

22ND YEAR OF PUBLICATION

SEXOLOGY

SEX SCIENCE ILLUSTRATED

NOVEMBER 1954

Hormones Slow Female Aging	207
"Sororate," Husband Marries Wife's Sisters (Illus.)	208
Sex Life of Older Women (Illustrated)	213
Wedding Night Hazards (Illustrated)	219
Trans-Sexualism and Transvestism (Illustrated)	223
The Mind of the Masechist (Illustrated)	228
Hair Fetishist (Illustrated)	233
Unusual Twins (Illustrated)	236
Can We Prevent Homosexual Development? (Illus.)	242
Scrotal Swelling (Illustrated)	247
Questions and Answers (Illustrated)	252
Book Reviews	264
Sexological News	268
So They Say	269
Scientific Sex Notes	270

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THE DOOR TO SEX ENLIGHTENMENT

SEXOLOGY

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SEXOLOGY

An Authoritative
Guide to Sex Education

HORMONES SLOW FEMALE AGING

THE grandmother of today is—or should be—an entirely different person from her counterpart of a generation ago, thanks to the administration of female sex hormones. This is the opinion of Dr. E. Kost Shelton, clinical professor of medicine at the University of California. Dr. Shelton, in a recent lecture before the American Geriatrics Society, advocated administering female sex hormones to older women to delay aging of skin, bones and the reproductive organs.

Heretofore the fear of causing cancer has prevented more widespread use of female hormones (*estrogens*); but as Dr. Shelton stressed, the death rates from cancer of the breast and female genital organs are no greater now than in 1930 when estrogens first became available. Although millions of women have used these hormones in the past 25 years, there is no evidence, in Dr. Shelton's opinion, to prove that estrogens or any other hormones produce cancer in human beings.

When a woman reaches middle age the production of female sex hormones decreases and both the body and the mind suffer, according to Dr. Shelton. The woman often regresses in appearance and health, becoming withered and unattractive. But now it is possible to delay the aging processes with the aid of estrogens, the dosage being scientifically administered under a physician's expert care. Just enough hormones need be given to delay wrinkling of the skin and the shrinking, drying and decalcification of bones and teeth, but not enough to cause menstrual bleeding.

For a number of years Dr. Shelton has personally observed a large group of women patients who have received low doses of female hormones. After checking the results of periodic examinations of these patients, he reports that no serious ill effects were noted and the general improvement was advantageous.

"Postponement of the aging process in women is far more important to womankind, in general, than the remote possibility of activating [a cancer] in some isolated case," said Dr. Shelton. He does not agree that the administration of female sex hormones need be restricted to women patients only during the acute stages of the change-of-life (*menopause*), because of the fear that extended use of the hormones may cause cancer of the breast or womb. The idea that the menopause is a natural phenomenon not to be tampered with is outmoded. Estrogens can safely be administered during and after the change-of-life, if the dosage is carefully proportioned.

Dr. Shelton's experiments represent another forward step in the slow advance toward the achievement of man's age-old dream of perpetual youth and long life.

NOVEMBER, 1954

VOL. XXI NO. 4

SEXOLOGY
25 West Broadway
New York 7, N. Y.

ual act. It is, therefore, necessary to keep them under control, channeling them as required. To attempt to *dominate* one's partner is no solution. Force is *never* a good weapon.

Frankness and confidence are enlightening guides. So let love, the hidden love that is within us, pierce through the armor of man's aggressiveness and woman's inhibitions. Tender love will surely lead to a full, rich emotion.

Marital "Rape"

"To spoil the wedding night" does not, as is generally supposed, mean that a vain fellow, armed with his "rights" and impatient "to be a man," makes a success of deflowering a pathetic, terrified creature. To physically "possess" a woman may require several nights of sweet intimacy, long, gentle caresses, and unless the young woman feels reassured, and unafraid, and gives herself willingly, the act is equivalent to *rape!* By bringing gentleness and patience and a mutual understanding of each other's psychological needs to the nuptial couch, the young couple will forge the links of a happy and satisfying married life.

