

The amazing story of the doctors and surgeons who help the victims of Nature's pre-birth blunders

"WE CAN HELP YOU.. that's what they said at the Gender Identity Unit, and it was the first time anyone had said that to me in twenty-seven years. The first time anyone had given me any hope at all."

The young man's voice was hopeful enough now, and so were the blue eyes that shone out of the bearded face.

He swung along beside me with a young man's stride, took up the outside position on the pavement, and piloted me across the busy street.

In the restaurant he pulled out the chair for me to sit down. In his smart suit, with matching shirt and tie, he was every inch the well-mannered male escort.

In that crowded room, only the two of us could possibly know the truth.

That John, as he called himself, was not a man at all, but a woman. A trans-sexual.

John is just one of some

by **WENDY COOPER**

eighty men and women being helped at the London Gender Identity Unit based on the New Charing Cross Hospital in Fulham.

The Unit's team of physicians, psychiatrists, surgeons and biochemists are working to help the victims of what is called intersex—which is, quite simply, a physical or mental state in which the sex of a person is not clearly defined.

Some intersex babies are born not quite anatomically completely male or female.

Others like John are born perfectly formed physically, but as they grow up become convinced to the point of obsession that they really belong to the opposite sex and are trapped in the wrong shaped body.

These are the trans-sexuals.

No one knows exactly how many there are, but more and more are asking for treatment as the Gender Unit's work becomes known.

Help for intersex victims has become possible not only because of advances in surgical techniques. There has come a new understanding of the delicate glandular balance in the crucial months before birth, which governs sexual differentiation, for each one of us.

Any breakdown in the complicated computer-type human mechanism that controls this process, any failure of vital tissue to respond, and any one can be tilted physically or mentally towards the opposite sex.

We all start out equipped with the organs and ducts for both sexes, and are capable of development in either direction.

Once this is understood, once we all realise how nature's occasional mistakes come about, then we can begin to understand people like John, who through no fault of their own must struggle with the agony of intersex.

FOR most of us the story of how our sex is determined is a straightforward and exciting success story.

Our computer works correctly, our gender is definite, our sexual role uncomplicated.

We are all, of course, programmed at the very moment of conception to be either male or female. But it is over three months before the body's computer actually operates the vital switch to a single-sex road.

At that point, if we are programmed to be a boy, the switch triggers growth of the male organs and ducts, leaving the female counterparts undeveloped.

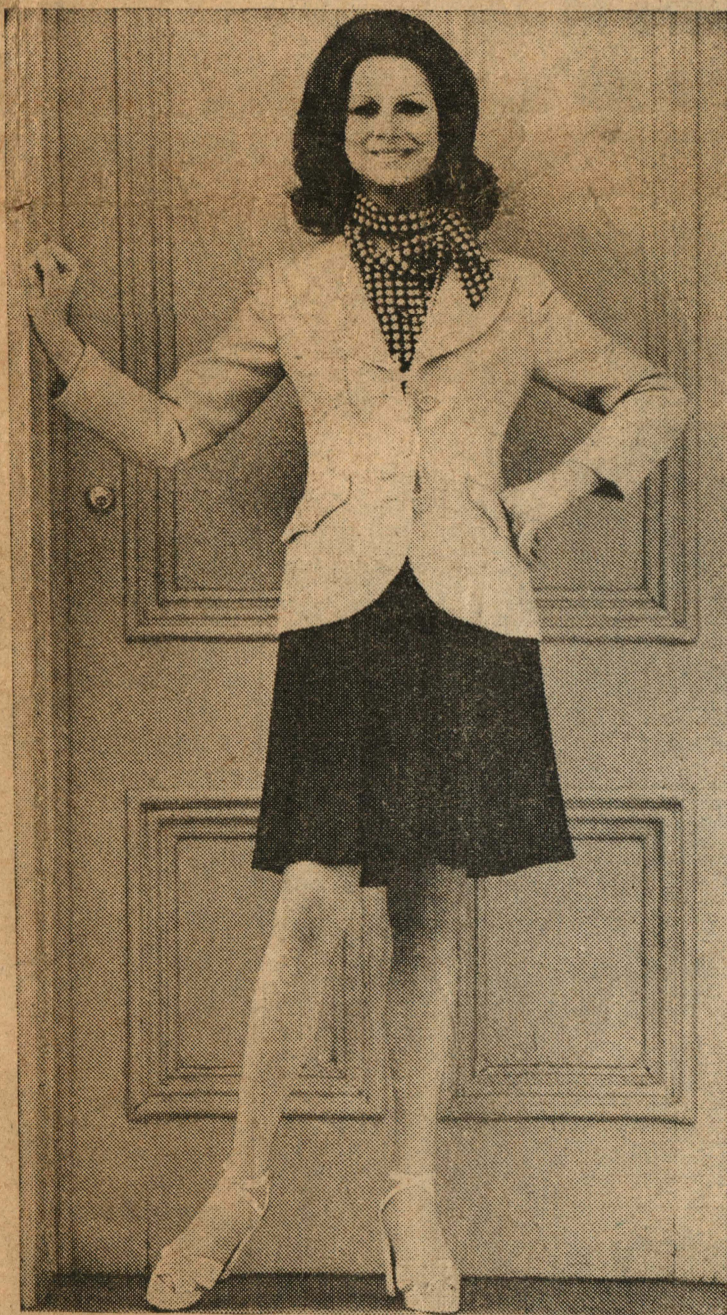
If the instructions are for a girl, the female organs are stimulated to grow, leaving the male structures untouched.

