

bottom surgery:

*an  
incomplete  
history*

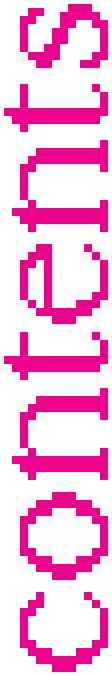


# foreword

The Transgender and Nonbinary Surgery Allied Research Collective (TRANS-ARC) brought together a national group of transgender and nonbinary patients, caregivers, advocates, healthcare providers, researchers, device manufacturers, and other stakeholders in genital gender-affirming surgery outcomes. In July 2021, TRANS-ARC convened a summit and developed a strategic plan for facilitating research from a patient-centered perspective by identifying and prioritizing research activities important to transgender and nonbinary patients.

Connected by the work of TRANS-ARC, we (Hester Tittmann, Elijah Hart, Andrea Castro, and Olivia Hnilicka) collaborated to create *Bottom Surgery: An Incomplete History*. A research priority that arose from the TRANS-ARC summit that led to this zine was the need for more peer support in genital gender-affirming surgeries. Specifically, how does peer support, or having someone with you who has experienced and learned from the journey you are embarking on, impact your experience and surgical outcomes? With so many questions around surgery, how to prepare, what to expect, how to heal and navigate your life afterward—the value of being able to connect with someone who can speak to these questions from experience is evident.

Reflecting on the value of peer support led us to reexamine our relationship with history, both personal and learned and the stories we tell that shape our understanding of gender-affirming surgeries. This zine seeks to explore the history of gender-affirming surgeries through the lens of those who have undergone or considered these procedures. A constellation of personal narratives and moments in queer history, we hope that this zine makes a space for you to examine your history and find strength in community.



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# Anon

*Transmasculine and  
genderqueer*

31

*Biracial (South Asian  
and White)*

*Bay Area, California*

I don't remember the exact moment I heard about bottom surgery, however growing up in the late 90s/early 2000s, the media often sensationalized trans people and a lot of it would focus on the more "shocking" aspects of physical transition, like surgeries, so I believe this is when I first heard about it. I first understood the concept of bottom surgery as it relates to trans women or AMAB people. I remember early on not knowing it was possible for trans men or AFAB people to get bottom surgery. When I did discover bottom surgery for AFAB folks, one fact that I often heard was that AMAB bottom surgery has been happening a lot longer than AFAB bottom surgery, and it's therefore far more advanced and has better outcomes.

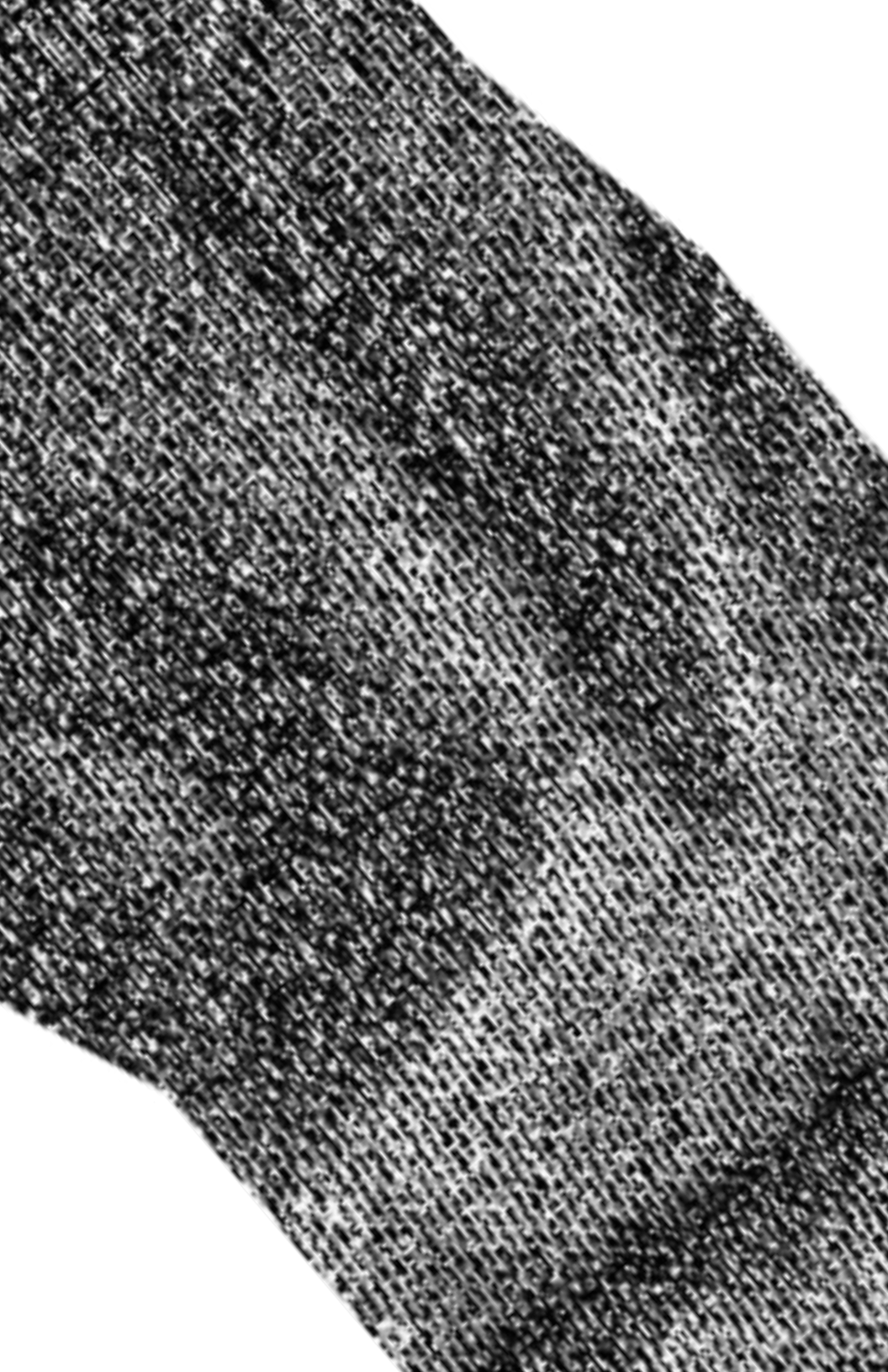
For me personally, I do think a lot of my gender dysphoria is related to my genitals not feeling like they align with my gender identity. However, because of the lack of information on bottom surgery for AFAB folks, I prioritized other parts of my transition. Had there been more information on bottom surgery, I do still think I would have gotten top surgery first, as it seems like a less intensive procedure. It's now been 5–6 years since I've had top surgery and began taking

