side Village Youth Project to bring a mobile medical trailer to serve the medical and psychotherapeutic needs of street kids in late 1969.[70] Rivera also focused some of her activist energy on psychiatric institutions, particularly Bellevue Hospital, where family members or the state had many gay and trans people confined on spurious pretenses.

S.T.A.R.'s black trans and trans of color political organizing to provide livable worlds for street kids also took place at the end of the historical period that this book covers, making it too late to serve as a starting point for some of the interventions I make. Still, the many differences between

this account of trans of color childhood and the accounts that are assembled across *Histories of the Transgender Child* are instructive in avoiding the reduction of black trans or trans of color life to singular narratives. S.T.A.R. and the ephemeral perspectives of trans street kids of color are also an important model for trans of color studies as it works to dismantle medical, state-sponsored systems of being and knowledge that continue to marginalize and extract necropolitical value from black trans and trans of color life and death, something with which transgender studies must continue to reckon as it becomes further institutionalized in the university.[71]

"Trans of color studies," of course, does not name a unified or even necessarily an extant field. It functions here instead as an invocation across several fields of a vital point of departure for this book, one that Rivera's and Johnson's lives reflect: race is not a new matter to *add* to transgender studies.[72] Multiple and differing racial formations, including blackness, coloniality, latinidad, indigeneity, and immigrant diasporas, are not *and should not be* new areas of inquiry for transgender studies to encounter or discover. In "We Got Issues: Towards a Black Trans*/Studies," Ellison, Green, Richardson, and Snorton argue instead for seeing black trans theory as an impetus to investigate "a series of questions about repressed genealogies that might come into view through a more sustained engagement with blackness, as an 'issue' that is both overseen and unknown."[73] Drawing on Édouard Glissant's work, they offer his concept of transversality "as *a collateral genealogy*, or an encounter with the past that also contains an ethical confrontation with the collateral damages involved in blackness as overseen and unknown."[74] The relation of blackness to trans life, as well as the relation of antiblackness to transsexuality and transgender, represents political problems of knowledge and being to be opened up through historical and politically engaged scholarship, rather than a frontier of new thinking to be discovered by more inclusive methodologies. Blackness problematizes the category trans—and vice versa.

Trans of color studies not only argues that race is integral to transgender studies, then, but also responds to a particular problem of black and trans of color hypervisibility with which the field is frequently complicit. In the introduction to *The Transgender Studies Reader 2*, Susan Stryker and Aren Z. Aizura observe that "current trans of color critique resists imperialist forms of knowledge production precisely by calling attention to which transgender bodies—and they are almost always the non-white ones—are made to represent the traumatic violences through which claims for rights

are articulated."[75] In that volume, Snorton and Jin Haritaworn's essential essay "Trans Necropolitics" names as the "most urgent present task" of trans of color critique "explaining the simultaneous devaluation of trans of color lives and the nominal circulation in death of trans people of color." As they argue, "this circulation vitalizes trans theory and politics" precisely "through the value extracted from trans of color death."[76] This critique is particularly prescient in the wake of the ongoing biopolitical turn in transgender studies, which has been incredibly generative in identifying how trans life has been operationalized by normalizing and governmental techniques but also tends to follow Michel Foucault's lead in abstracting the category "race" out of its own historicity, abandoning the centrality of colonialism and transatlantic slavery to the racialized modernity of the human.[77]

Instead of taking Foucault's account of the modern biopolitical body for granted, scholars working toward decolonizing the field and the concept of transgender are increasingly looking to Sylvia Wynter's work on the overrepresentation of Western Man and the production of alternate genres of the human for scholarly coordinates that extend the work of trans studies in more productive directions.[78] Alongside growing conversations involving trans studies, Afro-pessimism, and indigenous studies is work that draws on a decolonial framework to think of transgender and transsexuality as imperial formations of knowledge that circulate transnationally, but unevenly, across the global north and the global south.[79] Joseli Maria Silva and Marcio Jose Ornat explain the "decolonialist approach" succinctly as "the opportunity to develop a strategy with which to overcome the notion of the primacy of scientific knowledge over those who suffer the effects of epistemic violence."[80] As the editors of *Transgender Studies Quarterly*'s special issue "Decolonizing the Transgender Imaginary" put it, "The term *transgender*—grounded as it is in conceptual underpinnings that assume a sex/gender distinction as well as an analytic segregation of sexual orientation and gender identity/expression . . . [is] simply foreign to most places and times."[81] *Histories of the Transgender Child* adds that one of those "places and times" might actually be the twentieth-century United States, if we read the medical archive through an interpretive practice aimed at its decolonization.

This book makes two arguments about the racialized genealogies of transsexuality and trans medicine on the one hand and the disqualification of trans of color life and knowledge from them on the other. First, its trans of color critique of medicine illuminates *how* the medicalization of trans

life has always fundamentally racialized it, in more than one sense. Sex and gender were reconceived as plastic phenotypes during the twentieth century, which makes all human embodiment, including cisgender forms, a racial formation.[82] Second, because the concept of plasticity was abstractly racialized by medical science as a synonym for whiteness, in the clinic it had real demographic effects. The overwhelming majority of trans patients seen at institutions of medicine were white. Even in the most pathologizing and disenfranchising medical models, the abstract whiteness projected onto the white trans body justified the attention given by doctors. Black trans and trans of color patients were much rarer because they were by design not welcome within that discourse. The broader racialized and class disparities in access to American medicine were also particularly acute in trans medicine, making it far more difficult for trans people of color to find competent and caring professional attention, whether in 1920 or in 1975—or, for that matter, today. In this way, the medical model built during the twentieth century disavows its own racial knowledge and racial violence, a set of practices that, as C. Riley Snorton has shown, run much longer, into the eighteenth century at least, where "chattel slavery functioned as one cultural apparatus that brought sex and gender into arrangement."[83] The Johns Hopkins Hospital, which is a central focal point of this book, is emblematic of the disavowed racial genealogy of modern American medicine. Built in a historically black neighborhood in the late nineteenth century on the presumption of special access to black people's bodies for experimental research that was frequently nontherapeutic, practiced without consent, painful, and destructive, Hopkins produced many "modern" medical protocols out of experiments that were seen through a lens not of white plastic potential but of black fungibility. This held true for the Hopkins clinics involved in the production of protocols for altering human sex, where I show that black trans and black intersex life was framed in atavistic terms. This is a particularly pernicious racial effect of medicine in light of Snorton's rigorous detailing, in *Black on Both Sides*, of how "captive flesh figures a critical genealogy for modern transness, as chattel persons gave rise to an understanding of gender as mutable and as an amendable form of being."[84] The racial plasticity of sex and gender whose history this book locates in the twentieth century is very much part of the inheritance from that racial history.

A trans of color critique of medicine, then, insists on naming, following Susan Stryker, the "spectacular whiteness" of transsexuality as a colonial

form of knowledge whose claims to jurisdiction over trans life must be contested.[85] Through a detailed historical investigation of the construction of trans medicalization from the opening of the twentieth century to the end of the 1970s, this book works from within the historicity of transsexuality and its predicates to demonstrate that medicine's reason is actually a highly impaired, partial perspective on trans life—and trans childhood especially—that can only masquerade as universal and objective through the constitutive violence that it disavows. Not only does the whiteness of medicine interfere with the intelligibility and livelihood of black, brown, indigenous, and other marginal trans people, but it substitutes for them a point of view rendered detached and transcendent through their exclusion. Trans children stand out as powerful examples of this process of producing objective vision out of the forced disappearance of the personhood of patients. Trans children became valuable to doctors for an abstract quality, plasticity, which they exceptionally incarnated in their growth from infancy to adulthood. Medicine made of children's living bodies proxies for the experimental alteration of racial plasticity and human sex, not by listening to children's desires or demands for gender self-determination but by making them into the raw material of medical techniques. The same plasticity of sex that was racialized as white, making white trans children valuable in the clinic, also silenced them, making their experimental treatment a means to other ends.

Marking the limited and partial perspective of medical science is a project whose roots I also find in feminist science studies and woman of color feminism. Donna Haraway argues for a concept of "situated knowledges" to both open up this problem in dominant Western forms of scientific knowledge and find a theory of feminist objectivity that can usurp its place without having to reject the practice of science altogether. For Haraway, the difference between a dominant form of objectivity and a feminist objectivity is that the latter is concerned with the ethical problem of *being held accountable for the production of a standpoint*. Unlike institutional science or medicine, in the production of situated knowledge "the scientific knower seeks the subject position not of identity, but of objectivity; that is, partial connection," which is quite distinct from the totalizing act of fully grasping an object of knowledge.[86] In other words, through a feminist practice of situated knowledge, which does not pretend to proceed from a transcendent, detached position or to split the observer and the object of knowledge, "we might become answerable for what we learn to see."[87]

Naming dominant epistemological practices and forms of scientific knowledge as situated, not universal or independent in their objectivity, is a powerful critique. Yet Haraway also offers the concept for building alternate forms of embodied knowledge, especially from the position of those whose lives have been long disqualified as unscientific, such as women, people of color, and colonized peoples. Still, Haraway is careful about not romanticizing the alternate production of knowledge from perspectives that have been subjugated:

> Many currents in feminism attempt to theorize grounds for trusting especially the vantage points of the subjugated; there is good reason to believe vision is better from below. . . . The positionings of the subjugated [however] are not exempt from critical re-examination, decoding, deconstruction, and interpretation. . . . The standpoints of the subjugated are not innocent positions. On the contrary, they are preferred because in principle they are least likely to allow denial of the critical and interpretive core of all knowledge. . . . Subjugated standpoints are preferred because they seem to promise more adequate, sustained, objective, transforming accounts of the world. But *how* to see from below is a problem requiring at least as much skill with bodies and language . . . as the 'highest' techno-scientific visualizations.[88]

This is a point that Chela Sandoval develops through a woman of color feminist lens in *Methodology of the Oppressed,* explaining that the production of situated knowledge from the perspective of the oppressed must be careful to avoid reducing that perspective to an identity. Sandoval cautions against this persistent problem, where minority forms of knowledge such as black feminist theory, queer of color critique, or indigenous epistemologies are misrecognized as correlate to a particular identitarian scope that reduces their sphere of applicability, rather than constituting "a theoretical and methodological approach in [their] own right."[89] For Sandoval, "These skills, born of de-colonial processes," would "insist on new kinds of human and social exchange that have the power to forge a dissident transnational coalitional consciousness."[90] A trans of color methodology of the oppressed might also be called a "science of the oppressed," a concept that micha cárdenas has adapted and developed in recent work connecting art, activism, poetics, and digital making.[91]

Trans of color studies grows out of these multiple genealogies, prioritizing as much as possible the "(De)Subjugated Knowledges" named in Susan Stryker's introduction to the first *Transgender Studies Reader*.[92] There is a rich and growing bibliography of work that problematizes transsexuality as an artifact of colonial forms of knowledge and governance, critiques the disqualification of trans of color life and knowledge as unscientific and unworthy of personhood, and authors situated knowledges from the perspective of trans of color lives that are never reducible to a single or transcendent position but instead implicate the researcher and the reader, asking them to confront their responsibility to trans of color subjects, *and* the varying "response-ability" of those trans of color subjects.[93] This book's trans of color framework is built not out of a unified voice or referent, then, but out of a generative and internally discordant bibliography drawn from trans of color scholarship, black feminist theory, black queer studies, woman of color feminism, queer of color studies, and decolonial studies. While I aim to cultivate responsibility to those fields, I also affirm the partially incompatible and contradictory elements involved in their mobilization together. There are distinct points of friction that I do not always try to resolve and that are the particular risk of the formulation "trans of color." I *do*, however, mean to avoid flattening the category "race," much as I aim to expand the meanings of "trans." In this book there are several distinct forms of racialization at hand whose historical entanglement is the object of inquiry. Naming modern sex and gender as racialized white though the medicalization of plasticity in children's bodies, for instance, implies an exclusionary and dehumanizing relation to the racialization of black trans life. The racial formations of blackness and indigeneity, in particular, are highly specific in the U.S. context and do not map onto Latinx or immigrant forms of race that have often been forced into competitive relationships by the state.

There are also important conceptual and political tensions within the theoretical perspectives mobilized in this book. Haraway and Sandoval's emphasis on situatedness, for instance, sits in tension with work in black studies on what Fred Moten calls "the refusal of standpoint" and the proposition "to think from no standpoint" in the case of blackness.[94] There is also an important tension in thinking about the relation of forms of symbolic or social death that have attached to black trans and trans of color life and the material lives of black trans and trans of color people. Admittedly, these larger and ongoing conversations across fields are mostly beyond the

scope of this book. Still, they insist as an importantly recurring problem. The frequent absence of black trans and trans of color children in the clinic's archive, in particular, is not only a product of medical gatekeeping or the whiteness of transsexuality. It is also a product of a *distance* practiced by black trans and trans of color people from institutional medicine, which was well understood to be a dangerous and frequently violent apparatus. By the 1960s and 1970s, as formal gender clinics began to open in the United States, their overwhelmingly white clientele was contrasted with the continuing use of willfully faulty homosexuality and schizophrenia diagnoses to reject outright black trans children's personhood and to subject them to potentially infinite detention in psychiatric facilities, as well as more literal forms of incarceration.

The black trans children who appear in this book, particularly in the fourth and fifth chapters, occupy a difficult and risky position in its narrative, one magnified by the protocols of medical archival research, where the need to anonymize dilutes even the smallest details of black life whose traces are left behind. Black trans children are situated in these chapters in contrast to the white trans children whose lives are overrepresented in clinical archives. Although to preserve anonymity I do not use any real names from medical records in this book, it is worth pointing out that these black trans children frequently had no name recorded in those documents to begin with. They were also the least likely to have any pretense of their own voice recorded in interviews or to be discussed with even the most basic trappings of personhood. This is a dangerous situation to reconstruct out of the archive, for it risks reassigning a necropolitical value to black trans children, letting them vitalize the work of transgender studies without challenging their reduction to social death in the archive. To read contrary to the facticity of the archive and locate some form of escape or resistance is also exceedingly difficult because of the brevity and sheer misdirection of the medical discourse in those documents. To argue that their blackness therefore always sits in an irruptive position in relation to transsexuality, in certain instances threatening to puncture the racial order of things, also risks casting these black trans childhoods in a romanticized role as always-already outside the category transgender—not an easy position from which to find a livable life for a child.

Taking these risks on as part of the ethical project of cultivating responsibility toward the real lives behind historical discourses, I draw on Robert Reid-Pharr's "post-humanist archival practice."[95] Informed by rich

thinking in black studies on how black social formations are forced to survive within the violent matrix of Western humanism's concept of "Man," how "the black operates in Western humanism as a nonsubject who gives meaning to the awkward and untenable concept of 'Man'" (8), for Reid-Pharr the historical archive of black sociality can reinforce the parameters of that humanism only if it is acquiesced to in advance. He argues convincingly that "though the conceits of humanism would have us believe that our ability to address human being must by necessity be a radically demarcated endeavor, the *lived* reality of black life demonstrates an unusually broad set of procedures that have challenged and critiqued not only white supremacy but also the smugness and certainty of the entire Western humanist apparatus" (9, emphasis in original). Drawing on Hortense Spillers's distinction between body and flesh and a renewed sense of the archive as a location for interpreting alternate accounts of social life that find their conceptual coordinates in historically lived difference, Reid-Pharr names the responsive object of his posthumanist practice "archives of flesh" (10–11). Rather than taking the ejection of blackness from the human as the final word on the matter, these archives of flesh bring to the fore "many moments of illogic, indeed of wildness and bestiality, that one finds in humanist discourse" (10), inviting its undermining through archival interpretative practices attuned to alternate forms of the human already existent in the past.[96]

If this book's archives of black trans childhood are, to a considerable extent, overwhelmed by the sheer force of medicine as a domineering form of humanism, yielding only the slightest glimpses of the situated perspective of black trans childhood, this is, as Reid-Pharr importantly reminds, less a reason to abandon the archive than an invitation to invent better interpretive practices that break from dominant epistemes and ontologies by recognizing that domination has to be historically produced but is never a done deal. It is also, however, a reminder that this book provides only one account of black trans childhood's historicity. We need more of these histories, and we do need different archives that produce alternate forms of knowledge richer in the grain of black trans and trans of color embodied objectivities than what this book can provide by focusing on the history of medicine.[97]

I turned to S.T.A.R. to frame my thinking about the collective project of trans of color studies not only because it provides subjugated historical knowledge from before the contemporary liberal LGBT movement but also

because Rivera's life as a street kid reminds us that there are countless untold stories latent in the past that could be what Snorton terms "fugitive moments in the hollow of fungibility's embrace."[98] And even when they contrast with or outright contradict the account that I provide in this book, that contributes toward displacing the whiteness and rationality of transsexuality, suggesting black trans and trans of color futures that do not reiterate the exhausted closure of humanism. It matters, but precisely in ways that we can scarcely yet imagine in their profundity, that as some of the trans children I write about in the last chapter of this book were visiting Harry Benjamin's private practice on the Upper West Side of Manhattan in 1970, across town and some thirty-odd blocks south Rivera was picketing Bellevue Hospital, where she had been held by medical authorities as a child.