As adults we retain living reminders of this early bi-sexual stage, in the non-functional nipples of the male, and in the clitoris of a woman, which is really the undeveloped penis.

Once the vital switch has operated, the developing sex organs themselves take over, secreting their own sex hormones to act as chemical messengers, giving orders which continue to govern development.

It has been found that the male sex hormones, called androgens, play a particularly vital role. Left to itself, we now know that every single human embryo would develop to the female pattern. In fact woman, not man, is the basic sex. It is only the powerful and continuous intervention of the androgens that turns the basic female to male.

At once it is clear how easily nature can blunder, particularly in view of the fact that other



APRIL ASHLEY: Major surgery and even marriage failed to win her legal recognition as a woman

Picture: DAVID JOHNSON

TRAPPED IN THE WRONG SEX

man trapped in the wrong-shaped body affected the whole of my life. It was difficult at school, but worse later when I wanted a job. The careers I was drawn to, particularly the Navy, were not open to a girl.

"I tried the Services but there was this frightening problem of being attracted to other girls. For a time I thought I must be a female homosexual and certainly other people quite often wrote me off as a queer. But I did not fit in even with them.

"I was interested in girls as a man is interested, but I never dared to form a close relationship—certainly not a physical one.

"So there was frustration in every direction: misery at home because the family couldn't understand, boredom at work because I had useless dead-end jobs instead of the career as a vet which I so passionately desired; and finally the sheer loneliness of feeling a social outcast.

"Of course I tried to get help. Over the years I went to doctors, who passed me on to psychiatrists, who recommended a mental hospital where I spent five useless months.

"I saw priests and social workers, but all of them just tried to make me accept my femininity, and I found that totally impossible.

"Then I read about transsexualism in a newspaper and at last recognised a description of how I felt.

"At almost the same time my vicar wrote to me about The Albany Trust, an organisation to help homosexuals. One of their social workers, Mrs. Doreen Cordell, who had special knowledge of transsexualism, referred me to the Gender Identity Unit."

And that is where the help really began.

At the Unit the first job, as with all patients, was to establish beyond doubt John's correct sex, physiologically speaking.

In his case it was confirmed as female.

Then followed long sessions with the Unit's psychiatrist. I talked to this doctor myself in his rooms in Harley Street.

He told me: "My task is to assess the masculine/feminine balance and orientation and decide if adjustment to the correct sex is possible. This decision determines treatment."

In John's case, at the age of twenty-seven, the clear predominance of the masculine side of his nature was accepted, and so treatment involved male hormones to deepen the voice and produce facial hair.

This also prevents menstruation—vital for someone living as a man among men. The final step may be surgery to remove breasts and ovaries.

But I discovered that the help of the Gender Identity Unit has to extend beyond the patient to his or her environment.

Patients starting a new life in a new sex must be helped to re-register for Health and Employment cards. With the authority of the Unit behind them, they can even get a university degree changed to the opposite sex.

What cannot be done is to obtain a new or changed birth certificate. This can be done in cases of wrong assignment of sex at birth, but not for the transsexual, even after surgery. Although in America some eleven States do now permit this.

John's case was particularly

Please turn to next page

organs in the body also produce sex hormones, so that every woman has some male sex hormones and every man has some female sex hormones.

It is the same in the developing baby, and if anything happens to upset the balance, things go wrong.