testosterone and even though I want bottom surgery, I have not yet actively sought it out. A few things that weigh heavy on me are the recovery time, possibility for complications, and how easily I could avoid discussing the nature of the surgery with family. Early on in my transition, I used to research the procedure a lot and even though I'm sure the resources for bottom surgery have greatly increased since then, it feels a little overwhelming to jump back in and commit to the process. However, I still feel pretty confident that I would pursue bottom surgery in the near future.

I've heard some trans people describe the difference between Metoidioplasty and Phalloplasty as Metoidioplasty "enhances what you already have" whereas Phalloplasty "creates something new." While I think both surgeries are equally valid ways to affirm one's gender, the idea of Metoidioplasty resonates more with me. It has already felt very gender affirming to experience the changes that I've had to my genitalia from taking testosterone. Before starting T, when thinking about bottom surgery, I felt like I wanted to have something as close as possible to a cis male penis. However, experiencing changes on T has made me feel a lot more at peace in my body. Before, I was only comfortable with gender ambiguity when it came to gender expression but now I embrace that ambiguity physically in my body. This is why a surgery like Metoidioplasty, which does not have the goal of emulating a cis male penis, is more appealing to me.

I'm not well versed on the history of genital modification that spans across cultures but I would be very interested in learning more about the history of these practices. There could be many benefits in considering practices outside

of western medicine and connecting them to trans identity today. The concept of sex and gender existing outside of a male/female binary has been present in many cultures throughout history. Most Americans and other westerners only understand transness in a western context, which greatly limits our understanding of the expansiveness of both sex and gender. Much of the west has attempted to, or succeeded in erasing traditional practices of non-western cultures through violent imperialism. This loss of knowledge has absolutely been detrimental to the trans community, particularly to trans folks like myself who are from places that have been colonized by the west. Many of us have only understood our transness through a western lens and are disconnected from our own histories and the potential for greater understanding of ourselves.



# Early Points

People have been modifying genitalia through surgery for thousands of years. There are very old surgical practices - some of which continue today - that might be understood as people seeking to align their bodies with a social or spiritual gender expression.

This history section is not comprehensive or without gaps. It is intended to show that surgical practices to modify genitalia have a deep global history. Because this zine centers the perspectives of those who have undergone or considered these procedures, we have focused on examples of people receiving or seeking out these surgeries rather than the people providing them.





*~ 500 BCE - present*

## Hijra

Where? South Asia including India, Pakistan, and Bangladesh

Who? Hijra are a third gender community recorded in the Kamastura in 500 BCE. In the 1200s during the Mughal Empire Hijra held positions in prominent households. Practices that continue today include offering blessings at celebratory events. The British, during their colonization of India, listed Hijra as a “criminal caste”. Only recently have countries solidified citizenship status for Hijra residents.

Surgical details: Hijra communities practice Nirvan, usually a penectomy and orchiectomy, a ritual genital surgery.



~ 300s BCE

## Galli

Where? The cult likely originated in Mesopotamia, held important religious sites in modern day Turkey, came to Greece in the 300s BCE, and an ornamental clamp used in their surgical rituals was found in the 1840s in the Thames.

Who? Galli are priests of the cult of Cybele (a mother goddess). The priests adopted women's clothing, wore makeup and their hair long. They were sometimes referred to with she and her pronouns.

Surgical details: The priests performed ritual penectomies and orchiectomies.



*200s*

## Marcus Aurelius Antoninus (Elagabalus)

*~203-222*

Where? Elagabalus was from a prominent Arab family in Emesa (modern day Homs, Syria)

Who? Elagabalus was head priest of the sun god Elagaba and teenage emperor of the Roman empire from 218-222. Elagabalus broke many Roman gender and marriage norms, wore make-up and dresses, and preferred being referred to as a “lady”.