With these methodological and historiographical coordinates in mind, this book's conclusion argues against the etiological framing of trans children, whether by medicine, the helping professions, or the media. As I began to suggest in the preface, *Histories of the Transgender Child* asks us to turn against and away from figurative thinking about trans children in general. Trans children must no longer bring us to some new knowledge of trans life or sex and gender, making them a means to some other abstract end. Rather, through the twentieth-century history of the chapters that follow I propose an ethical relation that calls upon adults to stop questioning the being of trans children and affirm instead that there *are* trans children, that trans childhood is a happy and desired form—not a new form of life and experience but one richly, beautifully historical and multiple.

Notes

Introduction

1. James McDonald, "Laverne Cox Declares Transgender State of Emergency," *Out Magazine,* August 20, 2015, https://www.out.com/news-opinion/2015/8/20/laverne-cox-declares-transgender-state-emergency; Janet Mock, *Redefining Realness: My Path to Womanhood, Identity, Love, & So Much More* (New York: Atria Books, 2014); CeCe McDonald, "'Go Beyond Our Natural Selves': The Prison Letters of CeCe McDonald," intr. Omise'eke Natasha Tinsley, *Transgender Studies Quarterly* 4, no. 2 (2017): 243–65; *I Am Jazz,* The Learning Channel, 2015; Moriah Balingit, "Gavin Grimm Just Wanted to Use the Bathroom. He Didn't Think the Nation Would Debate It," *Washington Post,* August 30, 2016, https://www.washingtonpost.com/local/education/gavin-grimm-just-wanted-to-use-the-bathroom-he-didnt-think-the-nation-would-debate-it/. Caitlyn Jenner's late-in-life coming-out and contested attempts to immediately claim a public position of leadership on trans issues also put her into a strange generational relationship with trans children, as well as a frictional relation to black trans women, both of whose public trans visibility and vulnerability long preceded hers. See Julian Gill-Peterson, "Growing Up Trans in the 1960s and 2010s," in *Misfits: An Inquiry into Childhood Belongings,* ed. Markus Bohlmann (Lanham, Md.: Lexington Books), 213–30.

2. For media from the past several years that reflect this figuration, see *I Am Jazz: A Family in Transition,* dir. Jen Stocks, *Oprah Winfrey Network,* November 27, 2011; *PBS Frontline,* Season 34, Episode 1, "Growing Up Trans," *PBS,* June 29, 2015; Amy Ellis Nutt, *Becoming Nicole: The Transformation of an American Family* (New York: Random House, 2016); "Special Issue: The Gender Revolution," *National Geographic,* January 2017; and *3 Generations,* dir. Gabby Dellal (Los Angeles: Weinstein Company, 2017). See also Gill-Peterson, "Growing Up Trans in the 1960s and 2010s."

3. C. Riley Snorton and Jin Haritaworn, "Trans Necropolitics: A Transnational Reflection on Violence, Death, and the Trans of Color Afterlife," in *The Transgender Studies Reader 2,* ed. Susan Stryker and Aren Z. Aizura (New York: Routledge, 2013), 66–76.

4. Treva Ellison, Kai M. Green, Matt Richardson, and C. Riley Snorton, "We Got Issues: Toward a Black Trans*/Studies," *Transgender Studies Quarterly* 4, no. 2 (2017): 162–69; Elías Cosenza Krell, "Is Transmisogyny Killing Trans Women of

Color? Black Trans Feminisms and the Exigencies of White Femininity," *Transgender Studies Quarterly* 4, no. 2 (2017): 226–42; Syrus Marcus Ware, "All Power to All People? Black LGBTTI2QQ Activism, Remembrance, and Archiving in Toronto," *Transgender Studies Quarterly* 4, no. 2 (2017): 170–80; and Erin Durban-Albrecht, "Postcolonial Disablement and/as Transition: Trans* Haitian Narratives of Breaking Open and Stitching Together," *Transgender Studies Quarterly* 4, no. 2 (2017): 195–207.

5. Robin Bernstein, *Racial Innocence: Performing American Childhood from Slavery to Civil Rights* (New York: New York University Press, 2011). On the "emptiness" of childhood innocence, see James Kincaid, *Eroticizing Innocence: The Culture of Child Molesting* (Durham, N.C.: Duke University Press, 1998).

6. The high material cost of this figurative separation manifests in one form as the fungibility attached to black trans and trans of color children's lives, a fact illustrated painfully by the case of the murder of Latisha King and the repetition of violence against her during the criminal trial of her killer. See Gayle Salamon, *The Life and Death of Latisha King: A Critical Phenomenology of Transphobia* (New York: New York University Press, 2018).

7. Eva S. Hayward, "Don't Exist," *Transgender Studies Quarterly* 4, no. 2 (2017): 191.

8. The archive of examples here is growing almost daily. For two examples typical of the narrative I am describing, see *PBS Frontline,* "Growing Up Trans," and "The Gender Revolution."

9. On the politics of refusal and racial plasticity, see Sandra Harvey, "The HeLa Bomb and the Science of Unveiling," *Catalyst: Feminism, Theory, Technoscience* 2, no. 2 (2016): 18–20.

10. Theories of trans- or trans* grounded in radical openness or a creative capacity for transformation and mutability, in particular, have gone so far as to equate conceptually trans *with* plasticity. See, for example, Nicholas Chare and Ika Willis, "Trans-: Across/Beyond," *Parallax* 22, no. 3 (2016): 267–89. I follow instead the critical framework of scholars like Zakiyyah Iman Jackson, who shows that plasticity-as-mutability easily underwrites both progressive *and* profoundly dehumanizing projects, particular in the case of slavery, blackness, and the creation of the human. See Jackson, "Losing Manhood: Animality and Plasticity in the (Neo) Slave Narrative," *Qui Parle* 25, no. 1–2 (2016): 95–136. For a historical investigation of the racialization of plasticity in the nineteenth century, the period that precedes this book, see Kyla Schuller, *The Biopolitics of Feeling: Race, Sex, and Science in the Nineteenth Century* (Durham, N.C.: Duke University Press, 2017).

11. To be clear, this is not a criticism of the vital and still emerging scholarship on trans children. This work focuses on the contemporary world not out of any neglect of the past but mostly because of disciplinary convention: it is largely coming out of sociology and ethnographies of the clinic and families with trans

children, rather than from fields that typically engage with archives and extensive history. What I am actually interested in is the generational and historiographical assumptions that have come to suffuse this work in the absence of a historicity to trans children, which I take up later.

12. Tey Meadow, "Child," *Transgender Studies Quarterly* 1, no. 1–2 (2014): 57.

13. This issue frequently turns up in journalistic accounts. See Freda R. Savana, "Looking at Suppressing Puberty for Transgender Kids," *Washington Times,* March 1, 2016, http://www.washingtontimes.com/news/2016/mar/12/looking-at-suppressing-puberty-for-transgender-kid/. The distinction of reversible/irreversible is also being codified into the standards of care for pediatric trans medicine. See Johanna Olson-Kennedy, Stephen M. Rosenthal, Jennifer Hastings, and Linda Wesp, "Health Considerations for Gender Non-Conforming Children and Transgender Adolescents," *Center of Excellence for Transgender Health,* http://transhealth.ucsf.edu/trans?page=guidelines-youth.

14. This concern becomes a dramatic plotline for one family with a thirteen-year-old trans child in "Growing Up Trans." I critique the presumptions upon which the entire dispute relies in Gill-Peterson, "Growing Up Trans in the 1960s and 2010s."

15. The most common origin story is that a Dutch clinic developed puberty suppression therapy before it was adopted elsewhere in Europe, the UK, Canada, and the United States. See Peggy T. Cohen-Kettenis and Friedmann Pfäfflin, *Transgenderism and Intersexuality in Childhood and Adolescence: Making Choices* (London: Sage, 2003).

16. Jack Halberstam, "Trans*—Gender Transitivity and New Configurations of Body, History, Memory and Kinship," *Parallax* 22, no. 3 (2016): 367.

17. Meadow, "Child," 58.

18. Halberstam, "Trans*," 367.

19. On the massively unrepresented trans children of color and those without adequate financial or bureaucratic means to access medicine, see Ann Travers, *The Trans Generation: How Trans Kids (and Their Parents) Are Creating a Gender Revolution* (New York: New York University Press, 2018). I return to this issue in the conclusion.

20. I return at more significant length to this problem of generational succession in chapter 5, including by looking at Halberstam's work on the "border wars" between butch lesbians and trans men.

21. See Susan Stryker, Paisley Currah, and Lisa Jean Moore, "Trans-, Trans, or Transgender?," *Women's Studies Quarterly* 36, no. 3–4 (2008): 11–22; Eva Hayward, "More Lessons from a Starfish: Prefixial Flesh and Transspeciated Selves," *Women's Studies Quarterly* 36, no. 3–4 (2008): 64–85; Chare and Willis, "Trans-: Across/Beyond"; and Eliza Steinbock, Marianna Szczygielska, and Anthony Wagner, "Thinking Linking," *Angelaki: Journal of the Theoretical Humanities* 22, no. 2 (2017): 1–10.

22. Susan Stryker, *Transgender History* (Berkeley, Calif.: Seal Press, 2008), 24.

23. Sandy Stone, "The *Empire* Strikes Back: A Posttranssexual Manifesto," 1987, https://sandystone.com/empire-strikes-back.pdf. See also Stone's trenchant reflections on the category in Susan Stryker, "Another Dream of Common Language: An Interview with Sandy Stone," *Transgender Studies Quarterly* 3, no. 1–2 (2016): 303–4.

24. Leslie Feinberg, *Transgender Warriors: Making History from Joan of Arc to Dennis Rodman* (Boston: Beacon Press, 1996), ix, emphasis in original. My thanks to Julie Beaulieu for pointing me toward this passage.

25. Paul Amar, "The Street, the Sponge, and the Ultra: Queer Logics of Children's Rebellion and Political Infantilization," *GLQ: A Journal of Lesbian and Gay Studies* 22, no. 4 (2016): 571.

26. Amar, "The Street," 597.

27. Amar, "The Street," 597.

28. Kathryn Bond Stockton, *The Queer Child, or Growing Sideways in the Twentieth Century* (Durham, N.C.: Duke University Press, 2009).

29. Even in Joanne Meyerowitz's landmark book *How Sex Changed: A History of Transsexuality in the United States* (Cambridge, Mass.: Harvard University Press, 2004), the chapter that covers the era before the 1950s reads like a predicate—an overview of historiographical possibilities, rather than an investigation as detailed as what follows on the midcentury. Although this is in no doubt partly an effect of Meyerowitz being one of the first historians to write in-depth about Christine Jorgensen and 1950s transsexual medicine, it is notable that there are still no book-length studies of the first half of the twentieth century in isolation.

30. Paul B. Preciado, *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era,* trans. Bruce Benderson (New York: Feminist Press, 2014). I take up this point in greater detail in chapter 2.

31. Jay Prosser, *Second Skins: The Body Narratives of Transsexuality* (New York: Columbia University Press, 1998), 8; Bernice L. Hausman, *Changing Sex: Transsexualism, Technology, and the Idea of Gender* (Durham, N.C.: Duke University Press, 1995). Preciado's claim in *Testo Junkie* that "the pharmacopornographic business is the *invention of a subject* and then its global reproduction" (36, emphasis in original) reads uncomfortably close to Hausman's that it is "through the analysis of discursive formations that one can trace the conditions of possibility for the emergence of new subjectivities" (viii), which in turn prefaces her argument that "the development of certain medical technologies made the advent of transsexualism possible" (7) and, infamously, that "transsexuals are the dupes of gender" (140).

32. Meyerowitz, *How Sex Changed,* 21.

33. On the challenges of the twentieth-century trans archive, see Laura Peimer, "Trans* Collecting at the Schlesinger Library: Privacy Protection and the Challenges of Description and Access," *Transgender Studies Quarterly* 2, no. 4 (2015):

614–20; Ms. Bob Davis, "Using Archives to Identify the Trans* Women of Casa Susana," *Transgender Studies Quarterly* 2, no. 4 (2015): 621–34; and Chase Joynt and Kristen Schilt, "Anxiety at the Archive," *Transgender Studies Quarterly* 2, no. 4 (2015): 635–44.

34. Meyerowitz, in *How Sex Changed*, and Hausman, in *Changing Sex,* both frame the first half of the twentieth century in this way. On interwar endocrinology, see Alice Dreger, "A History of Intersexuality, from the Age of Gonads to the Age of Consent," *Journal of Clinical Ethics* 9, no. 4 (199): 345–55; and Henry Rubin, *Self-Made Men: Identity and Embodiment among Transsexual Men* (Nashville, Tenn.: Vanderbilt University Press, 2003), 35–59. One noteworthy exception to this framing is Stryker's *Transgender History*. Given that Stryker aims to undermine the dominance of medical discourse in trans history, instead focusing on "the collective political history of transgender social change and activism in the United States" (2), she is able to identify a range of rich sites for investigating the early twentieth century from a trans perspective, as far back as the establishment of the Cercle Hermaphroditos, a trans social club, in New York City in 1895 (41).

35. Meyerowitz, *How Sex Changed,* 21.

36. For a broader reflection on the naming and claiming of trans archives, see K. J. Rawson, "An Inevitably Political Craft," *Transgender Studies Quarterly* 2, no. 4 (2015): 544–52.

37. Ralph Werther, *Autobiography of an Androgyne,* ed. Scott Herring (New Brunswick, N.J.: Rutgers University Press, 2008). Subsequent page references made in-text.

38. Stryker, *Transgender History,* 41.

39. Werther, *Autobiography of an Androgyne,* 21. Subsequent references in-text.

40. Emma Heaney, *The New Woman: Literary Modernism, Queer Theory, and the Trans Feminine Allegory* (Chicago: Northwestern University Press, 2017), 174, emphasis added.

41. Heaney, *The New Woman,* 14.

42. Peter Coviello, *Tomorrow's Parties: Sex and the Untimely in Nineteenth-Century America* (New York: New York University Press, 2013), 20.

43. On the historical shift through which the aspirational model of trans sex produced its difference from cis sex, see Heaney, *The New Woman,* 48.

44. Jennifer Germon, *Gender: A Genealogy of an Idea* (New York: Palgrave Macmillan, 2009); Sharon E. Preves, "Sexing the Intersexed: An Analysis of Sociocultural Responses to Intersexuality," *Signs* 27, no. 2 (2001): 523–56; David A. Rubin, "'An Unnamed Blank That Craved a Name': A Genealogy of Intersex as Gender," *Signs* 37, no. 4 (2012): 883–908; and Jemima Repo, "The Biopolitical Birth of Gender: Social Control, Hermaphroditism, and the New Sexual Apparatus," *Alternatives: Global, Local, Political* 38, no. 3 (2013): 228–44.