Marriage is not, as has often mistakenly been said, *an end!* It is in reality the *beginning* of an

effort subject to constant progress and improvement. When a situation becomes "set," look for trouble! The fossilization of habits, even good ones, brings on a hardening—like sclerosis of the arteries—a disease which kills morally as well as physically. If there is to be progress, a new element must be brought into play. *Each time should be the "first time" that one makes love.* Each kiss should be like the first one, each caress a new invention, every day should bring forth a new discovery in the personality of the beloved one. *That is the secret of remaining young.* Happy wives defy the years and ward off wrinkles; happy husbands never seem to become old. Come what may, the couple who understand each other are always ready to face it, be it sickness, adversity or other misfortune, because they are strong through their common courage. Almost every "storm" will pass over them, doing little harm.

All this devotion and self-effacement in favor of the other (which really enriches one's personality) and this pleasantness of living will benefit the children of the couple who live in this atmosphere of confident love and sexual satisfaction. And all this can grow from a happy *wedding night!*

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TRANS-SEXUALISM and TRANVESTISM

There are men and women who dress as, desire to live as, or want to literally be members of the opposite sex. A noted physician and endocrinologist who has studied many such cases, discusses these unusual personalities authoritatively. The causes and treatment of these deviations are thoroughly evaluated from the point of view of modern medical science. This is the first of a two-part important article.

by Harry Benjamin, M.D.

Part I

TRANVESTISM is the desire to dress in the clothes of the opposite sex. This term, first used by Dr. Magnus Hirschfeld (see reference at end of article), has the disadvantage of naming a disturbance of behavior and emotion after only *one* of its symptoms, although the most conspicuous one. This symptom, which is also known as "cross-dressing," is the symbolic fulfillment of a deep-seated and more or less intense urge indicating a dis-harmony of the sexual sense, a sexual indecision or a disassociation of *physical* and *mental* sexuality.

Not every act of "cross-dressing" is transvestitic. Only if it occurs in an atmosphere of emotional pressure, sometimes to the point of

compulsion, and is accompanied by a more or less distinct sexual satisfaction, is the term appropriate. Otherwise it would be simple masquerading of a non-affective nature.

The Symptoms

Transvestism can be a form of *fetishism*. If a man, for instance, wears under his suit a feminine corset, or panties or long stockings, he may just want to be close to his beloved fetish. In other cases, however, such action may be a compromise for the transvestite because it might entail social, sometimes marital, complications or it may involve legal risks to dress completely as a woman and appear as such in public. Another compromise is *dressing as a woman* only in the *privacy of the home*.

Condensed from American Journal of Psychotherapy, Vol. 8, No. 2, April 1954.



This beautiful young lady is really a Frenchman who has a wife and family. "Miki" is a reserve officer in the Army. Apparently, from his history, he satisfies his transvestite urge simply by wearing dainty feminine garments from time to time. —Pix photos.

als. The female transvestite, being legally immune, finds it easier to identify herself with the male sex, acting the part of a man in appearance as well as in conduct.

Trans-sexualism is a different problem and a much greater one. It is more than just playing a rôle. It is the intense and often obsessive desire to change the entire sexual status, including the body structure. While the male transvestite enacts the rôle of a woman, the trans-sexualist wants to be one and function as one, wishing to assume as many of her characteristics as possible, physical, mental and sexual.

Trans-sexualism and transvestism

Both ways leave transvestites, and especially *trans-sexualists*, greatly frustrated and unhappy.

The transvestite wants to be accepted in society as a member of the opposite sex; he or she wants to play the rôle as completely and as successfully as possible. The male transvestite admires the female form and manners and tries to imitate both with an intensity that varies greatly among individu-

Chevalier d'Eon, famous 18th Century transvestite, dressed as a stylish young woman, leaves the theatre with a French nobleman. —After an engraving by the French artist, Thoma.



are decidedly more frequent among *men* than women, like most other sexual deviations. Due to the more permissive fashions in women, female transvestism is less conspicuous, but naturally can involve for the individual the same frustrations and often tragic situations as in men. Since the social and legal complications are infinitely greater in male transvestism and trans-sexualism, this present discussion is largely confined to them.

The trans-sexualist is a *transvestite* as a rule, but the transvestite is not always a trans-sexualist. In fact, most transvestites would be horrified at the idea of being operated upon. The trans-sexualist, on the other hand, only lives for the day when his hated sex or-

gans can be removed, *organs which to him are only a dreadful deformity*. Therefore the trans-sexualist always seeks medical aid, while the transvestite as a rule merely asks to be left alone.