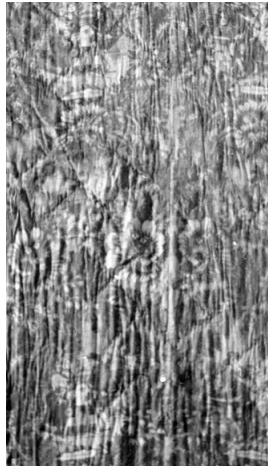
Surgical details: Elagabalus reached out to many physicians in search of someone who could surgically create a vagina, offering large sums of money. Elagabalus also had a circumcision, likely for religious reasons.

# Olivia

*Transfeminine  
41  
Caucasian  
Portland, OR*

In 2001 I was sitting at a 24-hour diner in the Walker's Point neighborhood of downtown Milwaukee, WI, after midnight. I was 18 years old, and I had just attended my first drag show at a queer youth space with the other gay kid in my high school, Jared. I remember feeling overwhelmed by how starkly gay the world could seem when queer people gathered in contrast of the very straight suburb life I grew up in when we sat down at the table. The place was filled with drunk queers coming from the nearby gay bars and my twink sensibilities were eager to grab the attention of the older men around me. As my need for validation (that would stifle my own transition many years later) kept my eyes

busy, she sat down next to us. I'm certain she saw something in me that I didn't see in myself yet. She was tall and lanky, wearing an unkempt



blonde wig and thick black eye liner with a visible five o'clock shadow. She seemed drunk but kind and she introduced herself. I wish I remembered her name. Her voice was gravelly and weathered and higher pitched than I expected. I asked about her life and what she did.

"I work for UPS," she said matter-of-factly. "And I'm a transsexual, if that's what you're really asking." My eyes widened. "Really? Are you... transitioning?" Her expression turned both proud and bitter. "I'm on hormones, yeah. Had to get them illegally though. UPS won't pay for my bottom surgery, but they sure as hell paid for the ER visit after I did my own orchiectomy." "Your own what?" Jared interjected, looking as confused as I felt.

She leaned in, her voice dropping to a whisper. "Filled my tub with ice, got good and drunk, then called 911 before I cut my own balls off. You should've seen the doctors' faces!" She threw back her head and laughed, exposing her large Adam's

apple.

I was shocked and speechless, which is the response I'm sure she was hoping for. Just as quickly as she sat down, she got up again, talking and laughing with another table. It wasn't until years later that I would hear resilience and the adversity she experienced in her story.

In my mid-twenties, I would hear about Candis Cayne and Alexis Arquette, two transwomen who were so beautiful and public about their medical transition. When I looked in the mirror, I could only see an overweight, hairy bearded bear (not even close to a brick). Femininity is a cruel yard stick and I never won when I compared myself to other transwomen, much less other cis women. Being desirable to gay men was so important to my self-worth

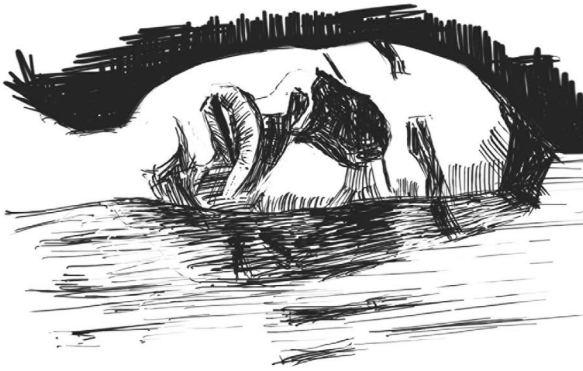


and I knew that there would be a long time where I would likely be undesirable to most people (I was right, I was single for over a decade). It took so long to overcome my own personal barriers about medically transitioning. When I started my transition at 30, the barriers that the medical systems provided were confusing and time consuming and draining. I could witness the resilience that I would be building up for myself in my own transition.

I hope that woman in Wisconsin is okay. I hope that the young trans people in Milwaukee don't have to

face the same adversity she did and that the resilience they build in their transition is less traumatizing. I hope that the trans people in the future reading this have happy boring lives with happy boring genitals and make happy boring decisions about how they get to use their bodies.

1900s  
-1910s



1902

## Jennie June /Ralph Werther/ Earl Lind

1874 - ?

Where? June was born in Connecticut and lived extensively in New York

Who? Jennie June was perhaps the first trans autobiographer in the US. Growing up June attended a boys school, struggled with mental health, and later found a safe haven in Columbia “Paresis” Hall with the Cercle Hermaphroditos. June also used the names Ralph Werther and Earl Lind.

Surgical details: June put much effort into an orchiectomy June had done in 1902, out of a desire for an altered appearance and a decreased desire for sex.



1917-18

## Alan Hart

1890-1962

Where? Alan Hart was born in Kansas and received his surgery in Oregon.

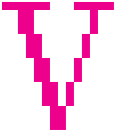
Who? Alan Hart was born in 1890. He was an author, researcher and physician who attended the University of Oregon Medical School (now Oregon Health & Science University School of Medicine). When they became available, Hart took synthetic hormones. Hart practiced medicine and moved regularly whenever he was outed. He married twice.

