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Genital Reassignment on Two Male Transvestites

By [F. Abraham](#), M.D.

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-with three photographs-

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The following two cases represent the reassignment of two homosexual transvestites who have enhanced their physical appearance to today's highest form, matching it with the specific emotional experience and inclination. Even though the development of these two humans represents mainly the generally desired development of a transvestite, each of these two cases contains enough singularities so that a short description seems necessary and interesting. 1)

Case 1: Rudolph (Dora) R., domestic employee, is today a 40-year-old "male". He was born in the Erzgebirge region and is the child of healthy parents who have more than one child, all healthy and without abnormalities. Today's inclination manifested itself early on in the child and expressed itself at age 6 in the attempt to tourniquet his penis with a cord. Because this organ seemed to be hindering him, he attempted by such means to make it fall off. The attempt was discovered in time and it was possible to keep the child from further difficult complications; his inclination to feminine attitudes and behaviors, though, was getting strong and stronger.

It (the inclination) manifested itself already in childhood by a dislike for boy's clothing and led to him being permitted to live as a girl. The urge to adapt to the female gender increased from that point on and in the year 1922 the first step to feminization was made by means of castration. After this there was a long pause, until the beginning of the year 1931, when the penis amputation was done and in June, the here described surgery. The castration had caused, although not extensively, the body to become rounder/fuller, the beard growth to decrease, breast initiation to be noticeable and the fatty tissue of the buttocks and in the rest of the body to take on a more feminine form.

Case 2: Arno (Toni) E., painter, a 52 year old patient, had first noticed his inclination at the beginning of the 1920s. Despite his homosexual inclination, he got married and from this marriage a boy was born. In the extremely unhappy marriage he had only occasionally the possibility to wear feminine clothing. As frequently happens, during the first years the urge was weaker - to increase later. His inclination essentially preempted him from performing his profession when

he did not have the possibility to wear clothing conforming to him. After the death of his wife, he lived completely as a female. Noticeable during the observation was the contrary behavior in male and female clothing: While he was totally calm and reasonable in the latter, in male clothing he was distraught, nervous and utterly worthless. Additionally, he only owned a single male suit, while having a fairly large female wardrobe. The physical evolution corresponds to the first case, except that surgery was done in shorter intervals. Within two years, E. suffered through castration, amputation and vaginoplasty. 2) In how far this surgery, especially the surgical forming of a vagina, has had an effect on the overall health cannot be evaluated at present because not enough time has passed since the end of surgery. The leftovers of the scrotum are to be placed lower and used as labia later, but this surgery has not yet been performed. The described surgery was performed by Dr. Gohrbandt, Director of the Surgical Clinic of the Urban Hospital in Berlin. Both patients have had castration and amputation in previous surgery, so that only the forming of an artificial vagina was necessary.

It is to be recommended, insofar as the necessary procedures have not yet been done, not to perform this surgery at one time with the vaginoplasty, but to proceed at two times. Needless to say, the most scrupulous hygiene is a prerequisite: The surgical area is cleaned well, the hair removed, and the surgical area covered. Then a catheter is inserted into the penis stump to avoid damages. After this a cut is made in a vertical direction into the muscles of the perineal area and the vagina is worked deep until the peritoneum is reached. As a rule, a depth of 11 to 12 cm. will be achieved, which is the final depth of the vagina. Next two-piece speculum pliers are inserted and the new vagina dilated. Meanwhile, a rubber sponge measuring 11 to 12 cm. is prepared (see photos). It will be lined with Thiersch's grafts taken from the upper leg and in such a fashion that the skin surface is on the side of the sponge and that the corium touches the vaginal walls. By this, one achieves that the skin grafts grow on the vaginal wall and that closing and sealing of the vaginal walls is made impossible. The sponge is introduced in such a fashion that the porcelain speculum is inserted into the vagina and then, through this speculum, the sponge is introduced. Then the speculum is carefully removed and the sponge that remains in the vagina is fixed (best by stitches). The sponge remains two to three weeks and serves during this time to absorb possible secretions. Before introducing the sponge, it is useful to introduce a wooden rod into its middle, which is removed before the sponge itself, by which a folding of the sponge is achieved and, by this, the extraction of same is facilitated. If after three weeks the adhesion of the grafts to the flesh is not completed, one can introduce a new sponge, but naturally this time without skin grafts. After this, surgery is performed and post-treatments with rinsing, ointments, and so on, and later, dilation of the vaginal walls with a dilator.