If too much male hormone reaches a developing female baby it can be tilted toward the male—to be born, perhaps, with no obvious vagina, and an enlarged clitoris resembling a penis.

In the past a busy midwife or doctor, who might never have seen such a case before, could all too easily make the mistake of deciding the child was a boy.

This is clearly what happened to Gordon Langley Hall, the adopted son of the late Dame Margaret Rutherford, the actress.

He struggled unhappily with life as a man for nearly thirty years, even deliberately seeking a tough life in the wilds in an attempt to become "manly."

In the end, in desperation, he sought help at the Gender Identity Clinic attached to the Johns Hopkins Hospital in Baltimore, in the U.S. There investigation quickly established that his true sex was female, and confirmed the presence of concealed vagina and ovaries.

Hormone treatment and surgery eventually enabled Gordon to emerge as Dawn, a name chosen to signify a new life. It was certainly to be a far happier life, for Dawn married.

The same sort of thing can happen just as easily to a developing boy baby, if there is lack of androgens and the glandular balance veers toward the female before birth.

This is what happened to Mary, brought by her parents to the London Gender Identity Unit, at the age of thirteen.

When instead of the expected budding breasts and menstruation, she developed facial hair and a deepening voice.

Again, investigation showed a wrong assignment of sex had been made at birth, and this time the presence of undescended testes were detected.

Hormone treatment was begun to reinforce the proper male role, and surgery was co-ordinated with school-leaving, so that the family and Ian, as he became, could make a new start in a new area.

The moody, difficult girl who had been disinterested in dolls or domesticity and fonder of carpentry than cooking, became a happy, confident boy.

THE agonies a person can go through, reared and conditioned to a sex which contradicts his or her true one, can be terrible.

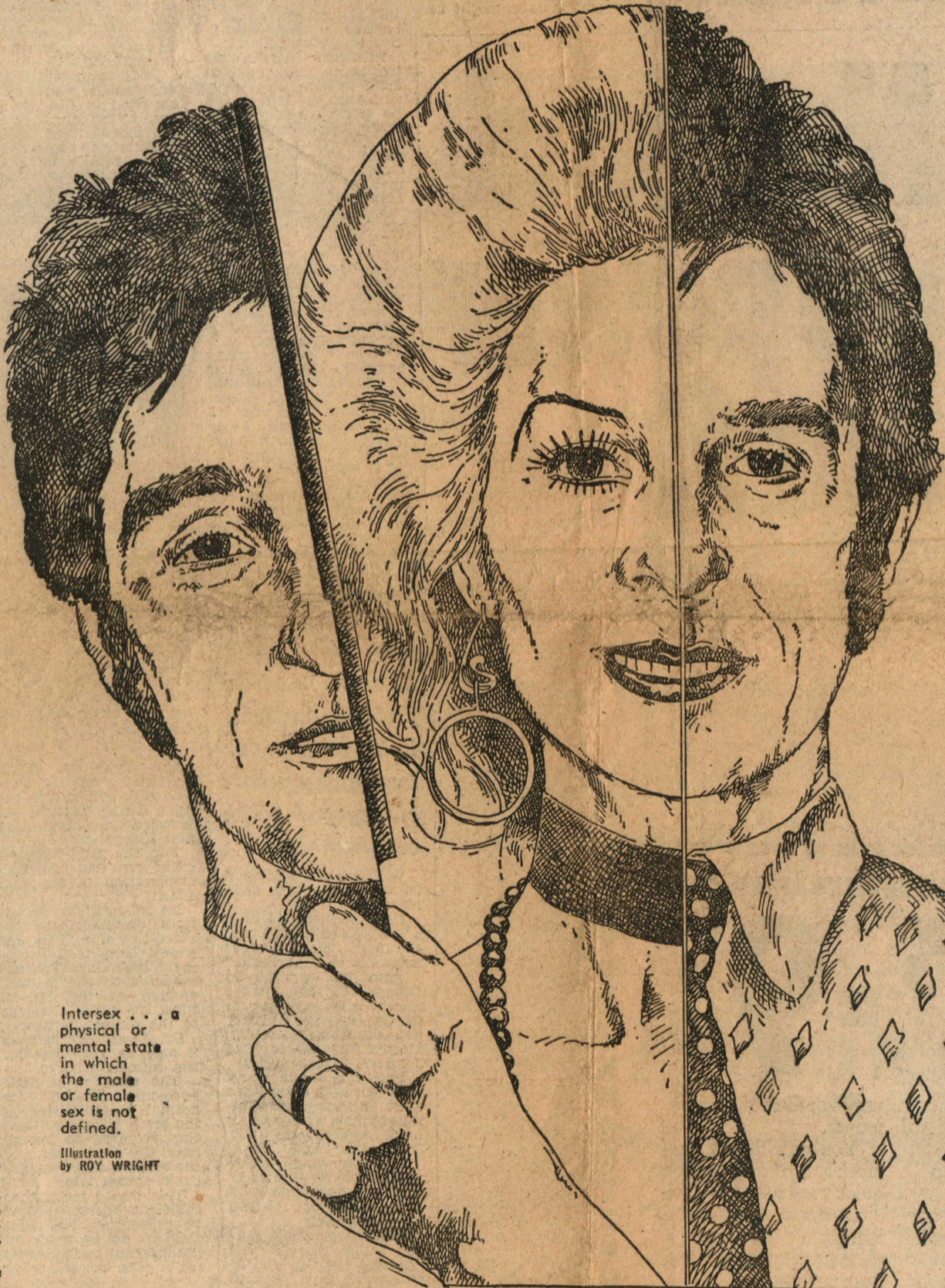
But sometimes, in the case of older patients, they may have lived so long in the wrong sex that the Gender Identity Unit decide the best way to help is reinforce with hormone treatment the existing role, even if it contradicts the genetic sex.