Surgical details: At his University, Hart received psychological and surgical care for his transition. At first attempting something that might be considered “conversion therapy” but deciding in the end to change his name and appearance, receive a hysterectomy, and live as a man. He cited eugenicist logic for this surgery - arguing that people such as himself should be sterilized.\*



*\*Alan Hart's belief that he should be sterilized because of his gender and attraction to women suggests, to me (Hester) that he is both a white supremacist and holding some sort of deep cognitive dissonance.*

*When I got my hysterectomy I thought about the implications of sterilizing myself. I thought of Alan Hart and how, for him, the act of self-sterilization as a non-idealized-white-man was gender-affirming. Gender affirming care is not possible to decontextualize from our politics, our race, our genders. Hart exemplifies this.*



*Genderqueer,  
nonbinary, and  
whatever else the  
world holds*

37

*Brown, Brazilian  
Boston*

I have always been one of the philosophy “whatever makes you feel good”. Body modifications have always fascinated me, regardless of the reasoning behind it. My first exposure to the subject besides tattoos, piercings and the like, were through procedures like liposuction, plastic surgeries, where people would make these changes solely for aesthetic reasons, this would have been the 1990s. At the time of these conversations entering the collective consciousness and daily news, it never really occurred to me that people would do this to align themselves to their gender.

Growing up in Brazil, I came to learn quite early on about Drag Queens and “Travestis”. While the former is mostly a form of performance, the latter is an entire gender identity and this preceded entirely the idea of transgenderism in Brazil. Interestingly enough, the Travestis I have met or heard of, would normally resort to medical procedures for aesthetic purposes, though, now, one must think that perhaps the aesthetic of larger breasts or facial hair implants, are directly related to a form of gender expression. It all seemed almost trivial to me with my naive and unexposed mind, not really thinking about

consequences on one's daily life, that feeling of not feeling like yourself.

The idea of “top surgery” and “bottom surgery” as gender expression, didn't really enter my mind until well into my 20s, when I started seeing more folks struggling to be themselves fully, because they felt like they were in the wrong body. I think the first time I heard about someone getting bottom surgery and it didn't seem trivial was in the early 00s.

I think every procedure has its risks and its rewards, and it ought to be thought through, with the assistance of a good support group, whether it is friends, family, social circles, etc. A trusted medical provider is also essential, as with any procedure, there are many factors that could cause the outcome to be negative. How did it impact me? I'm not sure it did too much at this point, because, once again “whatever makes you feel good” is what I like to think.

Although I never really considered any procedure for gender alignment, I have attempted hormone therapy, although it didn't really work out. I still think about it, and I still see myself at some point aligning myself more with my true gender. The issue is, that gender changes daily, so it feels almost like a waste of time trying to figure out how modern science can help me, when I don't know how I will be feeling tomorrow. This fluidity keeps me going, honestly. I enjoy the idea of being nothing and everything all at once.

Genital modification is always a sensitive subject, simply because beliefs vary wildly throughout the world. Whether it is an aesthetic choice, a philosophical choice, a gender alignment choice, should always be taken seriously

and dealt with care and caution. Although there are many ways of expressing a gender without any procedures, I believe people should have the freedom to make their own decisions, regardless of reason to have a procedure done. I think trans identity is still very much in its infancy and we have been spending so much time defending and explaining ourselves, that it has been difficult to make the leap as we try to ask philosophical questions that are relevant now and will be relevant to future generations.



Pre-

WWII

In the 20th century in Germany, Western scientific tradition began to codify concepts of transness, and surgeries were offered in the context of treatment.



1906

## Karl M. Baer

1885-1956

Where? Germany

Who? Karl M. Baer, who may have been intersex, was an author, accountant, and activist in lesbian, feminist, and Jewish spaces. Baer emigrated to Palestine in the late 30s after being attacked by Nazis. Baer's burial site is in Tel Aviv-Yafo.

Surgical details: Baer, in his early 20's, received surgical care and support securing new documentation from Dr. Magnus Hirschfeld, a Jewish doctor and the head of the Institute for Sexual Research. Surgical specifics do not remain, perhaps due to the May 1933 burning of the Institute's papers by the Sturmabteilung, a wing of the Nazi party.



1922

## Dora Richter

1891 - ?

Where? Germany

Who? Dora Richter, whose parents were farmers, wore dresses from a young age. She found her way to the Institute for Sexual research, where she worked for a decade, when a judge released her into the care of Magnus Hirschfeld (after her arrest for her attire). As a result of the 1933 Nazis attack on the Institute, Richter may have been killed or died. While no records of what happened to her have been found, one hopeful account suggests that Richter survived to open a restaurant in her hometown.

Surgical details: Richter received an orchiectomy in 1922 at the Institute for Sexual Research. She received a penectomy and vaginoplasty in the 30s.





1931

## Lili Ilse Elvenes

1882 - 1931

**Where?** Born in Denmark, lived in Paris, received surgical care in Germany.

**Who?** Lili Ilse Elvenes (popularly known as Lili Elbe) was an impressionist painter. She and her wife Gerda Gottlieb, who she met at the Royal Danish Academy of Fine Arts in Copenhagen, traveled together, painting and illustrating.

**Surgical details:** Elvenes received her vaginoplasty from Kurt Warnekros, who later sterilized people for the Nazi Party, at the Women's Clinic in Dresden in 1931. Charlotte Charlaque received her vaginoplasty that same year. Elvenes also received a uterine and ovarian transplant. She died shortly after her fifth surgery due to complications. Before her first surgery she was diagnosed with a hormonal condition that may have been Klinefelter syndrome.



# Alison

I had bottom surgery, specifically a vaginoplasty, three years ago this past June, and I could not be more pleased with the results. Today I feel as if I have always had a vagina rather than a penis. The surgery was apparently very successful and left me with no complications, at least so far. My new parts function in every way I could have hoped or imagined. I am immensely grateful for securing the services of such an able surgeon, for having such generous health insurance, and for being able to count on my family and dear friends for love and support. I only feel bad that now I need to use toilet paper when relieving myself.