45. See Gayle Salamon's important essay "The Meontology of Castration," *Parallax* 22, no. 3 (2016): 312–22.

46. Michael Dillon, *Self: A Study in Endocrinology and Ethics* (London: Heinemann, 1946).

47. Alan L. Hart to Mary Roberts Rinehart, August 3, 1921, Folder 8, Box 21, Series VI, MRR. Hart has also been claimed as a lesbian, notably by Jonathan Ned Katz in *Gay American History: Lesbians and Gay Men in the U.S.A.* (New York: Thomas Y. Crowell, 1992), 390–422. The porosity of the inversion discourse that circulated in this era makes it difficult to disentangle sex from sexuality in the sense of object choice. Nevertheless, in terms of medicine, Hart's interest in hormone therapy, hysterectomy, and gonadectomy certainly makes him an important figure in the history of endocrinology and transsexual medicine before the field came about. For more on identifying trans people from this era, see chapter 2.

48. Louise Lawrence to Harry Benjamin, June 1, 1953, Box 1, Series 1-B, LL.

49. Vicki's letters are discussed in detail in chapter 4.

50. Aaron Devor and Nicholas Matte, "Building a Better World for Transpeople: Reed Erickson and the Erickson Educational Foundation," *International Journal of Transgenderism* 10, no. 1 (2007): 47–68; Aaron Devor and Nicholas Matte, "ONE Inc. and Reed Erickson," *GLQ* 10, no. 2 (2004): 179–209.

51. Abram J. Lewis, "'I Am 64 and Paul McCartney Doesn't Care': The Haunting of the Transgender Archive and the Challenges of Queer History," *Radical History Review* 120 (2014): 22–23.

52. Lewis, "I Am 64," 22.

53. Abram J. Lewis, "Trans Animisms," *Angelaki: Journal of the Theoretical Humanities* 22, no. 2 (2017): 203; Reina Gossett, "Occupy Humor & Grief as Transformative Practices," March 15, 2012, http://www.reinagossett.com/occupy-humor-grief-as-transformative-practices/.

54. For a discussion of this concept in terms of rural trans life, see Jack Halberstam, *In a Queer Time and Place: Transgender Bodies, Subcultural Lives* (New York: New York University Press, 2005), 22–46. On metronormativity in queer theory, where the concept has been explored in greater detail, see Martin F. Manalansan, Chantal Nadeau, Richard T. Rodriguez, and Siobhan B. Somerville, "Queering the Middle: Race, Region and a Queer Midwest," *GLQ: A Journal of Lesbian and Gay Studies* 20, no. 1–2 (2014): 1–12; and Scott Herring, *Another Country: Queer Anti-Urbanism* (New York: New York University Press, 2010).

55. Sylvia Rivera, "Queens in Exile, the Forgotten Ones," in *Street Transvestite Action Revolutionaries: Survival, Revolt, and Queer Antagonist Struggle,* ed. Ehn Nothing (Untorelli Press, 2013), 42.

56. Notes from Martin Duberman Interview with Sylvia Rivera, October 12, 1990, 5–6, Folder 1, JK.

57. Ehn Nothing, "Queers against Society," in *Street Transvestite Action Revolutionaries: Survival, Revolt, and Queer Antagonist Struggle,* ed. Ehn Nothing (Untorelli Press, 2013), 7.

58. Rivera, "Queens in Exile, the Forgotten Ones," 42.

59. Sylvia Rivera and Marsha P. Johnson, "Rapping with a Street Transvestite Revolutionary," in *Street Transvestite Action Revolutionaries: Survival, Revolt, and Queer Antagonist Struggle,* ed. Ehn Nothing (Untorelli Press, 2013), 28.

60. Rivera and Johnson, "Rapping with a Street Transvestite Revolutionary," 29.

61. Notes from Martin Duberman Interview, 7.

62. Some activists have maintained an interest in claiming these street kids as *gay,* rather than trans, although the factual basis for those kinds of distinctions seems rather weak and tends to be part and parcel of political battles over the legacy of the Stonewall riots in the West Village in New York City more than anything else. See David Carter, "Gay Street Youth: The Fire in the Stonewall Riots," *Pride Magazine,* 2003, Folder 18, Box 1, BK.

63. Jessi Gan argues that "Rivera is . . . profoundly important in a Latin@, transgender, and queer historiography where histories of transgender people of color are few and far between." Gan, "'Still at the Back of the Bus': Sylvia Rivera's Struggle," *Centro Journal* 19, no. 1 (2007): 128.

64. While there is an abundant literature about Rivera and Johnson, it tends to repeat the same narratives and vignettes about their lives, presumably because that is all that has been archived or that can be remembered by people who knew them. In addition to the sources mentioned in this introduction, see Martin Duberman, *Stonewall* (New York: Penguin, 1993); Liz Highleyman, "Sylvia Rivera: A Woman before Her Time," in *Smash the Church, Smash the State! The Early Years of Gay Liberation,* ed. Tommi Avicolli Mecca (San Francisco: City Lights Books, 2009), 172–81; Tommi Avicolli Mecca, "Marsha P. Johnson: New York City Legend," in *Smash the Church, Smash the State! The Early Years of Gay Liberation,* ed. Tommi Avicolli Mecca (San Francisco: City Lights Books, 2009), 261–62; Benjamin Shepard, "Sylvia and Sylvia's Children: A Battle for a Queer Public Space," in *That's Revolting! Queer Strategies for Resisting Assimilation,* ed. Mattilda Bernstein Sycamore (New York: Soft Skull Press, 2008); and Leslie Feinberg, "Street Transvestite Action Revolutionaries," *Workers World,* September 24, 2006, http://www.workers.org/2006/us/lavender-red-73/. One nonacademic source of similar narratives comes in the form of obituaries for and remembrances of Rivera. See Michael Bronski, "Sylvia Rivera: 1951–2002," *Z Magazine,* April 1, 2002, https://zcomm.org/zmagazine/sylvia-rivera-1951–2002-by-michael-bronski/; and Riki Wilchins, "A Woman for Her Time," *Village Voice,* February 26, 2002, https://www.villagevoice.com/2002/02/26/a-woman-for-her-time/. Archival holdings on their lives are even more ephemeral, but see BK and JK in particular. Reina Gossett's work in recovering and making Rivera's archive accessible has been instrumental and, far too frequently, uncredited.

65. Stephan Cohen, "An Historical Investigation of School and Community-Based Gay Liberation Youth Groups, New York City, 1969–1975: An Army of Lovers Cannot Fail" (thesis, Harvard University, 2004), 138.

66. Gan, "Still at the Back of the Bus," 133. Shepard concurs in "Sylvia and Sylvia's Children" that even after the dissolution of S.T.A.R., "Rivera played the role of surrogate mother to a community of homeless transgender and queer street kids on the piers" (127).

67. Feinberg, "Street Transvestite Action Revolutionaries."

68. Feinberg, "Street Transvestite Action Revolutionaries."

69. Sylvia Rivera, "Y'all Better Quiet Down," in *Street Transvestite Action Revolutionaries: Survival, Revolt, and Queer Antagonist Struggle,* ed. Ehn Nothing (Untorelli Press, 2013), 30.

70. Dick Leitsch to Bob Kohler, September 12, 1969, Folder 17, Box 1, BK.

71. I also agree that the persistence of transphobic feminist projects within the academy is another area of urgent concern for the field, as Susan Stryker and Talia M. Bettcher point out in "Introduction: Trans/Feminisms," *Transgender Studies Quarterly* 3, no. 1–2 (2016): 5–7. See also Cael M. Keegan's discussion of "compromise" over gender bathroom policies at the National Women Studies Association annual meetings, "On Being the Object of Compromise," *Transgender Studies Quarterly* 3, no. 1–2 (2016): 150–57.

72. Contrast this approach to thinking race and trans together with something like *Trans: Gender and Race in the Age of Unsettled Identities* (Princeton, N.J.: Princeton University Press, 2016), Rogers Brubaker's sociologically driven text that attempts to compare the controversy over Caitlyn Jenner and Rachel Dolezal to think about the incommensurability of transgender and transracial narratives. By taking a highly contemporary, twenty-first-century controversy as his launch point, as if there were no relation between trans and racialized forms of life in the past, and by snubbing trans of color studies scholars who have worked extensively on thinking about race and trans together, Brubaker is able to colonize the subject despite admittedly having *no* expertise in either trans studies or critical race studies (xi). This model also has the effect of entirely flattening the category "race" into an almost meaningless sociological descriptor, which distorts and undermines the position of blackness and the visibility of antiblackness in his analysis. Brubaker's uninterrogated model of subjectivity also reiterates the normative subject of the West as the only intelligible form of gendered and racialized life.

73. Ellison, Green, Richardson, and Snorton, "We Got Issues," 164.

74. Ellison, Green, Richardson, and Snorton, "We Got Issues," 164, emphasis added.

75. Susan Stryker and Aren Z. Aizura, "Transgender Studies 2.0," in *The Transgender Studies Reader 2*, ed. Susan Stryker and Aren Z. Aizura (New York: Routledge, 2013), 10.

76. Snorton and Haritaworn, "Trans Necropolitics," 67.

77. See Alexander G. Weheliye, *Habeas Viscus: Racializing Assemblages, Biopolitics, and Black Feminist Theories of the Human* (Durham, N.C.: Duke University

Press, 2014); and Denise Ferreira da Silva, "Before *Man:* Sylvia Wynter's Rewriting of the Modern Episteme," in *Sylvia Wynter: On Being Human as Praxis,* ed. Katherine McKittrick (Durham, N.C.: Duke University Press, 2015), 90–105.

78. See, for example, Steinbock, Szczygielska, and Wagner, "Thinking Linking." Wynter's concept of "a new science of the word" is also a rich resource for thinking about the undermining and transformation of Western medical science through alternate forms of embodied knowledge previously disqualified by its rationality and coloniality. Sylvia Wynter and Katherine McKittrick, "Unparalleled Catastrophe for Our Species? Or, to Give Humanness a Different Future: Conversations," in *Sylvia Wynter: On Being Human as Praxis,* ed. Katherine McKittrick (Durham, N.C.: Duke University Press, 2015), 14. See also Walter Mignolo's reflections on "*decolonial scientia*" in "Sylvia Wynter: What Does It Mean to Be Human?," in *Sylvia Wynter: On Being Human as Praxis,* ed. Katherine McKittrick (Durham, N.C.: Duke University Press, 2015), 115–18.

79. On the convergences and divergences of trans and indigenous studies, see Scott L. Morgensen, "Conditions of Critique: Responding to Indigenous Resurgence within Gender Studies," *Transgender Studies Quarterly* 3, no. 1–2 (2016): 192–201; and Kale Fajardo, "Queer/Asian Filipinos in Oregon: A Trans*Colonial Approach," lecture given at the University of Pittsburgh, February 29, 2016.

80. Joseli Maria Silva and Marcio Jose Ornat, "Transfeminism and Decolonial Thought: The Contribution of Brazilian *Travestis,*" trans. Sean Stroud, *Transgender Studies Quarterly* 3, no. 1–2 (2016): 220.

81. Aren Z. Aizura, Trystan Cotton, Carsten Balzer/Carla LaGata, Marcia Ochoa, and Salvador Vidal-Ortiz, "Introduction," *Transgender Studies Quarterly* 1, no. 3 (2014): 304.

82. Chapter 3, on the invention of gender, takes up this point in greatest detail.

83. C. Riley Snorton, *Black on Both Sides: A Racial History of Trans Identity* (Minneapolis: University of Minnesota Press, 2017), 157.

84. Snorton, *Black on Both Sides*.

85. Susan Stryker, "*We Who Are Sexy:* Christine Jorgensen's Transsexual Whiteness in the Postcolonial Philippines," *Social Semiotics* 19, no. 1 (2009): 79–91.

86. Donna J. Haraway, "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective," in Haraway, *Simians, Cyborgs, and Women: The Reinvention of Nature* (New York: Routledge, 1991), 193.

87. Haraway, "Situated Knowledges," 190.

88. Haraway, "Situated Knowledges," 190–91.

89. Chela Sandoval, *Methodology of the Oppressed* (Minneapolis: University of Minnesota Press, 2000), 171.

90. Sandoval, *Methodology of the Oppressed,* 175.

91. Cárdenas developed the concept of a "science of the oppressed" as part of collective work with the Electronic Disturbance Theatre. See Leonia Tanczer,

"Hacking the Label: Hacktivism, Race, and Gender," *Ada: A Journal of Gender, New Media, and Technology,* no. 6 (2015): http://adanewmedia.org/2015/01/issue6-tanczer/. The origin of the term "science of the oppressed," in a very different context from trans of color thought, is actually Monique Wittig's Marxist framework in "One Is Not Born a Woman," in Carole R. McCann and Seung-Kyung Kim, eds., *Feminist Local and Global Theory Perspective Reader,* 3rd ed. (New York: Routledge, 2013), 250. Cárdenas importantly grounds any science of the oppressed in situated practices of knowledge that address contemporary institutions of racist and anti-trans violence, like algorithmic surveillance or everyday street violence. See micha cárdenas, "Trans of Color Poetics: Stitching Bodies, Concepts, and Algorithms," *The Scholar & Feminist Online* 13, no. 3 (2016), http://sfonline.barnard.edu/traversing-technologies/micha-cardenas-trans-of-color-poetics-stitching-bodies-concepts-and-algorithms/; and cárdenas, "Pregnancy: Reproductive Futures in Trans of Color Feminism," *Transgender Studies Quarterly* 3, no. 1–2 (2016): 48–57.

92. Susan Stryker, "De(Subjugated) Knowledges: An Introduction to Transgender Studies," in *The Transgender Studies Reader,* ed. Susan Stryker and Stephen Whittle (New York: Routledge, 2006), 1–18.

93. For several outstanding examples of work that produces situated trans of color knowledges, see Silva and Ornat, "Transfeminism and Decolonial Thought"; Durban-Albrecht, "Postcolonial Disablement and/as Transition"; Dora Silva Santana, "Transitionings and Returnings: Experiments with the Poetics of Transatlantic Water," *Transgender Studies Quarterly* 4, no. 2 (2017): 181–90; Kai M. Green and Treva Ellison, "Tranifest," *Transgender Studies Quarterly* 1, no. 1–2 (2014): 222–25; Kay Gabriel, "Untranslating Gender in Trish Salah's *Lyric Sexology Vol. 1,*" *Transgender Studies Quarterly* 3, no. 3–4 (2016): 524–44; Eliza Steinbock, "Catties and T-Selfies: On the 'I' and the 'We' in Trans-Animal Cute Aesthetics," *Angelaki: Journal of the Theoretical Humanities* 22, no. 2 (2017): 159–78; and Giancarlo Cornejo, "For a Queer Pedagogy of Friendship," *Transgender Studies Quarterly* 1, no. 3 (2014): 352–67. "Response-ability" is from Donna J. Haraway, *Staying with the Trouble: Making Kin in the Chthulucene* (Durham, N.C.: Duke University Press, 2016), 2.

94. Fred Moten, "Blackness and Nothingness (Mysticism in the Flesh)," *South Atlantic Quarterly* 112, no. 4 (2013): 738.

95. Robert Reid-Pharr, *Archives of Flesh: African America, Spain, and Post-humanist Critique* (New York: New York University Press, 2016), 9. References hereafter in-text.

96. This call to recalibrate interpretive practices to *learn* from the lived breaches of humanism encoded in the flesh marks the distinction between Reid-Pharr's post-humanist archival practice and the general "archival turn" that has marked many fields (10)—including transgender studies. Susan Stryker and Paisley Currah, for instance, remark that "perhaps it's no coincidence that 'transgender' as a concept, as an organizing rubric of an emergent social movement, and as an incipient field

of study rose to prominence at the same moment as the archival turn in the early 1990s and signaled similar premillennial and postmodern anxieties regarding the collapse of time and place as did the archival imaginary." "General Editors' Introduction," *Transgender Studies Quarterly* 2, no. 4 (2015): 540.

97. See LaMonda Horton-Stallings's call in *Funk the Erotic: Transaesthetics and Black Sexual Cultures* (Champaign: University of Illinois Press, 2015) for "the intellectual moments in cultural performances and narratives about sex, work, and blackness when black cultural producers' imaginative knowledge challenges the way science and medicine have been the sole influence on what constitutes gender and sexuality" (23–24).