Fortunately such tragedies are fewer today, for there is now a simple test which, in the case of doubt, can swiftly establish the correct genetic sex of a baby. It consists of collecting a few cells from inside the baby's mouth.

These are then stained and viewed through a microscope. If they are female cells a special protein shows up clearly, so that this test offers the first key to future treatment.

Cases like this, of obvious physical intersex, are in many ways the easiest to deal with. Far more difficult are the cases of psychological intersex.

John explained how he gradu-



Intersex . . . a physical or mental state in which the male or female sex is not defined.

Illustration by ROY WRIGHT

ally became aware of his own trans-sexual nature.

"I was physically quite a normal little girl and my sister grew up to be perfectly feminine, so with the same parents and environment, I can't blame my condition on upbringing.

"When I was very young it was not too bad. I preferred boy's toys, games, clothes and company, but then lots of little girls are tomboys. It was as puberty approached that things got really bad and I became literally 'odd man out.'

"As other girls at school got interested in fashions, nylons and make-up, I found myself rebelling against this whole business of being a girl. I dreaded menstruation and developing breasts, and I remember praying every night that it would never happen to me. But of course it did, rather late at fourteen.

"My poor mother bought me a bra and was confused and hurt when I utterly refused to wear it—to do so would have been to accept my femininity.

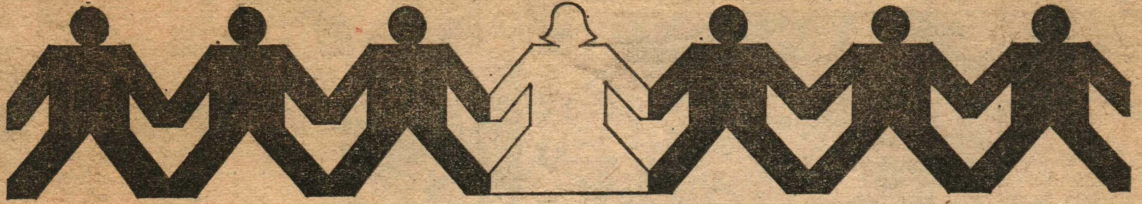
"I refused to wear summer

dresses even in the hottest weather and sweltered at school in skirt and blazer to conceal my shape.

"Out of school I lived in jeans and with my short cropped hair, it was quite usual for people to ask 'Are you a boy or a girl?'

"Later on it sometimes became the unkind jibe about 'He, she or it?' and, one day a boy called out 'When are you going to change sex?' He couldn't know I prayed for just that every night. This awful feeling of being a

TRAPPED IN THE WRONG SEX



delicate. He had completed one year at university as a girl. It had been a long haul to get there at all, with evening classes after work to obtain the necessary "A" levels.

How would the university react to this change of sex? The first year as Jean and the second as John might be

a bit too much to ask fellow students and professors to accept.

"Actually everyone was marvellous," John told me. "No one made me feel awkward or embarrassed; they accepted things quite naturally.

"My documents have all been changed from Miss to Mister right down to my library tickets. It's like being born again. I have so much more confidence now as a man."