Although I had felt that I was somewhere on the gender spectrum since my tenth birthday in 1971, and in 1993 I had joined a transgender support group with my spouse's support, I did not come out to extended family and friends until 2015, and I did not begin to transition full time until 2018 at the ripe old age of fifty-eight. I had lived a very privileged life, being white and relatively well off despite perhaps being underpaid as a high school history teacher for almost forty years.

So, when in 2019 I began to research bottom surgery, I was not totally clueless about being transgender. At the urging of a trans sister and friend, Stephanie, I booked a consultation with Dr. Rachel Bluebond Langner at New York University's Langone Health medical center in New York City. A relatively young surgeon, Dr. Bluebond-Langer started doing vaginoplasty surgery almost a decade earlier and was widely considered to be one of the world's leading practitioners in the field of vaginoplasty. In 2017, she performed a vaginoplasty on my friend Stephanie, and, within a few months of her recovery, Stephanie was raving about the results of her operation. More recently, Dr. Bluebond Langner is pioneering phalloplasty, and her work in this emerging area of gender affirming surgery was featured in a news story in the New York Times in May, 2022.

In June, 2019, I went to New York City to meet with Dr. Bluebond-Langer and her associate, Dr. Zhao. They answered all of my questions fully and thoughtfully, demonstrating not only a deep knowledge of vaginoplasty surgery but also what it means to be transgender. So, I booked my operation for June, 2020, more confident about my decision to undergo gender confirming surgery. I notified my children, at the time all young, independent adults, of my decision though I did not elaborate on the details of the surgery. They each offered their unqualified support.

After a twelve month postponement due to the covid pandemic, in early December, 2020, Dr. Bluebond-Langer's office called to confirm that I would finally be having my vaginoplasty in little over six months, on June 24, 2021. I booked two appointments for pre-surgery check ups, and I did some recommended online homework

about pre and post-surgical care. I arranged to stay at my mom's apartment in New York City for a month of post-surgery recuperation. My dear friend Susan, would fly up from Georgia to help me with my post surgery care for two weeks.

On June 22, I arrived at mom's apartment, and the next morning I checked into New York University's Langone Health Center a few blocks east of Grand Central Station. I met with Dr. Zhao and Dr. Bluebond-Langner, and then I was prepared for surgery. A young Jamaican immigrant put me at ease by discussing the reggae scene in New York as he wheeled me into the operating room, which I remember thinking looked like the main deck of the starship Enterprise from the Star Trek movies, with lots of shiny, high tech machines bathed in cold, artificial light. Within minutes I was under anesthesia, and then, quickly I presume, under the knife. At least half of the cutting was done by a robotic device, fifty percent more than only a few years before.

A few hours later I awoke in a bed in a private room in the hospital. Dr. Zhao and Dr. Bluebond-Langner stood near my bed. They smiled at me and said that the surgery had gone very well.

Delirious, probably from being on the most powerful painkillers in existence, I remember feeling excruciating pain in my groin area.

"Hi doctors." I weakly murmured. "What hath thou wrought?"

They giggled at my phrase and replied, almost in unison, "We have given you a beautiful vagina, which we think you will enjoy very much."

I chuckled in turn, thinking of the transactional nature of the operation. Almost immediately, my chuckles turned into groans as the movement of my belly aggravated my groin.

Shortly after the good doctors departed, a tall, broad-shouldered man wearing scrubs and named Kevin walked in and introduced himself. With the tone of a novice airline attendant, Kevin showed me a few videos that explained how I should take care of my new vagina.

Over the next few days a parade of more kind nurses and staff came and went. They changed my dressings, fed me, administered pain medication, and generally made me feel good both mentally and physically.

About four days after the surgery, Dr. Zhao returned and informed me that he would be removing “the packaging”. Like the cardboard inside a brand new fancy dress shoe, which helps maintain the shoe’s shape, “the packaging” was the scaffolding that kept my vagina from closing into itself. It took Dr. Zhao all of five seconds to complete the task, but it was an excruciating five seconds.

Soon thereafter, a nurse gently removed my catheter and helped me to the bathroom where I relieved myself. It was my first time peeing without a penis, and it was definitely an odd sensation. Yet I was just grateful that everything seemed to be working fine. As I happily sat on the toilet seat for a few minutes afterwards, I thought of my mother’s warning that I would regret having to sit down on the toilet to pee like a woman. “Not today, Mom.” I quietly said to myself.

Kevin then returned to demonstrate the most important task that I would need to perform in order to maintain my vagina. But first, he gave me a small, hand-held mirror that would help

me check the progress of my healing. It was the best way to make sure that my groin area was free of significant bleeding or infection and that the bruising was clearing up. I fumbled a little bit with the mirror, but eventually I could make out what looked to be a vulva, albeit one that was quite black and blue. One thing was for sure; there was no penis between my legs. I could just make out the entrance to my vagina under the folds of the labia. I wasn't sure about the part that turned out to be my clitoris. Then, Kevin opened up a blue felt bag that contained four hard plastic dilators of different widths and colors. They looked like candy store versions of dildos one might purchase from the gift store at the Museum of Modern Art, if MOMA had the nerve. Kevin explained that for the next six months I needed to dilate four times a day with the smallest dilator, the pink one. He then asked me to raise my knees and proceeded to demonstrate how to use a dilator.