98. Snorton, *Black on Both Sides,* 57.

1. The Racial Plasticity of Gender and the Child

1. Henry Rubin, *Self-Made Men: Identity and Embodiment among Transsexual Men* (Nashville: Vanderbilt University Press, 2003), 35. While work on the era prior to a discourse on transsexuality is comparatively spare, it is notable, for instance, that neither Rubin nor Joanne Meyerowtiz, in *How Sex Changed: A History of Transsexuality in the United States* (Cambridge, Mass.: Harvard University Press, 2004), points out the explicitly eugenic context of the leading endocrinologists of the era.

2. Claudia Castañeda, *Figurations: Child, Bodies, Worlds* (Durham, N.C.: Duke University Press, 2002).

3. Indeed, Jeanne Fahnestock claims that metaphor has dominated the study of rhetoric in science, perhaps to the point of granting it *too much* visibility compared to other figures of speech. See *Rhetorical Figures in Science* (Oxford: Oxford University Press, 1999), 4–6. Given the contemporary interest in matter and materiality in feminist, queer, and transgender studies, however, it is an opportune moment to reintroduce the problem of metaphor to the extent that it still incorporates language without deciding in its favor over matter, or vice versa. This chapter suggests that the gulf between the child as a figure and actual living children directs us toward a generative example of the function of metaphor in relation to the living world. For a classic study of metaphor in science, see Mary B. Hesse, *Models and Analogies in Science* (South Bend, Ind.: University of Notre Dame Press, 1966). Hesse relies in particular on the interaction model of metaphor developed by Max Black in *Models and Metaphors: Studies in Language and Philosophy* (Ithaca, N.Y.: Cornell University Press, 1976). Differing conceptions of what counts as metaphor lead into a complex and extended conversation in feminist science studies, beyond the scope of this chapter, over the relation of the experimental apparatus to the world, which is also a question of the relation of matter to meaning-making. In the idiom of Karen Barad's work on "agential realism," metaphor could be read

as one mode of making an agential cut into the real, rather than an external contaminant from human language. See *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning* (Durham, N.C: Duke University Press, 2007). I follow Donna Haraway's vocabulary for the relation of the natural to the cultural more closely than Barad's in this chapter.

4. For a thorough overview in the case of biology, see Robert J. Richards, *The Romantic Conception of Life: Science and Philosophy in the Age of Goethe* (Chicago: University of Chicago Press, 2002).

5. Gillian Beer, *Darwin's Plots: Evolutionary Narrative in Darwin, George Elliot, and Nineteenth-Century Fiction* (Cambridge: Cambridge University Press, 2000), xxv. Feminist readings of Darwin, notably by Liz Grosz, have evidenced as much. See *Becoming Undone: Darwinian Reflections on Life, Politics, and Art* (Durham, N.C.: Duke University Press, 2011).

6. Donna J. Haraway, *Crystals, Fabrics, and Fields: Metaphors that Shape Embryos* (Berkeley, Calif.: North Atlantic Books, 2004). Subsequent references will be made in-text.

7. Thomas Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1996); Hesse, *Models and Analogies in Science*.

8. See Ernest Starling, *The Croonian Lectures on the Chemical Correlation of the Functions of the Body* (London: Royal College of Physicians, 1905).

9. That being said, there have been many *failed* attempts to isolate plasticity in the living organism as a physical or quasi-physical object, running the spectrum from mechanist, to vitalist, to organicist paradigms. One interesting case is "protoplasm," that enigmatic would-be engine of cell division (and, in that sense, the sort of indeterminacy at the heart of a certain version of the life principle), which was of great interest to biologists at the opening of the twentieth century, in particular. For one prominent reflection from that period, see William Bateson, *Problems of Genetics* (New Haven, Conn.: Yale University Press, 1913), 41. To be clear, this early twentieth-century sense of protoplasm as the material or chemical home of an objective plasticity is rather different from its very specific contemporary meaning in biology as the granular fluid within cell walls.

10. On impressibility and nineteenth-century science, see Kyla Schuller, *The Biopolitics of Feeling: Race, Sex, and Science in the Nineteenth Century* (Durham, N.C.: Duke University Press, 2017).

11. On the emergence of the organismic model in the life sciences, see Haraway, *Crystals, Fabrics, and Fields*.

12. See C. Barker Jørgensen, *John Hunter, A. A. Berthold, and the Origins of Endocrinology* (Odense: Odense University Press, 1971). This model of experiment was also based in the informal observations of livestock farmers for centuries.

13. Arnold Adolph Berthold, "The Transplantation of the Testes," trans. D. P. Quiring, *Bulletin of the History of Medicine* 16 (1944): 400–401, emphasis in original.

14. Charles Darwin, *The Variation of Plants and Animals under Domestication* (New York: Appleton, 1896), 26.

15. Darwin's endorsement was cited as justification of bisexuality's naturalness and sex's plasticity in a range of popular and specialist American scientific periodicals in the late nineteenth century. For a few examples, see C. M. Hollingsworth, "The Theory of Sex and Sexual Genesis," *American Naturalist* 28 (1884): 673–74; Colin A. Scott, "Sex and Art," *American Journal of Psychology* 7, no. 2 (1896): 160; and Thomas A. Reed, *The Sex Cycle of the Germ Plasm: Its Relation to Sex Determination* (Whitefish, Mont.: Kessinger, 2009 [1906]), 18.

16. Starling, *Croonian Lectures*. Across the last several of these lectures in particular, Starling lays out this vision of the endocrine system (which, it should be noted, probably overemphasizes the role of sex).

17. William Bayliss and Ernest Starling, "The Mechanism of Pancreatic Secretion," *Journal of Physiology* 18, no. 5 (1902): 331.

18. Bayliss and Starling, "The Mechanism of Pancreatic Secretion," 339.

19. Starling, *The Croonian Lectures,* 4. Subsequent references will be made in-text.

20. Ernest Starling, "Hormones," *Nature* 112 (1923): 795.

21. Starling, "Hormones," emphasis added.

22. E. Newton Harvey, "Some Physical Properties of Protoplasm," *Journal of Applied Physics* 9 (1938): 68.

23. "Protoplasm," *New Standard Encyclopedia,* vol. 9 (New York: University Society, 1907), no page number; Julius Von Sachs, *History of Botany (1530–1860)*, trans. Henry E. F. Garnsey (Oxford: Clarendon Press, 1890), 327–30.

24. Hans Driesch, "The Potency of the First Two Cleavage Cells in Echinoderm Development: Experimental Production of Partial and Double Formations," in *Foundations of Experimental Embryology,* ed. Benjamin H. Willer and Jane M. Oppenheimer (Englewood Cliffs, N.J.: Prentice Hall, 1964), 39.

25. Ross Granville Harrison, "Observations on the Living Development of Nerve Fiber," *Anatomical Record* 1 (1907): 118.

26. See Jane Maienschein, "The Origins of *Entwicklungsmechanik,*" in *A Conceptual History of Endocrinology,* ed. Gilbert F. Scott (New York: Springer, 1991), 43–61.

27. The child study movement was, of course, much broader in scope and reach than just Hall's work, but I focus on him in this chapter for clarity and for his representative thinking. For an introduction to its broader scientific foundations, see Alice Boardman Smutts, *Science in the Service of Children, 1893–1935* (New Haven, Conn.: Yale University Press, 2006).

28. G. Stanley Hall, *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education* (New York: D. Appleton, 1904), xiii. Subsequent references to this book will be made in-text. See also:

"Development is less gradual and more salutatory, suggestive of some ancient period of storm and stress when old moorings were broken and a higher level attained. The annual rate of growth in height, weight, and strength is increased and often doubled, and even more. Important functions previously non-existent arise. Growth of parts and organs loses its former proportions, some permanently and some for a season. Some of these are still growing in old age and others are soon arrested and atrophy" (xiii).

29. For example: "Thus we must conceive growth as due to an impulse which, despite its marvelous predeterminations, is exceedingly plastic to external influences, a few of which can be demonstrated *and more have to be assumed*" (33, emphasis added). Growth is not genetically programmed, nor is plasticity's action representable as such. He then cites an embryo cleavage study similar to Driesch's as evidence (34).

30. See also: "This seems to be nature's provision to expand in all directions its possibilities of the body and soul in this plastic period when without the occasional excess powers would atrophy or suffer arrest for want of use, or larger possibilities would not be realized without this regimen peculiar to nascent periods" (216).

31. Rhythm and periodicity are among his preferred concepts: "There is much to suggest that early adolescence develops in the direction of spurty rather than that of sustained effort, or that the latter comes later. The known changes in circulation, the conjectured modification of the nervous centers, phyletic analogy with the longer than diurnal rhythms of work and rest elsewhere discussed, and common observations as well *as the general concept of plasticity to be shaped by culminative stresses that break out new ways across old ones*—all these suggest this temporary primacy of erethic over plodding increment" (150, emphasis added).

32. As Hall puts it: "The genital tubercle from which the male glans is grown can be seen by the tenth week. Minot finds that the male and female organs have seven parts in common, while there are thirteen homologies which are slowly differentiated as the embryo becomes fully sexed" (413).

33. Hall also recodes "hermaphrodites" in this developmental schema, rather than continuing to categorize them as monstrous creations of nature, different in kind from the rest of the species. In cases of hermaphroditism, he explains, "sexual differentiation which ought to take place in embryonic life *has been incomplete* . . . we now know that the embryological truth of Plato's myth of the bifurcation of an originally bisexual man was a periphrastic adumbration" (413–14, emphasis added). This conversion of hermaphroditism into a developmental sense of intersex is taken up in further detail in chapters 2 and 3.

34. Eugen Steinach, *Sex and Life: Forty Years of Biological and Medical Experiments,* trans. Josef Loebel (New York: Viking Press, 1940), 1. Hereafter cited in-text.

35. D. Schultheiss, J. Denil, and U. Jonas, "Rejuvenation in the Early 20th Century," *Andrologia* 29 (1997): 351–55.

36. Eugen Steinach and Paul Kammerer, "Klima und Mannbarkeit," *Archive fuer Entwicklungsmechanik* 46, no. 2–3 (1920): 391–458.

37. As the original paper has not been translated into English and I do not read German, I am relying here on Cheryl A. Logan's excellent account and analysis, *Hormones, Heredity, and Race: Spectacular Failure in Interwar Failure* (New Brunswick, N.J.: Rutgers University Press, 2013), 65–73.

38. See, for instance, Paul Kammerer, *The Inheritance of Acquired Characteristics,* trans. A. Paul Maeker-Brandon (New York: Koni and Liveright, 1924): "Theoretically, as well as practically, the changeability of living beings is unlimited" (249). For a broader background, see Logan, *Hormones, Heredity, and Race,* 148.

39. Luther Burbank, *The Training of the Human Plant* (New York: Century Co., 1907), 4–5. Hereafter cited in-text.

40. George W. Corner, "Oscar Riddle, 1877–1968, a Biographical Memoir" (Washington, D.C.: National Academy of Sciences, 1974), 435–36.

41. Corner, "Oscar Riddle, 1877–1968," 431, 434.

42. Corner, "Oscar Riddle, 1877–1968," 442.

43. Oscar Riddle, "A Case of Complete Sex-Reversal in the Adult Pigeon," *American Naturalist* 58, no. 655 (1924): 180.

44. Riddle, "A Case of Complete Sex-Reversal," 170.

45. Allen Ezra, "Sex Reversal and the Barrier of Sexuality," *Journal of the American Institute of Homeopathy* 25 (1932): 921.

46. Ezra, "Sex Reversal and the Barrier of Sexuality," 908, emphasis added.

47. Ezra, "Sex Reversal and the Barrier of Sexuality," 908.

48. See Alexandra Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005); and Gabriel N. Rosenberg, *The 4-H Harvest: Sexuality and the State in Rural America* (Philadelphia: University of Pennsylvania Press, 2015).

49. Carolyn Steedman, *Strange Dislocations: Childhood and the Idea of Human Interiority, 1780–1930* (Cambridge, Mass.: Harvard University Press, 1995), 170, emphasis added.

50. Steedman, *Strange Dislocations,* emphasis in original.

51. Steedman, *Strange Dislocations,* 76.

52. See Jayna Brown, "Being Cellular: Race, the Inhuman, and the Plasticity of Life," *GLQ* 21, 2–3 (2015): 321–41.

53. Steedman, *Strange Dislocations,* 172.

2. Before Transsexuality

1. Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Cambridge, Mass.: Harvard University Press, 2004), 19. See also

Katie Sutton, "Sexological Cases and the Prehistory of Identity Politics in Interwar Germany," in *Case Studies and the Dissemination of Knowledge,* ed. Joy Damousi, Brigit Lang, and Katie Sutton (New York: Routledge, 2015), 85–103.

2. "Intersexuality" was a cousin of the theory of bisexuality examined in chapter 1. "Transvestism" encompassed both individuals seeking medical support and those who did not. See Harry Benjamin, *The Transsexual Phenomenon,* electronic edition (Dusseldorf: Symposium, 1999), 16. On the theory of natural bisexuality, see chapter 1.

3. Alan L. Hart to Mary Roberts Rinehart, August 3, 1921, Folder 8, Box 21, Series VI, MRR. Hart's referenced psychiatrist famously published an article on his case in J. Allen Gilbert, "Homosexuality and Its Treatment," *Journal of Nervous and Mental Disease* 52, no. 4 (October 1920): 297–322. Jonathan Ned Katz reads Hart as lesbian in *Gay American History: Lesbians and Gay Men in the U.S.A.* (New York: Plume, 1992), 390–422. The very real porosity of the inversion discourse that circulated in this era makes it difficult to disentangle sex from sexuality in the sense of object choice as would be the custom today. Nevertheless, in terms of medicine, Hart's interest in hysterectomy and gonadectomy certainly makes him an important figure in the history of trans medicine before transsexuality. Katz apparently no longer holds to his reading of Hart as lesbian. See Zagria, "Alan Lucile Hart (1980–1962)," *A Gender Variance Who's Who,* October 20, 2008, https://zagria.blogspot.com/2008/10/alan-lucill-hart-1890–1962-doctor.html.

4. H. M. Coon, "Report to W. B. Campbell," Department of Neuro-Psychiatry, University of Wisconsin–Madison, General Hospital, July 19, 1948, Box 3, Series II-C, HB.

5. Berdeen Frankel Mayer, "Case History and Closing Note," October 2, 1950, Box 3, Series II-C, HB.

6. Coon, "Report."

7. Coon, "Report."

8. Mayer, "Case History."

9. See the extensive correspondence among Val, Kinsey, Benjamin, and Bowman in Box 3, Series II-C, HB.

10. Nonmedical archives, although less available, offer a hint. Figureheads in the American trans community from the 1940s, such as Louise Lawrence in the San Francisco Bay Area, left behind significant correspondence between self-identified "transvestites" throughout the United States, and many of their childhoods would have taken place during the first few decades of the twentieth century. See, for instance, a collection of Lawrence's scrapbooks, containing photos and correspondence from trans people, mostly from the 1940s and 1950s. Folder 7, Box 5, Series III-A, LL.

11. Magnus Hirschfeld, *Transvestites: The Erotic Drive to Cross-Dress,* trans. Michael A. Lombardi Nash (Buffalo, N.Y.: Prometheus Books, 1991). This is the very first English translation of this text.

12. Havelock Ellis, *Studies in the Psychology of Sex,* Vol. II: *Eonism and Other Supplementary Studies* (Philadelphia: F. A. Davis, 1928).

13. Thomas Rennie, a resident psychiatrist at Johns Hopkins, who is discussed in greater detail later in this chapter, represents a good example of an American with a passing familiarity with European sexological concepts who keeps them at arm's length from his clinical determinations.

14. Benjamin, *The Transsexual Phenomenon,* 16.

15. "Profile: Dr. Harry Benjamin, at 95—His Life and Career," *Sexuality Today,* June 9, 1980, 3–4, Box 1, JMK Correspondence. Of course, the fight over the meaning of biology to Freud and to psychoanalysis is one that had a much broader venue during this moment. See Elizabeth Wilson, *Psychosomatic: Feminism and the Neurological Body* (Durham, N.C.: Duke University Press, 2004), 1–3.