We describe the surgical procedure also by the photos included.

The surgery described here is classified by its cosmetic result and its realization as very easy. Most assuredly, it is to be preferred to a procedure in which part of the intestines is later used as a vagina. The procedure itself takes only a short time, but needs, as previously mentioned, the greatest care and hygienic working conditions and can be classified as easy for the patient. As said, the result, particularly in its effects on the patient, must be awaited. I just wanted to give a description of the procedure itself, because I believe an infinite number of patients with these same inclinations exist, who desire similar procedures, but do not know of any means and ways to achieve same. One could raise an objection to this type of surgery, that it is some kind of luxury surgery with a frivolous character, because the patient possibly will return to the doctor after some time with new and greater demands.

This cannot be excluded. It was not easy for us to decide on the described procedures, but the patients were not to be dismissed, but also were in a mental state that made it probable that self-mutilation, with life-endangering complications, could be possible. From other cases we have learned that transvestites indeed cause themselves very severe harm if the doctor does not fulfill their wishes.

To perform this surgery was in these cases (and probably it will be the same in many other cases) a kind of emergency surgery necessary to save patients from worse self-inflicted procedures.

1. Both cases are part of a larger book that I am working on at this time. I have extracted these cases because they seem to me of principle value and general interest.
2. Castration and penis amputation were done at the Institute of Sexual Science in Berlin by [Dr. Levy-Lenz](#) (HISTORY OF SEXOLOGY - Pioneers of Sexology - Ludwig Levy-Lenz).

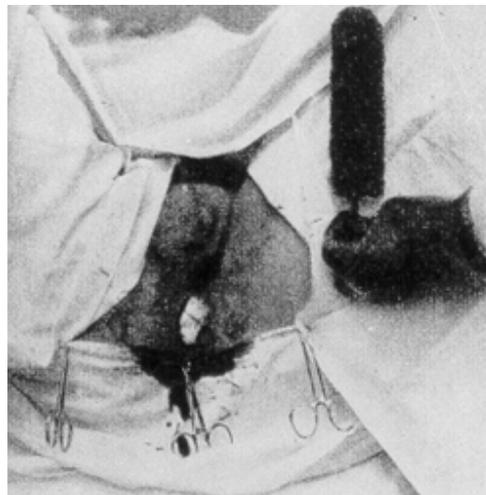


Photo 1 Caption: Fashioning of the vagina below the scrotum. In the stump of the urethra, a catheter is introduced. On the side a sponge is visible that is lined with Thiersch's grafts and will be introduced into the vagina.

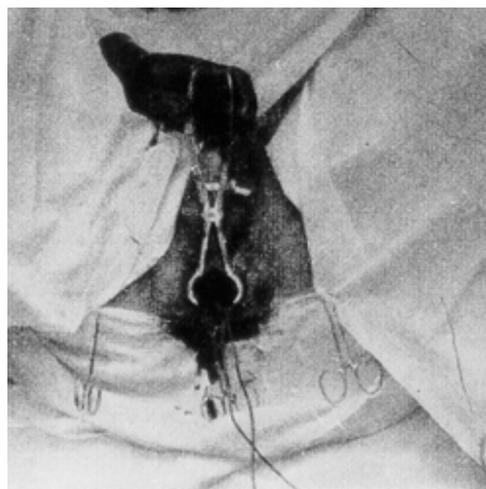


Photo 2 Caption: The vagina is formed and ready to introduce the sponge.

Photo 3 Caption: End of surgery after introducing the sponge