It was extremely painful. But Kevin made sure that I understood how critical this step was. Most vaginoplasties require a commitment to careful, lifelong care, including regular dilation of the vagina. The frequency of dilating decreases over the first year, and some trans women claim that eventually it becomes unnecessary to continue dilating. Three years on, I still dilate about once or twice a week, mainly because when I paused dilating for almost three months I experienced some loss of depth in my vagina, and I wanted to regain that depth, which did indeed occur when I resumed dilating. The day after Kevin's dilation lesson, my friend Susan helped me check out of the hospital. I walked gingerly in loose athletic gear, waddling through the building like a penguin. Once outside on the street, we got into a taxi, and made our way uptown to my mother's apartment

where my mom had already prepared my bed, leaving on the bed a stack of towels of all sizes for whatever emergencies might arise.

With her characteristic prioritization of property over humanity, she barked at me, “Don’t bleed on the carpet, for heaven’s sake!”

“Mom”, I replied weakly but honestly, “Don’t worry. I have a ridiculous supply of the world’s biggest Maxi Pads.”

Susan arranged the various tools, medicines, and other accouterments necessary for my care. For the next two weeks she made me meals, made sure that I was taking my meds, and made me as comfortable as could be. Never since have I been so grateful for a friend’s help.

As the physical pain ebbed over the next month, I realized that I was blessed to now have the body that matched my psyche. Yet my journey was far from over. I needed to get the rest of my body back into shape and functioning much as it had prior to surgery. Doctors Zhao and Bluebond Langner, as well as Kevin, had urged me to try to walk as much as possible. Heeding their advice, I pushed myself to walk around my mom’s apartment. Within three days I was walking on the sidewalk outside of the building, and by the fifth day I was walking around the block. Over the next month I had four weekly check ups at the hospital with Dr. Zhao and Dr. Bluebond Langner. After the last check up they said, “Tommy, you are clear for take off! BUT..” and they paused for dramatic effect, “.., remember to be diligent about following the post-surgery regimen of exercises and regular dilation. If you want your beautiful and exciting new parts to function as advertised, then you must follow our guidelines.”



“Exciting?” I thought to myself. “What an odd choice of words.”

Years later I now understand what they meant.

During the twentieth century, post-operative trans people had rarely enjoyed any sexual pleasure because the nerves in the crown, or helmet, of the penis could not be reattached to what was effectively a constructed clitoris. Everything may have looked good, but the new vagina and clitoris didn’t “sparkle in the rain”. By the dawn of the twenty-first century, this challenge had been overcome by medical professionals. Within a year of her bottom surgery, my friend Stephanie made it clear that she was having some of the best sex of her life .

Unlike Stephanie, I’m not having much, if any, sex with other people, and that’s largely by choice. But I do easily get aroused and, when the mood strikes, I’m able to achieve orgasm. I’m also enjoying my vagina in so many other ways. I love how my body looks and feels in a bathing suit or on the yoga mat; no longer is there an unsightly bulge between my legs. I love that I no longer have to consider which side of the pants crease to put my penis, and that I can go “commando” without worrying about ungirded appendages bouncing around the groin area and pushing out against a tight skirt or dress. Indeed, I’m somewhat surprised at how totally comfortable I feel with my new parts. The change to my body is truly gender affirming. Not for a second do I doubt, or even wonder, whether having a vaginoplasty was the right decision. In short, in spite of all the pain and expense of bottom surgery, I am very glad that I had it done.

1930s—  
1980s

*A global expansion  
of surgical opportu-  
nity*





1939-1949

## Michael Dillon / Lobzang Jivaka

1915-1962

Where? England

Who? Michael Dillon, a Navy doctor, author, and rower was born to an aristocratic Anglo-Irish family. He bound from a young age and sought out testosterone pills in the 30s. He worked in a garage and later as a doctor until an international scandal outed him and he fled to India and Tibet where he tried to become a Buddhist monk. He died in India in 1962.

Surgical details: Dillon was hospitalized for fainting due to hypoglycemia. After one episode, he awoke to a doctor who offered him a double mastectomy, help with changing his documented sex (achieved in 1944), and a connection to Dr. Harold Gillies. Gillies had performed phalloplasties on soldiers who had been injured. From 1946-1949 Dillon received surgical care from Gillies under the guise of an intersex condition.



1950

## Roberta Cowell

1918 - 2011

Where? England

Who? Roberta Cowell, a race car driver, pilot, and engineer, was born to a wealthy, religious family in London. During WWII she crash landed and was captured, becoming a prisoner of war until 1945. In 1948, severely depressed and recently divorced, she sought out therapy. Cowell published the story of her life and transition in the 50s before withdrawing from public life.

Surgical details: Cowell began hormone therapy, read Michael Dillon's book *Self*, and got in contact with him. In 1950 Dillon, who was in unreciprocated love with Cowell, performed a secret orchiectomy on her, risking his ability to practice medicine in the process. Cowell could then seek out an intersex diagnosis and received a legal vaginoplasty from Dr. Harold Gillies in 1951.