16. Benjamin, "Profile," 3.

17. Harry Benjamin to Dr. Steins, September 2, 1922, Box 5, Series II-C, HB. For more on Steinach, see chapter 1.

18. Harry Benjamin to Charles Hamilton, March 18, 1954, Box 5, HB Series. See also Harry Benjamin, "Eugen Steinach, 1861–1944: A Life of Research," *Scientific Monthly* 26 (December 1945): 427–42. Folder 58a, Box 15, Series III-B, HB. For more on Steinach and Kammerer, again, see chapter 1.

19. See various letters between Benjamin, Steinach, and Kammerer, Box 5, Series II-C, HB.

20. Harry Benjamin to Jules S. Bache, November 8, 1925, Box 3, Series II-C, HB. There is an interesting collection of Benjamin's fights with medical journals over publishing pro-Steinach material in the 1920s here. American journals were not as welcoming of Steinach's work, and Benjamin made a point of quarreling with publications that refused his work on that basis. Folder 58b, Box 15, Series II-C, HB.

21. Harry Benjamin, "Reminiscences," *Journal of Sex Research* 6, no. 1 (1970): 4.

22. Benjamin, "Reminiscences," 4.

23. Otto Spengler, "People Just Faint When the Subject Is Broached," in *Gay American History: Lesbian and Gay Men in the U.S.A.,* ed. Jonathan Ned Katz (New York: Plume Press, 1992), 381.

24. Bernard Talmey, "Transvestism: A Contribution to the Study of the Psychology of Sex," *New York Medical Journal* (1915): 298–307; and *Love: A Treatise on the Science of Sex-Attraction, Fourth Edition* (New York: Eugenics, 1919), 297–309.

25. Otto Spengler to Gertrude Atherton, September 10, 1938, Box 3, Series II-C, HB.

26. Harry Benjamin to Gertrude Atherton, September 27, 1938, Box 3, Series II-C, HB.

27. Benjamin, "Profile," 3.

28. Paul Popenoe to Harry Benjamin, November 25, 1936; and Paul Popenoe to Harry Benjamin, May 7, 1935, Box 7, Series II-C, HB.

29. On Riddle and his work at Cold Spring Harbor, see chapter 1.

30. Harry Benjamin to Oscar Riddle, April 1, 1929, Box 7, Series II-C, HB.

31. Oscar Riddle to Harry Benjamin, April 5, 1929, Box 7, Series II-C, HB, 7, emphasis in original.

32. Harry Benjamin to Oscar Riddle, April 22, 1931, Box 7, Series II-C, HB.

33. Oscar Riddle to Harry Benjamin, April 24, 1931, Box 7, Series II-C, HB.

34. Oscar Riddle to Harry Benjamin, January 31, 1930, Box 7, Series II-C, HB.

35. For the broader historical context, see Nancy Ordover, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003).

36. Benjamin, "Profile," 4.

37. Young had spent several months in Berlin early in his career, learning from the early inventors of the cystoscope and redesigning the instrument himself many times so as to make it useful for illuminating, visualizing, and recording images of the inside of the body and also affixing appendages to it that could be used for certain surgical procedures, such as removing parts of the prostate or kidney stones. See Hugh Hampton Young, *A Surgeon's Autobiography* (San Diego, Calif.: Harcourt, 1940), 86–91.

38. 1003.1, HHY.

39. Young, *A Surgeon's Autobiography,* 76.

40. See Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on African Americans from Colonial Times to the Present* (New York: Harlem Moon Books, 2006), 115–42; and Rebecca Skloot, *The Immortal Life of Henrietta Lacks* (New York: Broadway Paperbacks, 2010), 158–69.

41. 1002.3, HHY.

42. 1002.3, HHY.

43. 1002.4, HHY.

44. For a published overview of the research, teaching, training, and residency dimensions of the Brady Institute, see Young, *A Surgeon's Autobiography,* 235–36.

45. Harriet Lane Home Patient Index Card Series, "Hermaphrodism," EP. The specific cases in question are 2001.2, 2001.3, 2001.7, 2001.9, 2001.10, 2001.11, EP.

46. See Alison Redick, "American History XY: The Medical Treatment of Intersex, 1916–1955 (PhD dissertation, New York University, 2004), 95–96.

47. Young had already seen one intersex patient in his private practice before the opening of the Institute (see 5009.8, BUI), and at least one other physician at Hopkins, Thomas Cullen, had also seen and even published on a case involving a patient diagnosed with hermaphroditism in 1911 (see 3001.1, TC). The published account is Thomas S. Cullen, "A Pseudohermaphrodite," *Surgery, Gynecology, and Obstetrics* (1911): 449–53.

48. Diagnostic Index Card, BUI.

49. Young, *A Surgeon's Autobiography,* 238.

50. Redick argues that this era could therefore be called the "Age of Idiosyncrasy." "American History XY," 18.

51. The model and outline for the ensemble of these surgical techniques is provided at length in Hugh Hampton Young, *Genital Abnormalities, Hermaphroditism, and Related Adrenal Diseases* (Baltimore: Williams & Wilkins, 1937).

52. Redick, "American History XY," 104.

53. To be clear, then, although I did read Stonestreet's medical records as part of researching this chapter, I cannot discuss their contents because of the existing breach of privacy (namely that Young and colleague used Stonestreet's last name and first initial in medical publications discussing the case). Anyone interested in accessing the original documents can apply to the Privacy Board of the Johns Hopkins Hospital and, if granted access, can locate the documents from code for the file, 5007.4, BUI, a copy of which is stored at the Alan Chesney Medical Archives.

54. Young, *A Surgeon's Autobiography,* 204.

55. W. M. C. Quinby, "A Case of Pseudo-Hermaphrodism, with Remarks on Abnormal Function of the Endocrine Glands," *Bulletin of the Johns Hopkins Hospital* 27, no. 300 (1917): 50–53. Hereafter cited in-text.

56. Young, *A Surgeon's Autobiography,* 204.

57. Quinby, "A Case of Pseudohermaphroditism," 53.

58. Young, *A Surgeon's Autobiography,* 205.

59. Young, *A Surgeon's Autobiography,* 205.

60. See, for example, 1006.3 and 1005.6, HHY.

61. See, for example, 5009.11, BUI.

62. See, for example, 1005.1, HHY, from the 1920s; and 1005.2 and 1005.3, HHY, from the 1930s. Because these cases were discussed in *Genital Abnormalities,* with Young's accompanying breach of privacy, I cannot provide any specific details about these individuals.

63. See, for example, 1005.1, HHY.

64. See, for example, 1005.2, HHY.

65. It is not clear what pronouns this child preferred, so I have opted to use plural pronouns. I follow this practice for all intersex and trans children in this book whose gender identities were not archived, but it is most frequent in this chapter and the next.

66. 1005.1, HHY.

67. The procedure is outlined in surgery reports in 5002.1, 5002.2, and 5002.3, BUI.

68. See, for example, the case of a twelve-year-old with a very large adrenal tumor, which required two attempts at surgery, the second of which led to the patient's death. 1006.6, HHY.

69. 5009.11, BUI. Subsequent citations of this code at the end of a paragraph indicate that all quotations and references without notes in that paragraph are from these patient records.

70. Young, *Genital Abnormalities.*

71. 5009.11, BUI. Subsequent citations of this code at the end of a paragraph indicate that all quotations and references without notes in that paragraph are from these patient records.

72. 5009.11, BUI.

73. 5009.11, BUI.

74. For cases of African American intersex children from this era, see 2001.17 and 2001.6, EP. On the long history of antiblackness and nontherapeutic experimentation in American medicine, see Washington, *Medical Apartheid.*

75. Edwards A. Park to Hugh Hampton Young, June 19, 1935, Folder 3, Box 3, Series 1, EP, emphasis added.

76. One place that these strategic adoptions of intersex narratives can be found is in autobiographical texts by public trans figures, for example, Michael Dillon, *Self: A Study in Ethics and Endocrinology* (London: Elsevier Science, 1946); Lilli Elbe, *Man into Woman: An Authentic Record of a Sex Change,* ed. Niels Hoyer (London: Beacon Library, 1933); and Christine Jorgensen, *Christine Jorgensen: A Personal Autobiography* (New York: Bantam Books, 1968).

77. And, as Siobhan Somerville has shown, the sexological framing of inversion was also highly racialized in the United States. See *Queering the Color Line: Race and the Invention of Homosexuality in American Culture* (Durham, N.C.: Duke University Press, 2000).

78. Young, *A Surgeon's Autobiography,* 309–10.

79. Hirschfeld, *Transvestites,* 18.

80. 5014.8, BUI.

81. 5014.1, BUI. Subsequent citations of this code at the end of a paragraph indicate that all quotations and references without notes in that paragraph are from these patient records.

82. 5014.1, BUI.

83. 5014.1, BUI.

84. 5014.1, BUI, emphasis added.

85. See, for example, 5014.12, BUI.

86. 5014.7, BUI.

87. 5014.10, BUI. Subsequent citations of this code at the end of a paragraph indicate that all quotations and references without notes in that paragraph are from these patient records.

88. 5014.10, BUI.

89. Mark Weston was a British athlete and intersex person whose career as a highly successful shot-putter resulted in his transition to living as a man. His surgery

at Charing Cross Hospital in 1936 was intensely covered by the media. "Girl Who Became Man Tells of Metamorphosis," *Reading Eagle,* May 28, 1936, 5.

90. 5014.10, BUI.

91. 5014.10, BUI.

92. 5014.10, BUI.

93. 5014.10, BUI.

94. 5014.10, BUI.

95. Frank R. Lillie, "The Theory of the Free-Martin," *Science* 43 (1916): 611–13.

96. 5014.10, BUI.

97. 5014.10, BUI.

98. 5014.10, BUI, emphasis added.

99. 5014.10, BUI.

100. 5014.11

101. 5014.11, emphasis added.

102. 5014.11.

103. The very idea of a trans child did haunt the Brady Institute because of how the child's exceptional plasticity muddied the distinction between intersex and inversion. For instance, in 1938, around the same time that Bernard and Karen were visiting the Institute, a mother brought in her child, raised a boy, complaining of ostensible "homosexuality." A doctor examined the child and noted that the "mother has been a confidant" about the inversion "and she wrote to Dr. Young following the article in the newspaper regarding 'the changing of boys to girls.'" The mother's connection of her child's potential inversion to Young's sex reassignment of intersex children suggests that outside medical institutions some lay people felt that intersex bodies and inverted bodies, whether homosexual or trans, fell into the same field. The ambiguity of medical discourse, however, is as much an obstacle to interpreting these documents as it is a vital archive. 5014.9, BUI, emphasis added.

104. Records 5016.1, 5016.6, 5016.7, and 5016.8, BUI, all continued into the mid- to late 1960s. Because these records contain material less than fifty years old at the time I was conducting archival research, I was not allowed to read these documents as part of my research protocol.

105. 5016.2, BUI.

106. 5016.4, BUI.

107. 5016.4, BUI.

108. 5016.3, BUI.

109. Emma Heaney, *The New Woman: Literary Modernism, Queer Theory, and the Trans Feminine Allegory* (Chicago: Northwestern University Press, 2017), 175: "This world of trans feminine thriving is more difficult to access in the sexological texts that form a large part of the archive of trans feminine narratives in the period.

The genre of medical writing will always disproportionately contain the words of people who feel (or feel that others feel) that there is a wrong that must be righted, a malady that must be cured. Yet . . . there is plenty to suggest that many trans women in the period, including those who shared the stories of their lives with sexological researchers, felt likewise 'satisfied." This chapter is in broad agreement with, not to mention indebted to, Heaney's careful parsing of the early twentieth-century trans archive to demonstrate the lived social reality of trans feminine life that sexology and medicine had to willfully misrecognize in order to produce its account of trans experience. Like the trans women whose "satisfying" lives Heaney carefully reads out of the archive, this chapter offers brief glimpses into trans boyhood and girlhood lived in the early twentieth century without reference to medicine in order to show how, even within the medical archive, trans childhood testifies to its social reality and existence, with recognition and satisfaction.

110. Paul B. Preciado, *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacophornographic Era,* trans. Bruce Benderson (New York: Feminist Press, 2014), 27–28.

111. Bernice L. Hausman, *Changing Sex, Transsexualism, Technology, and the Idea of Gender* (Durham, N.C.: Duke University Press, 1995). Although, interestingly enough, Hausman does argue for the importance of the early twentieth century in the genealogy of transsexuality (vii).

112. Meyerowitz rejects Hausman's determinist reading of medical technology, suggesting instead that sex reassignment surgery, in particular, took root in Europe before the United States because of local reformist political movements, particularly those associated with Hirschfeld and his interlocutors in Berlin, as well as "a new definition of sex" from the biological sciences that framed it as alterable or changeable. *How Sex Changed,* 21. This chapter is in broad agreement with Meyerowitz, although it offers much more evidence of trans life in the American medical arena because of extensive research in the medical records of the Johns Hopkins Hospital, to which Meyerowitz did not have access.

3. Sex in Crisis

1. The sources on this visit come from Money's published recollections, written almost fifty years later, which are inconsistent about the individual's age, listed once as fifteen and once as seventeen. That inconsistency, the passage of time, and Money's general penchant for renarrating his own career to suit his public image suggest that other details about the case could also be inaccurate. I have also refused to endorse Money's description of this child with a gender marker. See John Money, *Gendermaps: Social Constructionism, Feminism, and Sexosophical History* (New York: Continuum, 1995), 19; and *Biographies of Gender and Hermaphroditism in Paired Comparison* (New York: Elsevier, 1991), 1.

2. Money, *Gendermaps,* 19.

3. Again, *if* we take Money's account at face value.

4. Jennifer Germon, *Gender: A Genealogy of an Idea* (New York: Palgrave Macmillan, 2009), 86.

5. See Germon's chapter, "Stoller's Seductive Dualisms," 63–84, in *Gender,* for a good overview. Stoller's work with transgender children at the University of California, Los Angeles, is discussed in detail in chapters 4 and 5 of this book.

6. Sharon E. Preves, "Sexing the Intersexed: An Analysis of Sociocultural Responses to Intersexuality," *Signs* 27, no. 2 (2001): 523–56; David A. Rubin, "'An Unnamed Blank That Craved a Name': A Genealogy of Intersex as Gender," *Signs* 37, no. 4 (2012): 883–908; Jemima Repo, "The Biopolitical Birth of Gender: Social Control, Hermaphroditism, and the New Sexual Apparatus," *Alternatives: Global, Local, Political* 38, no. 3 (2013): 228–44; and Paul B. Preciado, *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era,* trans. Bruce Benderson (New York: Feminist Press, 2014).

7. Germon spends valuable time in *Gender* reconstructing the broader context of Money's doctoral studies, where he very much came to *reflect* hegemonic conceptual contexts in psychology and sexology, rather than overturn them (34).

8. On UNESCO's statements on race, see Sonali Thakkar, "Racial Reformations and the Politics of Plasticity," paper presented at the Modern Languages Association Annual Meeting, Philadelphia, Pa., January 6, 2017.

9. Iain Morland, "Gender, Genitals, and the Meaning of Being Human," in *Fuckology: Critical Essays on John Money's Diagnostic Concepts,* ed. Iain Morland and Nikki Sullivan (Chicago: University of Chicago Press, 2014), 76–77.

10. Morland, "Gender, Genitals, and the Meaning of Being Human," 90.

11. More so than in other chapters of this book, the discussion of the etiology, mechanics, diagnosis, treatment, and pharmacokinetics of CAH and cortisone in this section has been intentionally simplified to reduce some of the quickly overwhelming grain of detail that would address itself better to a specialist audience in medicine. I have made reductions particularly in the complexity of terminology and the modeling of some clinical procedures to condense those specialist concerns in the interest of brevity and the reader's ease in following my argument. If a certain degree of medical accuracy is lost in the process, I believe it to be worth the risk. In any case, the diagnosis and protocols for CAH from this era no longer resemble the current normative medical consensus, so inaccuracy is a highly contextual issue (and this book is hardly invested in the concept of medical accuracy, for that matter). The problem of the entanglement of plasticity, metabolism, and sex that CAH and cortisone signal is the ultimate aim of this section, rather than an exhaustive or finely accurate picture of the condition and its treatment in the late 1940s.

12. Indeed, cases of "female pseudohermaphroditism," of which CAH was probably the most common condition, made up by far the largest single portion of children diagnosed with intersex conditions at the Harriet Lane Home from the 1920s to 1950s, accounting for a little more than 40 percent of total admissions. Pediatric Diagnostic Index Series, "Hermaphrodism," EP.

