

Dallas Denny
P.O. Box 120664
Nashville, TN 37212

4 April, 1980

Dr. Virginia Prince
P.O. Box 36091
Los Angeles, CA 90036

Dear Dr. Prince:

I am writing in hopes of receiving help and understanding I have not been able to obtain in this part of the country. I am a thirty-year-old male with a Master's degree in psychology. I function quite well as a male, insofar as acting appropriately masculine, working in a professional capacity, and conducting social and heterosexual relationships. (the latter I have refrained from for the past several years). I was married for six years.

I have cross-dressed extensively from the time I was thirteen years old; I have passed as a woman in every imaginable circumstance, and have lived and worked as a woman for short periods of time. I have had sexual relationships with men which I would characterize as heterosexual, since I am quite incapable of having such a relationship as a male.

I find it difficult to pass as a woman for long periods of time, primarily because of my beard, but particularly because I do not enjoy deception. I do not want to return to being a man, but want to continue forever as a woman. I find the changes ~~back and forth jarring and shocking, because of the different~~ demands and expectations placed upon males and females. Also, I must give up things as a female which are necessary for the proper functioning of any human being-- family, friend, past history. I can acquire these things (except family) as a female, and would have been living as a female years ago except for my male secondary sex characteristics.

I do not have any overwhelming male characteristics which would make it impossible or even difficult to pass as a female; au contraire, I consider myself quite attractive. Yet I am constantly fighting my maleness. I desire sexual reassignment. Genital surgery is ultimately my desire, but is not essential. What is absolutely essential is that I live, dress, and be accepted as a female. I believe that my physical and emotional makeup make this a quite reasonable goal, especially since I have lived as a functioning member of both sexes, and can therefore make a rational decision as to which I prefer.

Unfortunately, the physicians at Vanderbilt University gender clinic do not agree. They see only that I appear to be functioning fairly well as a male. They have decided that it is in my best interest to remain a male, and have limited their services to those which will help me to function in this capacity.

I am not interested in functioning as a male. I occasionally make use of the supportive psychotherapy they have offered, but I only continue as a male to get by from day to day, to advance professionally, and to save money so I can do what I want to do, which is to live as a woman.

I initially approached the clinic at Vanderbilt about two years ago. I have tried my best to be straightforward with them in regard to my feelings, abilities, history, and intentions. I eventually resorted to coercion, pleading, and reasoning, but to no avail. Even pointing out relevant passages from the literature has not swayed the opinion of these doctors.

I am not angry with these, people, but I see them as a major obstacle to my progress. They have decided that I should live as a male, and will allow me to self-medicate, mutilate myself, and even commit suicide rather than assist me or give my any guidance in my chosen course to become a female. I have been doing the first (self-medication) for several months, have decided upon the second course (orchidectomy), and the third, suicide, is, of course, an ultimate possibility. I am cognizant of the risks of all three, particularly of the irreversible nature of the second two. I have pointed this out to the clinic, and asked only for help with reversible changes (i.e. hormone therapy), but to no avail. I have set my own dosage of medication (Diethylstilbestrol, 5 mg., q.i.d., obtained by surreptitious means), and asked for feedback about this dosage, yet of course did not receive any. I wish to obtain maximum feminizing effect with minimum risk, but I find this hard to do, particularly since I have been unable to find any literature concerning dosages of hormones given to transsexuals, except incidentally, when they were given as a placebo.

In extensively reviewing the literature, I have discovered that persons seeking sexual reassignment have been characterized as fitting into three major groups: transsexuals, who have felt they were wrongly assigned from a very early age; transvestic persons, who have come to feel quite strongly about becoming female, and effeminate homosexuals, who also have approached the transsexual position from a primarily male, although gender-disturbed position. I agree with your remark in the panel discussion (Archives of Sexual Behavior, 1978, 7(4), p. 413) that various continua are needed for characterizing people with gender dysphoria. Certainly, in Vanderbilt's opinion, I do not fit in any continuum between 'normal' people and transsexuals. I am not sure they would agree that a person with a gender problem which arose primarily as transvestic is a desirable candidate for living as a woman. These physicians seem to be pre-occupied with surgery, and that is some ways down the road.

I have written to you, Dr. Prince, because I believe that you have some professional and personal knowledge of my situation, or problem, or condition, or whatever it is to be called. I am sure you know what personal anguish I went through getting this whole thing sorted out in my head, assessing possibilities, and setting priorities. I have finally decided that I am O.K. It is time that someone else admitted I was. I am at the end of my rope, since, in effect, Vanderbilt has tossed the ball back to me. I would have not approached them in the first place if I had not needed some help. I would like to request several things of you:

1. If you could put in a word about me, as related to your research and personal experiences, with the doctors at Vanderbilt, I would greatly appreciate it. Address any correspondence to:

Dr. George Bussey
Vanderbilt Outpatient Psychiatric Clinic
Nashville, Tennessee 37232

Denny p. 3


2. I would appreciate any information or references you could provide me with concerning dosages of hormones and feminizing effects. Are antiandrogens needed in addition to the estrogens, or do the estrogens sufficiently inhibit testosterone production as to make antiandrogens unnecessary? If antiandrogens are needed, which ones would be most effective? At which dosages?

Because of my marginal understanding of sex hormone endocrinology (marginal because of my limited success in obtaining information) I have a feeling that feminization would occur much more rapidly if the gonads were removed. Is this true? If so, I am prepared to remove my gonads myself, since no doctor is willing to do it, but of course I will properly research techniques so as to minimize risks.

3. I do not desire to traipse all over the country in a vain chase for physicians who will probably give me the same answer Vanderbilt did unless I deceive them (I am quite capable of deceiving them-- it just isn't my style). I will, however, consider relocation. My favorite area of the country is L.A., incidentally. Will I receive more cooperation from facilities in L.A. and area without having to resort to game-playing? What facilities are available?

I appreciate your time and efforts. I do not like to see any potentially valuable member of society go down the tubes, particularly when that person is myself! Yet, if something doesn't happen, I fear that is where I will eventually wind up.

Sincerely,


Dallas Denny

cc: Dr. George Bussey