1958

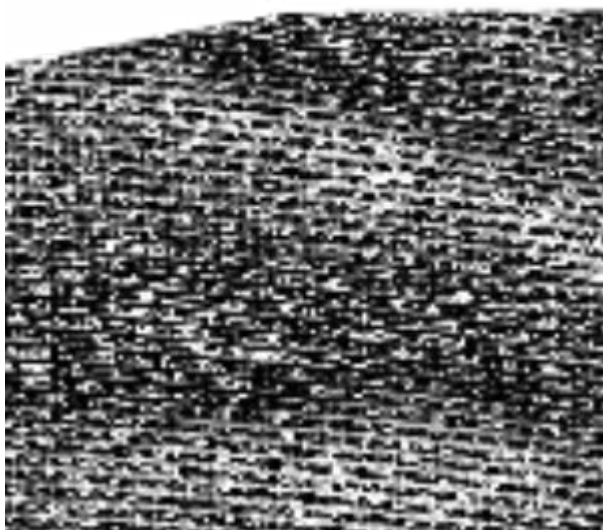
## Jacqueline Charlotte Dufresnoy

1931 - 2006

Where? Lived in France, received surgical care in Casablanca, Morocco

Who? Jacqueline Charlotte Dufresnoy, an activist and performer best known by her stage name Cocinelle, was born in Paris. She debuted at trans cabaret Chez Madame Arthur in 1953, continuing to perform at other venues, on stage and in movies. Her widely publicized surgery elevated her fame and career. She married three times, in 1944 founding Association Devenir Femme with her third husband and drag performer Thierry Wilson. Dufresnoy died in 2006.

Surgical details: In 1958 Dufresnoy received a vaginoplasty from Dr. George Burou, a French surgeon trained in Algiers, at his Clinique du Parc in Morocco. Burou performed hundreds (if not thousands) of surgeries, and published his procedure in 1974.



1970

## Innokenty

1939 - ?

Where: Living in Moscow, received surgical care in Riga.

Who? Innokenty was Soviet engineer who, after being turned away from doctors in Moscow, received surgical care from Dr. Victor Kalnberz in Riga, modern day Latvia. Kalnberz was experienced with genital reconstructive surgery for injured and intersex patients. Innokenty advocated for his surgery by describing feeling like a boy from childhood and his attraction to women. His mother also spoke on his behalf.

Surgical Details: Innokenty received 9 surgeries and underwent hormone therapy between September 1970 and April 1972. Kalnberz' surgeries were discovered by the Soviet Union and he was threatened with jailtime and forbidden to do further similar surgeries. His work with Innokenty was classified for two decades.



1971

## Shonna

1947 - ?

Where? Singapore

Who? Shonna, a Singaporean citizen of Chinese descent, raised by her grandmother, dressed as a girl from a young age. She found community at Bugis Street, a trans scene while coping with severe depression. She was persistent in her efforts to convince Professor S. S. Ratnam at the University of Singapore's Department of Obstetrics and Gynaecology, to perform a vaginoplasty.

Surgical details: Shonna, at 24, received surgery in July 1971, the first in Singapore, at Kendang Kerbau Hospital.



1973

## Vivian Rubian

1944 - present

Where? Rubianti lived primarily in Jakarta, and received surgical care in Singapore

Who? Vivian Rubianti, who worked in the beauty industry as a salon owner and in cosmetic sales, was born in 1944 with Chinese citizenship which she later renounced for her Indonesian citizenship. After receiving surgery, she petitioned to have her gender legally recognized, which was successful. This was important to securing travel documents, as she knew of other post-op women who could not travel. Press reported Rubianti as a former wadam, or member of the waria community; it has also been suggested that Rubianti differentiates herself from the waria community.

Surgical details: In 1973, Rubianti traveled to Singapore to receive genital gender affirming surgery at Kandang Kerbau Hospital in Singapore.





*\*Thailand continues to be a center for genital gender affirming surgery due to relative low cost and high levels of care, availability, and expertise.*

1985

## Maryam Khatoon Molkara

1950-2012

Where? Molkara is from Iran and had her surgical care in both Iran and Thailand.

Who? Maryam Khatoon Molkara, active in Tehran's LGBTQ scene, had been taking hormones, but wanted to pursue surgery. She began a relentless campaign, experiencing violent push-back, advocating to religious leaders, including Ayatollah Ruhollah Khomeini. Khomeini finally agreed to issue a fatwa determining that gender affirming surgery was not against Islamic law. In 2007 Molkara founded the Iranian Society to Support Individuals with Gender Identity Disorder.

Surgical details: Molkara was dissatisfied with the results of her 1985 surgery in Iran, and completed her surgeries in 1997 in Thailand\*. Molkara's surgery was paid for by the Iranian government, as were those of many other trans people after her.

# Hester

*Transmasculine*

33

*White*

*Boston Area*

A line in my surgical notes post-hysterectomy reads: “delivered uterus whole through vaginal canal”. (So fucking metal.) Is it trans to give birth to your uterus? To deliver your fertility into the hands of a surgeon while intubated and sedated? If so, have I had bottom surgery? It’s unclear in my case. I didn’t remove my uterus because I’m trans, or not only because I’m trans.

I had both adenomyosis and endometriosis. Endometrial tissue (or its very close cousin) grew into the muscular wall of my uterus through one of my ovaries and clustered on my abdominal wall. My uterus, which without dysfunction would have shed bloody tissue painlessly once a month and incu-

bated tiny humans if I’d gotten around to it, was instead an inflamed, angry lump that throbbed constantly, radiating pain through my groin, down my legs and up my back. Every 28 days it held me to a constant Advil regimen or the contracting muscles would force me into a fetal position. The tiniest pressures of ovulation were enough to shove my ribs out of place, laying me flat on my back for days. Overly tight muscles in my pelvic floor caused everything from mild urinary incontinence to an inability to walk without pain.