13. There was also growing speculation, beginning in the 1950s, that the common administration of a synthetic estrogen to prevent miscarriage for women during pregnancy also had virilizing effects on the fetus similar to what occurred in cases of CAH. This may have accounted for some of the sheer volume of admissions to the hospital for these kinds of conditions. Lawson Wilkins, *The Diagnosis and Treatment of Endocrine Disorders in Childhood and Adolescence,* 2nd ed. (Springfield, Ill.: Charles C. Thomas, 1957), 7, 9.

14. One of the other important ways that the medicalization of intersex bodies was justified was through a developmental model in which the study of children might produce insight into the genesis of conditions that were difficult to treat in adults. This was certainly the dominant ethos of the Harriet Lane Home. Whether studying psychiatric conditions, infectious disease, or endocrine disorders, the Home framed its clinical research as producing insights that could not be achieved through work wih adult patients. In the case of a proposed study of heart disease, for instance, Edwards A. Park, the head of the Home, remarked that while "one cannot study effectively rheumatic heart disease in the adult because one there encounters the disease in its already developed form," in children, "particularly in the very young child," by contrast, "one encounters the disease at its very beginning." Edwards A. Park to Hugh Hampton Young, October 19, 1933, Folder 3, Box 3, EP. Park explained the work of the child psychiatrist Leo Kanner to Hugh Hampton Young in similar terms, explaining that its "importance . . . lies, perhaps, not so much in the care of children with behavior disorders as in the study of them, by which he is obtaining an insight into the hitherto greatly neglected subject and information which it is hoped will lead to better understanding of insanity and behavior disturbance in the adult" (Edwards A. Park to Hugh Hampton Young, October 19, 1933, Folder 3, Box 3, EP). For a more thorough overview of the child psychiatry clinic's mandate, see Leo Kanner, "Statement concerning the Psychiatric Clinic of the Harriet Lane Home," 1933, Folder 3, Box 3, EP.

15. Today, CAH is understood to be caused by a genetic mutation. At the time of Wilkins's work, there was no known cause.

16. While this chapter is based on the medical records of the Harriet Lane Home, Wilkins and his colleagues published a series of papers on CAH in the early 1950s that have since become referential texts in postwar pediatric endocrinology. See Lawson Wilkins, R. A. Lewis, R. Klein, and E. Rosenberg, "Suppression of Adrenal Androgen Secretion by Cortisone in a Case of Congenital Adrenal Hyperplasia," *Bulletin of the Johns Hopkins Hospital* 86 (1950): 249–52; Lawson Wilkins,

Lytt I. Gardner, John F. Crigler, Samuel H. Silverman, and Claude J. Migeon, "Further Studies on the Treatment of Congenital Adrenal Hyperplasia with Cortisone: I. Comparison of Oral and Intramuscular Administration of Cortisone, with a Note on the Suppressive Action of Compounds F and B on the Adrenal," *Journal of Clinical Endocrinology and Metabolism* 12, no. 3 (1952): 257–76; and Lawson Wilkins, Lytt I. Gardner, John F. Crigler, Samuel H. Silverman, and Claude J. Migeon, "II. The Effects of Cortisone on Sexual and Somatic Development, with an Hypothesis concerning the Mechanism of Feminization," *Journal of Clinical Endocrinology and Metabolism* 12, no. 3 (1952): 277–95.

17. 2001.15, EP. The rationale for this doctor's refusal of a surgical protocol is not recorded in the archive. Subsequent citations of this code at the end of a paragraph indicate that all quotations and references without notes in that paragraph are from these patient records.

18. 2001.15, EP.

19. 2001.15, EP.

20. 2001.15, EP.

21. Claude Migeon, "Lawson Wilkins and My Life: Part 1," *International Journal of Pediatric Endocrinology,* Supplement 1 (2014): 5–6, 11. Strangely, Wilkins and the Massachusetts researchers apparently reached their conclusion about the ability of cortisone therapy to treat CAH mere days apart.

22. 2001.21, EP.

23. It is extremely difficult to interpret any of this child's self-beliefs on the basis of their records, so I have avoided suggesting what their own gender identity might have been. The doctors at the Home referred to them many times as "a shy and lonely person who is very quiet," with great condescension, attributing very little meaningfulness to their thoughts, behavior, and speech during their stay on the ward.

24. 2001.21, EP.

25. 2001.7, EP. Because it remains unclear from medical records whether or not this child, or any of the other children discussed in this chapter, affirmed the decision to medically reassign their sex as female, I have refrained from using any gendered pronouns to describe them.

26. Wilkins, Gardner, Crigler, Silverman, and Migeon, "Further Studies on the Treatment of Congenital Adrenal Hyperplasia with Cortisone," 279–83.

27. In many cases, however, clitoridectomy had already been performed on the patient as an infant, obviating the question. Wilkins, Gardner, Crigler, Silverman, and Migeon, "Further Studies on the Treatment of Congenital Adrenal Hyperplasia with Cortisone," 283.

28. For an early example of this argument, see Preves, "Sexing the Intersexed," 532–33. For more recent work in intersex studies that covers this argument well, see, for instance, Georgiann Davis, *Contesting Intersex: The Dubious Diagnosis* (New

York: New York University Press, 2015); Morgan Holmes, ed., *Critical Intersex* (New York: Routledge, 2009); and Katrina Karkazis, *Fixing Sex: Intersex, Medical Authority, and Lived Experience* (Durham, N.C.: Duke University Press, 2008).

29. John F. Crigler, Samuel Silverman, and Lawson Wilkins, "Further Studies on the Treatment of Congenital Adrenal Hyperplasia with Cortisone: IV. Effect of Cortisone Compound B in Infants with Disturbed Electrolyte Metabolism," *Pediatrics* 10, no. 4 (1952): 397–413.

30. Migeon, "Lawson Wilkins and My Life," 12.

31. Crigler, Silverman, and Wilkins, "Further Studies . . . IV," 408–11.

32. Crigler, Silverman, and Wilkins, "Further Studies . . . IV," 411. I have narratively minimized the technical role of this second compound for the sake of clarity in this section, although this corticosterone (called "compound B" by Wilkins and his team) also contributed to sodium retention, albeit *without* ameliorating the hyperplasia of the adrenals.

33. Crigler, Silverman, and Wilkins, "Further Studies . . . IV," 397–403.

34. Migeon, "Lawson Wilkins and My Life," 13, emphasis added.

35. Preves, "Sexing the Intersexed," 524, emphasis added.

36. Repo, "The Biopolitical Birth of Gender," 234, emphasis added.

37. Crigler, Silverman, and Wilkins, "Further Studies . . . IV," 411.

38. Hannah Landecker, "The Metabolism of Philosophy in Three Parts," in *Dialectic and Paradox: Configurations of the Third in Modernity,* ed. Bernhard Malkmus and Ian Cooper (Cambridge, Mass.: Harvard University Press, 2013), 193–224.

39. Crigler, Silverman, and Wilkins, "Further Studies . . . IV," 397, 403, 406.

40. The last of these has been given much attention by scholars tracing the genealogy of gender through intersex, but the former two have not. The focus on normalizing surgery in intersex studies has a clear context, given the high material and psychic cost that such coercive procedures incur for infants and children who are either unable to consent or disenfranchised from having any say in the medicalization of their bodies. Stopping the routine practice of genital surgery on infants is an urgent matter. As Davis argues in *Contesting Intersex*, moreover, the constitutive ambiguity between intersex conditions exclusively defined by atypical appearance of the genitals, in contrast to a range of genetic, endocrine, and other metabolic conditions that have sexed and gendered aspects, is why the category itself is unstable and ought to be critically problematized. The recent push to replace the term "intersex" with "Disorders of Sexual Development" (DSD) and the ensuing controversy among medical practitioners and intersex activists is also testament to the instability of the category of knowledge. This chapter draws on these frameworks from intersex studies to argue that the child's growing body and its plasticity in particular point to an even greater material and epistemological inconsistency at the heart of both the categories "intersex" and "gender." The

focus on congenital adrenal hyperplasia (CAH), an intersex condition that involves the adrenal glands and general metabolism, rather than focusing on the genitals and gonads exclusively, is in keeping with that destabilizing impulse.

41. John Money, "Hermaphroditism, Gender and Precocity in Hyperadrenocorticism: Psychologic Findings," *Bulletin of the Johns Hopkins Hospital* 96, no. 6 (1955): 253.

42. Money, "Hermaphroditism, Gender and Precocity," 255. As Repo explains in "The Biopolitical Birth of Gender," the use of the term "role" here reflects the influence of one of Money's graduate school mentors at Harvard, the structural functionalist Talcott Parsons. "Role" described the form of compliance and subjectification embedded in socialization into strict norms (231–31).

43. Money, "Hermaphroditism, Gender, and Precocity," 254.

44. Money, "Hermaphroditism, Gender, and Precocity," 254.

45. For a comprehensive discussion of that paradigm in relation to hermaphroditism specifically, see Alice Dreger, *Hermaphrodites and the Medical Invention of Sex* (Cambridge, Mass.: Harvard University Press, 1998), 153–55. In his dissertation, Money had reviewed the literature on "hermaphroditism" published in English to undermine the diagnostic criteria set by the German-Swiss pathologist Edwin Klebs in the 1870s. By Klebs's gonadocentric parameters, "true hermaphroditism" was characterized only by the presence in the body of a mixed "ovotestis" containing both testicular and ovarian forms of tissue. All other cases were relegated to two catchall terms: "male pseudohermaphroditism" (where a testis is present but sex is overall indeterminate) and "female pseudohermaphroditism" (where an ovary is present but sex is overall indeterminate). The major practical problem with this tripartite division was its gross inaccuracy. In his dissertation research Money found essentially zero verifiable cases of "true" intersex conditions, such that the wide variety of intersex embodiments encountered by doctors were being relegated to two "pseudo" umbrella categories based on gonads. John Money, "Hermaphroditism: An Inquiry into the Nature of a Human Paradox" (PhD dissertation, Harvard University, 1951).

46. As Money notes in "Hermaphroditism, Gender and Precocity," 254.

47. "Hermaphroditism, Gender and Precocity," 254.

48. John Money, Joan Hampson, and John Hampson, "Hermaphroditism: Recommendations concerning Assignment of Sex, Change of Sex, and Psychologic Management," *Johns Hopkins Medical Journal* 97, no. 4 (1955): 285.

49. Money, Hampson, and Hampson, "Hermaphroditism," 285.

50. Money, Hampson, and Hampson, "Hermaphroditism," 285.

51. Money, "Hermaphroditism, Gender and Precocity," 254.

52. Interpreting Money's theory as an extreme form of social constructivism is more characteristic of the earliest scholarship on intersex and gender. For instance, Suzanne J. Kessler, in "The Medical Construction of Gender: Case Management

of Intersexed Infants," *Signs* 16, no. 1 (1990): 4, emphasis added, argues that "the process and guidelines by which decisions about gender (re)construction are made *reveal the model for the social construction of gender generally*." This reading has come under pressure in recent years from scholars in intersex studies, including Rubin, Morland, and Germon. The latter, in particular, takes the time in *Gender* to read in Money's work a more complex argument for the coconstitution of sex and gender as embodied and cultural—to "critically reinvigorate Money's gender" (3). Like Rubin in "An Unnamed Blank That Craved a Name," however, while I find the careful reading of Money imperative, I nonetheless find any reparative impulse in relation to his work decidedly misplaced (887). Money was the direct source of a great deal of inexcusable harm for which he was never held accountable.

53. Money, Hampson, and Hampson, "Hermaphroditism," 289.

54. This has been a site of critique of the medicalization of intersex children since Kessler's work in "The Medical Construction of Gender" in 1990.

55. Money, "Hermaphroditism, Gender and Precocity," 258.

56. Money, "Hermaphroditism, Gender and Precocity," 258. This analogy to the acquisition of language was frequently repeated in their subsequent work on gender, as well as throughout the rest of Money's career.

57. Money, Hampson, and Hampson, "Hermaphroditism," 289.

58. Money, Hampson, and Hampson, "Hermaphroditism," 289.

59. Here lies also the germ of medicine's most gender-normative narrative of transsexuality, whereby sex reassignment and hormones serve to complete the developmental potential of the human, a premise whose many implications for trans children are explored in detail in chapter 4.

60. Money, Hampson, and Hampson, "Hermaphroditism," 291, emphasis added.

61. On the role of metaphor in medical science and Haraway's work, see chapter 1.

62. Preciado, *Testo Junkie,* 113.

63. Preciado, *Testo Junkie*.

64. Preciado, *Testo Junkie,* 348, 351, 385.

65. Preciado, *Testo Junkie,* 385, emphasis in original.

66. See 2001.9, 2001.15, and 2001.23, EP.

67. Money, Hampson, and Hampson, "Hermaphroditism," 297.

68. Money, Hampson, and Hampson, "Hermaphroditism."

69. Money, Hampson, and Hampson, "Hermaphroditism."

70. Money, Hampson, and Hampson, "Hermaphroditism," 298, emphasis added.

71. Money, Hampson, and Hampson, "Hermaphroditism," emphasis added.

72. Money, Hampson, and Hampson, "Hermaphroditism," 299.

73. See chapter 2.

4. From Johns Hopkins to the Midwest

1. John Money and Florence Schwartz, "Public Opinion and Social Issues in Transsexualism: A Case Study in Medical Sociology," in *Transsexualism and Sex Reassignment,* ed. Richard Green and John Money (Baltimore: Johns Hopkins University Press, 1969), 255–56.

2. Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Durham, N.C.: Duke University Press, 2002), 220

3. Money and Schwartz, "Public Opinion," 256.

4. John Hopkins University, Office of Public Relations, "Statement of the Establishment of a Clinic for Transsexuals at the John Hopkins Medical Institutions," November 21, 1966, Folder 3, Bio Files Box, JMH.

5. John Money to Ram. W. Rapoport, August 2, 1973, Box 7, JMK. This letter outlines Money's approach to diagnosis and treatment in the 1960s and early 1970s.

6. John Money to Burton H. Wolfe, March 28, 1969, Box 9, JMK.

7. Frederick P. McGehan, "20 Sex-Change Operations Done at Hopkins since 1966," *Baltimore Sun,* February 16, 1969, 15.

8. Here I am thinking of the three books that address this time period: Meyerowitz, *How Sex Changed*; Susan Stryker, *Transgender History* (Berkeley, Calif.: Seal Press, 2008); and Bernice Hausman, *Changing Sex: Transsexualism, Technology, and the Idea of Gender* (Durham, N.C.: Duke University Press, 1995).

9. *State of Maryland v. [G.L.],* Indictment #1531 Y, January 5, 1965, MSA.

10. I use plural pronouns to refer to G.L. to avoid assigning any gender to them, given that their identity is completely suppressed in the archive.

11. Money and Schwartz, "Public Opinion," 255.

12. On the Compton's Cafeteria Riot, see Stryker, *Transgender History,* 72–73.

13. I am drawing here on Kathryn Bond Stockton's concept of sideways growth, to which I return later in this chapter in greater detail. *The Queer Child, or Growing Sideways in the Twentieth Century* (Durham, N.C.: Duke University Press, 2009).

14. Because the medical records of individuals from less than fifty years ago were not accessible under the HIPAA regulations governing my research protocol, I was not able to read those documents.

15. I also discuss Lane's childhood briefly in chapter 2.

16. 5016.3, BUI. Subsequent citations of this code at the end of a paragraph indicate that all quotations and references without notes in that paragraph are from these patient records.

17. 5016.3, BUI.

18. 5016.3, BUI.

19. 5016.3, BUI. Another major example is Louise Lawrence, who worked with Harry Benjamin during his summer trips to San Francisco, Alfred Kinsey, and Karl Bowman of the Langley Porter Psychiatric Clinic. See chapter 2.

20. 5016.2, BUI. Subsequent citations of this code at the end of a paragraph indicate that all quotations and references without notes in that paragraph are from these patient records.

21. 5016.2, BUI.

22. 5016.2, BUI.

23. 5016.2, BUI.