Although hormone treatment has enabled John to live successfully as a man, he still insists he wants surgery, however major and painful.

Other trans-sexuals I spoke to feel the same. One male trans-sexual I met at the Gender Identity Unit explained: "Only surgery can make me feel really safe.

"The older I get the more I am afraid of being found out. All my friends and the people I work with accept me as a woman, but if I had an illness or an accident it would all come out.

"Once I was taken to hospital after a slight heart attack and put into the women's ward. When the doctor came round I had to explain, and I was moved to a small room off the men's ward.

"It was awful because I was made to wear pyjamas, and with my hair and make-up the men used to come and stare at me.

"I would rather die on the operating table than go on with this fear of being found out."

THE other problem for John is the state of our law which prevents change of birth certificates.

Without this there can be no hope of a valid marriage.

He explained: "I have a girl friend who knows the facts. Being a nurse helps her to understand."

John has written to Labour MP Mrs. Renee Short, who says she is taking up the matter with the Home Secretary. Meanwhile people like John are in legal limbo.

This was made very clear in 1970 when that most famous and feminine of male trans-sexuals April Ashley, was in a High Court case.

After hormone treatment and very major surgery April married Arthur Corbett Lord Rowallen's heir.

After seven years during which April was accepted socially and in every way as a married woman a case for annulment was brought.

Lord Justice Ormrod ruled that, despite the clear female psychological sex, female appearance and surgical intervention, April was still a genetic male.

As marriage was essentially a contract between a man and a woman, he said, this marriage was null and void.

When April, now 37, talked to me about her case, she was

understandably bitter. She did not deny her original genetic sex, but insisted there was always a strong tilt towards the female.

"My operation was completely successful and I was fully able to be a wife."

It is easy to understand how such effeminate male trans-sexuals can want to escape from unsatisfactory manhood into their dream of womanhood.

Real trans-sexual men or women want to be accepted in the opposite sex, to which they are convinced they belong. Psychiatric treatment seems totally unable to reverse their obsession.

It is this failure of the most skilled psychiatry to change the mind of the trans-sexual which has led Dr. C. N. Armstrong of Newcastle



Gordon Langley Hall, adopted son of the late Dame Margaret Rutherford, became a girl after surgery. And after marriage she claimed she had a baby.

upon Tyne, a world authority on intersex who gave evidence in the April Ashley case, to put forward a fascinating new theory.

For the first time, it offers a real physical explanation of the condition.

He believes that recent work on monkeys provides the clue. This has shown that if sufficient male hormones are not available to the monkey embryo at the critical time, the brain develops to the female pattern.

Dr. Armstrong believes it may be the same for the human embryo.

The amount of male hormone needed for normal masculinising of the brain is greater than that required to masculinise the sex organs, and the critical stage for the brain comes later.

This would mean that sufficient hormone could be present at the right time to do its work on the internal and external sex organs, but still leave

the brain not fully differentiated.

Actual proof of this theory has still to be obtained, but there is strong support from startling new evidence that homosexuality, the most widespread form of intersex and long believed to be entirely psychological can have and underlying physical cause.

At the British Medical Research Unit in Edinburgh, Dr. John Loraine and his team found indisputable proof of glandular imbalance in both male and female homosexuals.

Volunteer male homosexuals tested had levels of male hormone well below the normal.

Women homosexuals showed below-normal levels of female hormones. And they had significantly higher levels than they should of male hormone.

DR. LORAINE says the importance of these findings lies in what the hormone levels tell us about a corresponding pattern in such people before birth.

"Levels," he says, "acting on the embryo at a time when it is known to be so specially vulnerable to hormone influence."

Such new discoveries offer hope that some day diagnosis and correction of glandular balance may be possible in the vital period before birth.

Meanwhile a lot could be done to make the struggle of those caught in intersex less bitter, harassed and lonely.

Already Mrs. Cordell, the social worker who helped John, together with other medical and social workers, has set up an organisation called ACCESS (not to be confused with credit-banking), designed to help people with emotional and social problems rising directly out of their sexuality.

Mrs. Cordell explained: "It is not just a question of helping the patient alone, but of helping the family to understand."

If we recognise that none of us is truly 100 per cent. male or 100 per cent. female—maybe we shall learn to show more tolerance towards sexual ambiguity.

APRIL

Mother's Day

send her flowers

INTERFLORA naturally

GUARANTEED SERVICE