To put it differently: In transvestism the sex organs are sources of satisfaction: in trans-sexualism they are sources of disgust. This is an important distinction and perhaps the principal difference. Otherwise there is no sharp separation between the two, one merging into the other. It is quite evident that under the influence of sensational publicity, a reasonably well-



A female transvestite of the early nineteenth century, Mary Anne Talbot, who served several years in the British navy under the name of John Taylor.

adjusted transvestite could become greatly disturbed and fascinated by ideas of surgical conversion.

Relation to Homosexuality

Homosexual inclinations always exist in the trans-sexualist whether they result in actual physical contacts or not. The libido (sexual desire) as far as sex activities are concerned is usually low and seems to be completely occupied with the sex conversion idea, indicating the close relationship to *narcissism* (love of one's self). The interpretation of the libido as *homo-*

sexual is strongly rejected by the male trans-sexualists. They consider the fact that they are attracted to men natural, *because they feel like women* and consider themselves of the female sex.

Transvestites on the other hand are mostly *heterosexual*, although their principal sexual outlet seems to be *auto-erotic*. Some are married and raise families, but the marriage rarely endures. Others have understanding girl-friends with whom they sometimes share their wardrobe.

Alfred C. Kinsey and his associates consider transvestism and homosexuality "totally independent phenomena." So they are, as far as overt behavior is concerned. Most homosexuals would not be interested in "cross-dressing," just as most transvestites reject homosexual relations.

Causes

Speculations as to the causes of transvestism and trans-sexualism have led to much controversy in the past. Some scientists believe that all cases have an exclusive *organic* basis. They consider transvestism in all its stages (as well as homosexuality) a form of *intersexuality*, an intermediate sex of hereditary or endocrine origin.

On the other hand there is the strictly *psychological* explanation which traces all such deviations to psychological conditioning, infantile traumata (mental shock), childhood fixations, or an arrested emotional development.

The author believes that in the face of clinical facts, logic and objective observations, neither approach is an exclusive key.

An organic explanation of intersexual phenomena would have to be looked for either in the hereditary mechanism or in the endocrine constitution, or in a combination of both. Organically, sex is always a *mixture* of male and female components. The ratio varies with the individual, determining the constitutional makeup. Between the "full-female" and the "full-male," constituting the two extremes on either side (and they are naturally not 100% either), there is every possible intermediate status.

The chromosomal sex (or "genetic sex") normally producing the *homogametic* female (bearing XX chromosomes), or the *heterogametic* male (bearing XY chromosomes) is subject to disturbances most strikingly evidenced by hermaphroditic and pseudo-hermaphroditic deformities. Investigations into the chromosomal sex have shown that it is probably contained in the nuclear structure of all body cells. It has been detected and demonstrated in the epidermal nuclei of the skin. It does not always correspond to the respective endocrine sex. Future research may determine the dominant sex in an individual and may do much to clarify our still incomplete knowledge of the nature of sex. To speak of a male when there are (or were) testicles and a female when there are (or were) ovaries, may be the most practical way to differentiate the sexes; but it is scientifically incorrect and unsatisfactory to the geneticist (student of heredity).

Similarly the term "trans-sexualism" answers a practical purpose

(Part II will appear in the December issue)

and is appropriate in our present state of knowledge. If future research should show that male sex organs are compatible with genetic female sex, or female sex organs with genetic male sex, the term would be wrong because the male "trans-sexualist" is actually female and merely requires a transformation of genitals.

The endocrine aspect of the problem is intimately related to heredity. If we find in a transvestite underdeveloped sex glands and other signs of an inborn *hypogonadism* (decreased sex gland secretions) or if there are undescended testicles or *hypospadias* (urethral opening on under side of penis), it seems likely that the sexual deviation was due to hereditary disturbance also. But on the other hand all physical abnormalities can also have far-reaching psychological repercussions.

The all-important rôle of environment and of psychological conditioning naturally must be stressed. There are various situations in early childhood that can be held responsible for the development of a sexual deviation. From the "smothering mother" to the dominant female in the family and the cross-dressing of the little boy to please a parent, each case of transvestism can have a different beginning.

The effeminate male may look and behave as he does on a purely psychological basis (imitating his mother for instance); but he may also be the product of a physical mechanism originating in his chromosomes. It is often impossible to distinguish between the two.

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