24. Harry Benjamin, "Operated Transsexuals (Male), Charts," no date (circa 1970), Folder 25, Box 28, HB.

25. Elmer Belt to Harry Benjamin, August 24, 1959, Box 3, Series II-C, HB. His approach to trans medicine, interestingly, was based in a gonadal theory reminiscent of interwar endocrinology: Belt felt very strongly that the "testes" of trans women should be implanted in the abdomen during surgery, not removed. Outlining his rationale to an interested colleague, he explained: "It is not necessary to disturb the patient's endocrine balance to maintain his condition as a trans-sexual since the faulty tissues lay within the substance of the testis in the first place." While this was a fairly circular notion of hormones for the 1950s, Belt's conviction underscores the omnipresence and impact of the endocrine body for the emergence of transsexual medicine in the postwar period. Elmer Belt to Robert P. McDonald, June 2, 1958, Box 3, Series II-C, HB. While Belt's correspondence from the late 1950s refers variously to "these boys" or "this young man" among his patients, he did not officially take on any children as candidates for surgery. "H.S." to Elmer Belt, no date (c. 1958), Box 3, Series II-C, HB; Elmer Belt to Carroll C. Carlson, May 20, 1958, Box 3, Series II-C, HB. In a letter to his friend and colleague Benjamin, Belt explained in 1958 that he had just seen an eighteen-year-old "who is trans-sexual and earnestly desires an operative procedure for the change of his sex"; however, Belt turned them away for being under the age of medical consent. Elmer Belt to Harry Benjamin, September 11, 1958, Box 3, Series II-C, HB.

26. Harry Benjamin to Elmer Belt, July 12, 1960, Box 3, Series II-C, HB.

27. See Hausman, *Changing Sex*, 1–6.

28. Harry Benjamin to Elmer Belt, October 29, 1965, Box 3, Series II-C, HB. See R. A. Gorski and J. W. Wagner, "Gonadal Activity and Sexual Differentiation of the Hypothalamus," *Endocrinology* 76, no. 2 (February 1965): 226–39. This body of research can be read in relation to Eugen Steinach and Oscar Riddle's earlier work on the sexed body and brain in animals from chapter 1. See also Roger A. Gorski, "Modification of Ovulatory Mechanisms by Postnatal Administration of Estrogen to the Rat," *American Journal of Physiology* 205, no. 5 (November 1963): 842–44.

29. David O. Cauldwell, "Psychopathia Transsexualis," *Sexology* 16 (1949): 274–80.

30. Louise Lawrence to Harry Benjamin, October 18, 1953, Folder 1, Box 1, Series 1B, LL.

31. Meyerowitz, *How Sex Changed*, 102.

32. See Louise Lawrence's letters to Alfred Kinsey and Harry Benjamin in Folder 1, Box 1, Series 1B, LL.

33. Harry Benjamin, "Transvestism and Transsexualism," *International Journal of Sexology* 7, no. 1 (August 1953): 12–13, emphasis added. For more on Steinach, see chapter 1.

34. Aaron Devor and Nicholas Matte, "Building a Better World for Transpeople: Reed Erickson and the Erickson Educational Foundation," *International Journal of Transgenderism* 10, no. 1 (2007): 47–68.

35. Harry Benjamin Foundation for Research in Gender Role Orientation, Promotional Flyer, 1966, Folder 1, Box 23, HB.

36. Harry Benjamin Foundation, Trustees Meeting Minutes, September 29, 1967, Folder 1, Box 23, HB.

37. Harry Benjamin, "Male Transsexuals: Ages When First Seen," December 31, 1965, Folder 24, Box 28, HB.

38. Harry Benjamin, "Male Transsexuals: First Evidence of T.S.ism (for book)," Folder 24, Box 28, HB.

39. Harry Benjamin, *The Transsexual Phenomenon,* electronic edition (Dusseldorf: Symposium Publishing, 1999), 6.

40. Benjamin, *The Transsexual Phenomenon,* 7.

41. Benjamin, *The Transsexual Phenomenon,* 8, emphasis in original.

42. Gayle Rubin, "Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality," in *Deviations: A Gayle Rubin Reader* (Durham, N.C.: Duke University Press, 2011), 154.

43. Benjamin, *The Transsexual Phenomenon,* 9.

44. Benjamin, *The Transsexual Phenomenon,* 11.

45. Benjamin, *The Transsexual Phenomenon,* 11.

46. Louise Lawrence to Alfred Kinsey, June 20, 1952, Folder 1, Box 1, Series 1B, LL.

47. Benjamin, *The Transsexual Phenomenon,* 16.

48. Benjamin, *The Transsexual Phenomenon,* 16.

49. Benjamin, *The Transsexual Phenomenon,* 17.

50. Benjamin, *The Transsexual Phenomenon,* 23.

51. Patrick Healy and Geoff Quinn, "Gender Program Rapped," *UCLA Daily Bruin,* Friday, February 7, 1975, no page number, Box 8, RS.

52. Department of Psychiatry, University of California, Los Angeles, undated typed memo (c. 1963), Box 16, RS.

53. Robert Stoller, *Sex and Gender, Vol. II: The Transsexual Experiment* (New York: Jason Aronson, 1975), 11, emphasis in original.

54. Stoller, *Sex and Gender, Vol. II: The Transsexual Experiment,* 2.

55. Stoller, *Sex and Gender, Vol. II: The Transsexual Experiment,* 81.

56. Stoller, *Sex and Gender, Vol. II: The Transsexual Experiment,* 107.

57. Stoller, *Sex and Gender, Vol. II: The Transsexual Experiment,* 101.

58. Richard Green, "Sissy Boy [name redacted]," April 29, 1969, typed interview transcript, Box 8, RS.

59. Eve Kosofsky Sedgwick, "How to Bring Your Kids Up Gay," *Social Text* 29 (1991): 18–27.

60. For several examples suggesting the range of answers to this question, see E. M. Litin, M. E. Giffin, and A. E. Johnson, "Parental Influence in Unusual Sexual Behavior in Children," *Psychoanalytic Quarterly* 25 (1956): 37–55; R. Euguene Holemon and George Winokur, "Effeminate Homosexuality: A Disease of Childhood," *American Journal of Orthopsychiatry* 35 (1965): 48–56; Bernard Zuger, "The Role of Familial Factors in Persistent Effeminate Behavior in Boys," *American Journal of Psychiatry* 126, no. 8 (February 1970): 151–54; Richard Green and John Money, "Stage-Acting, Role-Taking and Effeminate Impersonation during Boyhood," *Archives of General Psychiatry* 15 (November 1966): 535–38; and George A. Rekers, O. Ivar Lovaas, and Benson Low, "The Behavioral Treatment of a 'Transsexual' Preadolescent Boy," *Journal of Abnormal Child Psychology* 2, no. 2 (June 1974): 99–116.

61. Alan S. Ruttenberg, "A Case Study of a Five-Year-Old Transsexual Boy," conference paper, location of presentation not given, February 21, 1967, Box 8, RS.

62. Ruttenberg, "A Case Study of a Five-Year-Old Transsexual Boy," 2.

63. Lawrence E. Newman, "Transsexualism in Adolescence: Problems in Evaluation and Treatment," typed manuscript, 3, no date, Box 9, RS.

64. Newman, "Transsexualism in Adolescence," 12–13, emphasis added.

65. Newman, "Transsexualism in Adolescence," 16–19.

66. Robert Stoller, Memorandum "RE: Research Meeting," November 12, 1963; and Robert Stoller, Memorandum, March 31, 1964, Box 16, RS.

67. Richard Green, Memorandum, May 25, 1970; Richard Green, Memorandum, March 20, 1970; Richard Green, Memorandum, October 8, 1969; and Richard Green, Memorandum, April 1, 1969, Box 16, RS.

68. Robert Stoller, typed manuscript, November 19, 1963, Box 16, RS.

69. For instance, see "TY" to Mr. Nelson, no date (1966), Box 6, Series II-C, HB. This letter was written to the author of an article about transsexuality in the *Evansville Courier* and was forwarded upon receipt to Benjamin.

70. At least two of the children who wrote to Benjamin's practice referenced each other in their letters, suggesting they had traded his address. They are discussed later.

71. See Mrs. Morton Phillips (Dear Abby) to Harry Benjamin, various letters, Box 6, Series II-C, HB.

72. See, for example, "WL" to Harry Benjamin, January 20, 1969, Box 4, Series II-C, HB.

73. "HU" to Harry Benjamin, no date (c.1969), Box 4, Series II-C, HB.

74. "MK" to Harry Benjamin, November 28, 1969, 2, Box 4, Series II-C, HB.

75. "WL" to Harry Benjamin, January 20, 1969, Box 4, Series II-C, HB, 3, emphasis added.

76. "GV" to Harry Benjamin, no date (c. March 1971), 1, Box 5, Series II-C, HB, emphasis added.

77. "MK" to Harry Benjamin, November 28, 1969, 1–2, Box 4, Series II-C, HB.

78. Harry Benjamin to "Vicki," March 20, 1970, Box 7, Series II-C, HB.

79. "PF" to Harry Benjamin, May 20, 1970, Box 5, Series II-C, HB.

80. "GV" to Harry Benjamin, no date (c. March 1971), 2, Box 5, Series II-C, HB.

81. "GV" to Harry Benjamin, no date (c. 1971), Box 5, Series II-C, HB, emphasis added.

82. "YC" to Leo Wollman, December 1968, Box 6, Series II-C, HB.

83. To preserve confidentiality, I use a different pseudonym from the one that she used in her letters.

84. "Vicki" to Leo Wollman, November 28, 1968, Box 7, Series II-C, HB.

85. Virginia Allen to "Vicki," December 24, 1968, Box 7, Series II-C, HB.

86. "Vicki" to Leo Wollman, no date (c. December 1968); "Vicki" to Leo Wollman, no date (January 1969); "Vicki" to Leo Wollman, no date (February 1969); and "Vicki" to Harry Benjamin, May 14, 1969, Box 7, Series II-C, HB.

87. "Vicki" to Leo Wollman, no date (c. February 1969); and Virginia Allen to "Vicki," February 20, 1969, Box 7, Series II-C, HB.

88. "Vicki" to Leo Wollman, March 30, 1969, Box 7, Series II-C, HB.

89. "Vicki" to Harry Benjamin, no date (c. 1969), Box 7, Series II-C, HB.

90. Kathryn Bond Stockton, "The Queer Child Now and Its Paradoxical Global Effects," *GLQ: A Journal of Lesbian and Gay Studies* 22, no. 4 (2016): 506.

91. Stockton, *The Queer Child,* 11.

92. Stockton, *The Queer Child,* 3–4.

93. Stockton, *The Queer Child,* 13.

94. Stockton, *The Queer Child,* 13.

95. "Vicki" to Leo Wollman, November 28, 1968.

96. Photographs in "Vicki" to Leo Wollman, November 28, 1968.

97. Virginia Allen to "Vicki," December 24, 1968, Box 7, Series II-C, HB.

98. "Vicki" to Leo Wollman, no date (c. December 1968), Box 7, Series II-C, HB.

99. "Vicki" to Leo Wollman, February 1969, Box 7, Series II-C, HB.

100. "Vicki" to Leo Wollman, February 1969, emphasis added, Box 7, Series II-C, HB.

101. "Vicki" to Leo Wollman, March 30, 1969, Box 7, Series II-C, HB.

102. "Vicki" to Leo Wollman, May 14, 1969, Box 7, Series II-C, HB.

103. Harry Benjamin to "Vicki," May 22, 1969, Box 7, Series II-C, HB.

104. "Vicki" to Harry Benjamin, June 15, 1970, Box 7, Series II-C, HB.

105. Eugene Hoff, Summary of Interview with "NB," July 24, 1978, Folder 43, Box 2, JH.

106. See Robin Bernstein, *Racial Innocence: Performing American Childhood from Slavery to Civil Rights* (New York: New York University Press, 2011).

5. Transgender Boyhood, Race, and Puberty in the 1970s

1. Ram W. Rapoport to John Money, July 27, 1973, Box 7, JMK.

2. John Money to Ram W. Rapoport, August 2, 1973, 1, Box 7, JMK.

3. John Money to Ram W. Rapoport, August 2, 1973, 1, Box 7, JMK, 2.

4. John Money to Ram W. Rapoport, August 2, 1973, 1, Box 7, JMK, 2.

5. John Money to Ram W. Rapoport, August 2, 1973, 1, Box 7, JMK, 3. This is odd because Hopkins most certainly would not have approved surgery for a seventeen-year-old during the 1970s. Money may have disagreed with that policy, but he also lacked the ability to change it.

6. Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Cambridge, Mass.: Harvard University Press), 222. The timeline and model of the Stanford Program reflected the emergent norms of the field, but perhaps in one of its most rigid forms. An initial consultation, followed by psychiatric evaluation, an endocrine exam, a "grooming clinic" run by "a postoperative transsexual patient and a professional model regarding electrolysis, proper clothing, with proper emphasis on womanly counseling," a meeting with an employment counselor, and a consultation with a lawyer were involved. After each of these hurdles had been cleared, the clinic's committee would meet to decide on "final clearance" before approving surgery. Clients were also required to live in their gender identity for a year, on hormones, before surgery. Follow-up appointments after surgery were meant to take place annually for five years. The estimated cost (excluding follow-ups) of the full program was approximately $3,000 to $4,000 in 1972. Erickson Educational Foundation, Enclosure to John Money, June 27, 1972, Box 2, JMK.

7. John Money and Richard Green, eds. *Transsexualism and Sex Reassignment* (Baltimore: Johns Hopkins University Press, 1969).

8. See Meyerowitz, *How Sex Changed,* 271–74.

9. One of the earliest evaluations of the historicity of trans masculine experience is [Aaron] Devor's *FTM: Female-to-Male Transsexuals in Society* (Bloomington: Indiana University Press, 1997), 3–36. Conspicuously, Devor's historical chronology ends in the 1960s and so does not comment on the border wars that were contemporary with the publication of the book. By contrast, Leslie Feinberg's

Transgender Warriors: Making History from Joan of Arc to Dennis Rodman (Boston: Beacon Press, 1996) makes much more general claims about the potential reclamation of historical trans masculine figures. For a recent review of the disproportionate visibility of trans women in relation to that of trans men in transgender studies, see Matthew Heinz, *Entering Transmasculinity: The Inevitability of Discourse* (Bristol, England: Intellect Press, 2016), 13–14.

10. As Meyerowitz explores in *How Sex Changed,* 271–74, these private clinics did not close down in the 1980s by any means. The point is rather that their approach to access to surgeries was dealt an inevitable blow with the incorporation of transsexual diagnosis into the *DSM*.

11. For instance, when the New Jersey Medical School in Newark began seeing trans clients in 1972, Blue Cross Blue Shield would generally cover medical procedures *after* an individual had been at the clinic for one year. The medical school also reported: "We have been instrumental in having the State of New Jersey Medicaid program pay for sex reassignment procedures in 15 cases. This is the first time that a state medical agency has considered transsexualism to be a medical disorder requiring surgical correction." See Richard M. Samuels, Harish K. Malhotra, and Mona M. Devanesan, "A Gender Dysphoria Program in New Jersey," *Journal of the Medical Society of New Jersey* 74, no. 1 (January 1977): 37. In a 1975 issue of the Erickson Educational Foundation publication, Ira Dushoff reported "that more than 15 carriers of national repute have paid for sex reassignment surgery such as reconstructive in nature." See "Insurance Information," *Erickson Educational Foundation Newsletter* 8, 1 (Spring 1975), 3, Digital Transgender Archive, https://archive.org/details/newslettervol8eric.

12. David Valentine, *Imagining Transgender: An Ethnography of a Category* (Durham, N.C.: Duke University Press, 2007), 55, emphasis in original.

13. As chapter 4 details, for endocrinologists like Harry Benjamin who bridged both epistemological traditions, the unruly relationship between homosexuality and transsexuality proved impossible to reconcile.

14. Valentine, *Imagining Transgender,* 59.

15. Eve Kosofsky Sedgwick, "How to Bring Your Kids Up Gay," *Social Text* 29 (1991): 21, emphasis in original.

16. Sedgwick, "How to Bring Your Kids Up Gay," 21.

17. Sedgwick, "How to Bring Your Kids Up Gay," 20.

18. See, for one of the earliest examples, Patricia Leigh Brown, "Supporting Boys or Girls When the Line Isn't Clear," *New York Times,* December 2, 2006, http://www.nytimes.com/2006/12/02/us/02child.html.

19. Including in the 1960s, in the case of the University of California, Los Angeles. See chapter 4.

20. Jack Halberstam, *Female Masculinity* (Durham, N.C.: Duke University Press, 1998), 144, emphasis added.

21. Radclyffe Hall, *The Well of Loneliness* (London: Wordsworth Classics, 2005). On the early twentieth century, see Elizabeth Lapovsky Kennedy and Madeline D. Davis, *Boots of Leather, Slippers of Gold: The History of a Lesbian Community* (New York: Routledge, 2014).

22. See the introduction to this book for more on Hart and Dillon. See chapter 2 for more on Bernard.

23. Halberstam, *Female Masculinity,* 142.

24. At the same time, it is worth pointing out that some of the impetus for taking up the border war in this moment was the murder of Brandon Teena in 1993 and the subsequent litigation over naming and identity. See C. Jacob Hale, "Consuming the Living, Dis(re)membering the Dead in the Butch/FTM Borderlands," *GLQ* 4, no. 2 (1998): 311–48. Interestingly, in *Self-Made Men: Identity and Embodiment among Transsexual Men* (Nashville, Tenn.: Vanderbilt University Press, 2003), Henry Rubin located the emergence of trans masculine identity and community in the 1970s, much earlier than Halberstam (although he was relying there on data from medical professionals, who reported an apparent uptick in trans men seeking surgery that we should probably regard with a high degree of scrutiny as the basis of an argument about identity and demography). In any case, however, Rubin's explanation for that emergence also repeated the narrative of sequence and precedence: "The rise in the number of FTMs in the 1970s is the unintended consequence of identity work in the lesbian community" (64). I should add that I do not mean to pin this problem on Halberstam or Rubin; these two books are incredibly important for taking trans masculinity seriously as an object of analysis. I am also not trying to argue that lesbian feminism or butch lesbian politics were irrelevant to trans masculinity or transgender boyhood. The specific problem I see is the generational presumption of temporal sequence from lesbian to transgender. I do not see that succession holding up, even in the loosest sense, in the 1970s or even earlier in the twentieth century (see especially chapter 2 of this book). Since that narrative of succession has worked in tandem with the contemporary discourse that makes trans children products of the present and future, rather than subjects bearing a past, this chapter aims to overturn that dimension of the border wars narrative in particular. The related point to make here is that there simply *is not* much of an explicit generational narrative around the relationship between trans masculinity and butch masculinity. Rather, the narrative has been left *implicit* by a lack of detailed historical analysis—and that is precisely the problem this chapter seeks to remedy. One noteworthy exception to this historical assumption of succession and competition comes from Jeanne Córdova. See Talia M. Bettcher, "A Conversation with Jeanne Córdova," *Transgender Studies Quarterly* 3, no. 1–2 (2016): 285–93.

25. Meyerowitz, *How Sex Changed,* 253.

26. The clinic had been far from prolific in its actual work, moreover. At the time of its closing, only one hundred clients had been granted access to surgery. Joann Rodgers, "Hopkins Ceases Sex-Change Operations," *News American,* August 12, 1979, no page, Folder 3, JMH. See also Mark Bowden, "Power Struggle Erupted into New Hopkins Policy on Sex-Change Surgery," *Baltimore Sun*, April 7, 1980, no page, Folder 3, JM.

27. Harry Benjamin to Elmer Belt, July 28, 1958; Harry Benjamin to Elmer Belt, March 6, 1960; and Elmer Belt to Harry Benjamin, February 22, 1960, Box 3, Series II-C, HB.

28. See Gayle Salamon, "The Meontology of Masculinity: Notes on Castration Elation," *Parallax* 22, no. 3 (2016): 312–22.

29. "D.N." to Charles Ihlenfeld, no date, 1975, Box 3, Series II-C, HB.

30. Charles Ihlenfeld to "D.N.," June 19, 1975, Box 3, Series II-C, HB.

31. "N.Y. Academy of Medicine," *Erickson Educational Foundation Newsletter* 6, no. 1 (Spring 1973): 1, Digital Transgender Archive, https://archive.org/details/newslettervol6eric_u6k9.

32. For example, see Jeanne Hoff, [patient name and record number redacted], February 1976, Folder 46, Box 3, JH. This seventeen-year-old trans child managed to arrange to fly from New Hampshire to New York City and back in one day in order to take an appointment in Benjamin's practice. However, they did not have permission from their parents to do so. "We consult with and advice *[sic]* underage patients without parental consent, but have not, to our knowledge, treated such patients," explained Virginia Allen to this patient in a letter dated September 22, 1975, Folder 36, Box 3, JH Box 3.

33. "D.U." to Charles Ihlenfeld, July 2, 1976, Box 3, Series II-C, HB.

34. Virginia Allen to "D.U.," July 9, 1976, Box 3, Series II-C, HB

35. Agnes C. Nagy, [patient record name redacted], [date redacted], 1976, Folder 52, Box 5, JH.

36. See, for example, Elaine Ferranti to John Money, August 27, 1974, Box 2, JMK, writing for advice on opening a gender clinic.

37. Frank Knight to John Money, October 11, 1977, Box 4, JMK.

38. Raymond Lemberg to John Money, March 27, 1979, Box 4, JMK.

39. Roy N. Killingworth to John Money, October 4, 1971, Box 4, JMK.

40. John K. Meyer to Roy N. Killingworth, November 2, 1971, Box 4, JMK.

41. Dorothy Baker to Social Service Department Director, Johns Hopkins Hospital, April 10, 1969, Box 1, JMK.

42. John Money to Dorothy Baker, April 30, 1969, Box 1, JMK.

43. Still, having carefully considered the document in its entirety, I do not doubt the source enough to cast it as fictitious.

44. [Name illegible due to damage to document] to John Money, January 5, 1976, Box 1, JMK.

45. For example, Granato also performed surgery for a sixteen-year-old trans girl in 1975. Jeanne Hoff, [case notes], May 31, 1977, Folder 27, Box 2, JH.

46. See, for instance, Howard Grotsky to Johns Hopkins University Chairman, Department of Psychiatry, July 21, 1975, Box 3, JMK, for an example of a clinician looking for a way to arrange surgery for a sixteen-year-old trans girl with parental support and consent. Because Hopkins had a strict policy not to accept for surgery candidates under the age of twenty-one, Grotsky's inquiry was rejected. Mark F. Schwartz to Howard Grotsky, July 28, 1975, Box 3, JMK.

47. S. Otto Hesterly to Richard Green and John Money, August 1, 1971, Box 3, JMK. Again, this person was turned away because of Hopkins's age requirement in the reply to the letter. John K. Meyer to Otto Hesterly, August 20, 1971, Box 3, JMK.

48. Charles Ihlenfeld, "The Transexual," unpublished manuscript with handwritten revisions, *Sexuality,* August 4, 1971, Box 7, Series II-C, HB, 1–4.

49. Ihlenfeld, "The Transexual," 4.

50. Ihlenfeld, "The Transexual," 5.

51. Ihlenfeld, "The Transexual," 7.

52. Robert Stoller, *Sex and Gender, Vol. II: The Transsexual Experiment* (New York: Jason Aronson, 1975), 81.

53. Harry Benjamin to John P. Curran, January 5, 1971, Box 4, Series II-C, HB.

54. Garrett Oppenheim, "Ihlenfeld Cautions on Hormones," *Transition* 8 (January/February 1979): 1, 3, 15, emphasis added, Folder 4, Series I, CI.

55. Oppenheim, "Ihlenfeld Cautions on Hormones," 15, emphasis added. That "difficulty" is likely a reference to the way that the symptomatology for transsexuality in childhood differed only slightly from the symptomatology for homosexuality as established by the psychogenic theories on hand.

56. Anonymous, "Letter: Hormones at Age 17," *Transition* 8 (January/February 1979): 7, Folder 4, Series I, CI.

57. Anonymous, "Letter: Hormones at Age 17."

58. The possible implication is that if a child could succeed with a claim of legal emancipation before age eighteen, they would be empowered to make their own health-care decisions. Even if this was a buried implication of Levidow's printed response, I have come across no discussion elsewhere, speculative or concrete, of that possibility for trans children in this era.

59. Lawrence Newman, "Transsexualism: A Disorder of Sexual Identity," *Medical Insight* (November 1970): 37, Folder 50, Box 28, MJ.

60. Newman, "Transsexualism," 37.

61. Newman, "Transsexualism," 39, emphasis added.

62. Newman, "Transsexualism," 39, emphasis added.

63. W. A. Marshall and J. M. Tanner, "Variations in Pattern of Pubertal Changes in Girls," *Archives of Disease in Childhood* 44, no. 235 (1969): 291–303; and "Variations

in the Pattern of Pubertal Changes in Boys," *Archives of Disease in Childhood* 45, no. 239 (1970): 23–33.

64. I take up this point in a broader context of thinking race and trans together in Julian Gill-Peterson, "The Technical Capacities of the Body: Assembling Race, Technology, and Transgender," *Transgender Studies Quarterly* 1, no. 3 (2014): 413.

65. Joseph L. Rauh to John Money, September 29, 1970, Box 7, JMK.

66. Ronald A. Rabin, Psychiatric Consultation Adolescent Service, [patient name redacted], 1970, Box 7, JMK, 1.

67. Ronald A. Rabin, Psychiatric Consultation Adolescent Service, [patient name redacted], 1970, Box 7, JMK, 1.

68. Ronald A. Rabin, Psychiatric Consultation Adolescent Service, [patient name redacted], 1970, Box 7, JMK, 3.

69. Ronald A. Rabin, Psychiatric Consultation Adolescent Service, [patient name redacted], 1970, Box 7, JMK, 4.

70. John Money to Joseph L. Rauh, October 5, 1970, Box 7, JMK, 1, emphasis added.

71. John Money to Joseph L. Rauh, October 5, 1970, Box 7, JMK, 2, emphasis added.

72. For an example of an inquiry from a juvenile parole officer, in this case about a trans girl incarcerated in juvenile homes for boys since age eight because she had run away from home, see Richard S. Peterson to John Money, September 10, 1974, Box 8, JMK.

73. Gary L. Nitz to Alejandro Rodriguez, October 19, 1971, Box 6, JMK.

74. T. Kerby Neill to John Money, October 26, 1978, Box 7, JMK.

75. T. Kerby Neill to John Money, October 26, 1978, Box 7, JMK, 3.

76. Kathryn Bond Stockton, "The Queer Child Now and Its Paradoxical Global Effects," *GLQ* 22, no. 4 (2016): 531–32, n.8, emphasis in original.

77. Claudia Castañeda, "Developing Gender: The Medical Treatment of Transgender Young People," *Social Science and Medicine* 143 (November 2014): 262–70.

78. Although a few formal counseling programs for and by trans people had opened in San Francisco earlier in the decade. See Meyerowtiz, *How Sex Changed,* 234–35.

79. Jeanne Hoff, [case notes], June 17, 1977, Folder 3, Box 2, JH.

80. Jeanne Hoff, [case notes, medical record number redacted], September 7, 1977, Folder 34, Box 1, JH, emphasis added.

81. Jeanne Hoff, [case notes, medical record number redacted], September 4, 1976, Box 1, JH.

82. Jeanne Hoff, [case notes, medical record number redacted], November 2, 1976, Box 1, JH.

83. Leah C. Schaefer to Agnes C. Nagy, September 18, 1976, Box 1, JH.

84. Jeanne Hoff, [case notes, medical record number redacted], April 15, 1980, Folder 3, Box 3, JH.

85. [Name redacted] to Jeanne Hoff, July 4, 1999, Folder 3, Box 3, JH.

Conclusion

1. Ryan Gados, "Trump Administration Working on New Transgender Bathroom Directive," *Fox News*, February 22, 2017, http://www.foxnews.com/politics/2017/02/22/trump-administration-working-on-new-transgender-bathroom-directive.html. For several examples of media coverage from the past few years that labels trans children's access to bathrooms as a "new issue," see "CBS News Poll: Transgender Kids and School Bathrooms," *CBS News,* June 8, 2014, http://www.cbsnews.com/news/cbs-news-poll-transgender-kids-and-school-bathrooms; David Lightman and Lesley Clark, "Will the Transgender Bathroom Issue Split the Republican Party?" *Charlotte Observer,* May 13, 2016, http://www.charlotteobserver.com/news/politics-government/article77530152.html; and Beth Walton, "Discovering Emma: A Kindergartner's Transgender Journey," *Citizen Times,* May 20, 2017, http://www.citizen-times.com/story/news/local/2017/05/20/discovering-emma-kindergartners-transgender-journey/99975676/.

2. Sheryl Gay Stolberg, "Bathroom Case Puts Transgender Student on National Stage," *New York Times,* February 23, 2017, https://www.nytimes.com/2017/02/23/us/gavin-grimm-transgender-rights-bathroom.html.

3. Ariane de Vogue, "Meet Gavin Grimm, the Transgender Students at the Center of Bathroom Debate," *CNN,* September 8, 2016, http://www.cnn.com/2016/09/08/politics/transgender-bathroom-issues-gavin-grimm/index.html, emphasis added.

4. H. M. Coon, Report to W. B. Campbell, Department of Neuro-Psychiatry, University of Wisconsin–Madison, General Hospital, July 19, 1948, Box 3, Series II-C, HB.

5. Claudia Castañeda, "Developing Gender: The Medical Treatment of Transgender Young People," *Social Science & Medicine* 143 (2015): 267–68.

6. Sahar Sadjadi, "The Endocrinologist's Office—Puberty Suppression: Saving Children from a Natural Disaster?" *Journal of Medical Humanities* 34, no. 2 (2013): 255–60; Tey Meadow, *Trans Kids: Being Gendered in the Twenty-First Century* (Berkeley: University of California Press, 2018).

7. Ann Travers, *The Trans Generation: How Trans Kids (and Their Parents) Are Creating a Gender Revolution* (New York: New York University Press, 2018).

8. Dean Spade, "Mutilating Gender," in *The Transgender Studies Reader,* ed. Susan Stryker and Stephen Whittle (New York: Routledge, 2006), 315–32; Eric A. Stanley, "Gender Self-Determination," *Transgender Studies Quarterly* 1, no. 1–2

(2014): 89–91; Paisley Currah, "Transgender Rights without a Theory of Gender?" *Tulsa Law Review* 52, no. 3 (2017): 441–51.

9. On the flexible child as a biological body under neoliberalism, see Julian Gill-Peterson, "The Value of the Future: The Child as Human Capital and the Neoliberal Labor of Race," *Women's Studies Quarterly* 43, no. 1–2 (2015): 181–96, and "Neurofeminism: An Eco-pharmacology of Childhood ADHD," in *Mattering: Feminism, Science and Materialism,* ed. Victoria Pitts-Taylor (New York: New York University Press), 188–203.

10. Paul B. Preciado, *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era,* trans. Bruce Benderson (New York: Feminist Press, 2014), 385. I take up this critique of Preciado in detail in chapter 3.

11. Rebekah Sheldon, *The Child to Come: Life after the Human Catastrophe* (Minneapolis: University of Minnesota Press), 151.

12. Sheldon, *The Child to Come,* 151.

13. Sheldon, *The Child to Come,* 180.

14. My thanks to Claudia Castañeda for discussing this question with me.

15. See Folder 7, Box 5, Series III A, LL.

16. Lawrence herself seems to have maintained an interest in these histories of childhood public cross-dressing, collecting clippings of newspaper articles about children who, after participating in Mummer and Ragamuffin parades, ran away from home dressed in the clothes of the opposite sex. See "Boys Will Be Girls" and "She's a He," *Inside Detective,* July 1941, Folder 2, Box 4, Series III A, LL.

17. Louise Lawrence, Scrapbook, no date (circa 1950s), Folder 7, Box 5, Series III A, LL.

18. Eve Kosofsky Sedgwick, "How to Bring Your Kids Up Gay," *Social Text* 29 (1991): 26, emphasis in original.