My very own personal “wandering womb” (the source of many female maladies, according to the ancient Greeks) provided various flavors of pain

and fatigue that began in high school and escalated until I was all but housebound. For years it was a struggle to get out of bed, make enough food within the limited diet I could tolerate, and keep my mental health out of the gutter. And then, somehow, I began to improve, and by the time I was sitting with this gynecological surgeon, a solid 15 years and 8 specialists after my symptoms began, she pointed to my starting testosterone as the turning point. It suppressed your symptoms, she said: endometriosis is reliant on estrogen. Inadvertently, I had been treating an undiagnosed condition.

Choosing to go on testosterone was a choice born out of curiosity, and I had

nothing left to lose. I was too sick to have a job. I wasn't talking to my mom, because I'd finally stopped trying to feel seen by her. On a recent phone call, I'd tried to help her understand the ways I craved her empathy and curiosity around aspects of my life that had brought me complexity and pain. She'd screamed that I "wasn't her fucking therapist". I hung up.

The space from the undercurrent pressures of professional and familial expectation made it possible for me to take the leap. I started on a low dose, wanting to go slow. I was nervous about facial hair and worried about bottom growth, but was lured by the possibility of a severe jawline, veiny forearms, and more musculature. And perhaps most importantly, some of the sick people I knew with intense fatigue and pain had got more energy after going on testosterone.

My fears back then around bottom growth interest me now. I hadn't had much dysphoria since getting top surgery, but I did have a sense that I was uncomfortable with my genitals. Now I think my desire to not relate to my genitals was because they really, really hurt. It hurt to be penetrated, hurt to be turned on, and hurt to come. The crazy thing is that I didn't know any of that, then. This genital pain only registered once it was gone. I began to realize it a week post-op when its lack made me cry in my bed, three laparoscopic incision sites red and my abdomen still swollen.

The gynecologist who did my surgery had walked me through the options for treating my endo: more hormones, and/or surgery. Excision—removing all the endometrial tissue she found that was not growing into the walls

of various organs, could be accompanied by a hysterectomy to treat the almost-certain presence of adenomyosis. She couldn't predict what the impact of the surgery would be—excision alone might give me no benefits, or might be all the relief I needed. "I'm sorry" she said, "that there really is no cure for this". "Are you kidding?" I responded, "I now have treatment options and a reason why I've been sick for so long." I had almost given up. Facing the option of keeping or removing my uterus was hard. If I removed it, my pain and fatigue might radically decrease, or they might increase due to complications. Either way, I would have no ability to produce my own children. Despite my neutral to negative feelings about carrying kids, it is still one thing to choose not to get pregnant, and wholly another to remove any ability to do so. In the end, I decid-

ed the risk was worth it. Unlike top surgery (which I did very purposefully as a remedy for dysphoria), and similarly to going on testosterone, I chose this surgery primarily to treat my very disabling symptoms of chronic pain and fatigue. Any gender-related consequences were welcome, but unknowable.

Today, the thrill of being able to leave my house for hours and even days at a time with only minimal flares of pain and tiredness, of being able to work, and go to school, and have friends is worth so much more to me than my uterus ever was. I wanted to write about this surgery as bottom surgery, or bottom-surgery-adjacent, because I wanted to write about how trans affirming medical and surgical care has been absolutely indistinguishable from care for my chronic illness. It is impossible to disentangle from my relationship to



my body, my access to competent medical care, and my relationship to my family and chosen family.

My best friend Amber came to stay with me when I got this surgery. The night before, she braided my hair. She drove me to the clinic, and sat with me until they took me in to meet with the doctors. Alone, and anxious, I tried to explain to the anesthesiologists that anesthesia was time travel, that you close your eyes and open them and many hours have gone by. They seemed unimpressed. I closed my eyes. On the drive home, with the seat

reclined because I couldn't sit up and a catheter trailing out of my hospital pants, I told Amber what I told the anesthesiologist. "But" I said, "If you really think about it, our bodies are always time machines, taking us from one second to the next." Amber laughed and I smiled.

I was there, and now, one organ less, I'm here.



# sources



## **Hijra**

A Journey Of Pain And Beauty: On Becoming Transgender In India  
McCarthy, J., April 19, 2014, NPR

How the British Attempted to Erase the Hijra  
Shahrazad Hand, Nov 2022, Brown History News Letter

Centuries-Old Mysterious Rituals, Secret Language and Life of South Asia's 'Third Gender'  
Sukhi, December 14, 2021, Medium

The long history of criminalising Hijras  
Hinchy, J., August 16 2021, Himal Southasian

The Peculiar Position of India's Third Gender  
Gettleman, J., & Hylton, S., Feb 17, 2018, The New York Times

Hijra  
Wikipedia

## **Galli**

Unroman Romans: Eunuchs, Magna Mater and the Galli  
McElduff, S.2022,  
BC Campus Open Ed

On a Romano-British Castration Clamp used in the Rites of Cybele  
Francis, A 1926

Proceedings of the Royal Society of Medicine, pp.95-110.  
Galli  
Wikipedia

The Galli: Breaking Roman Gender Norms  
English Heritage

### **Marcus Aurelius Antoninus (Elagabalus)**

Roman History - Epitome of Book 80  
Cassius Dio, 211-233, Loeb Classical Library edition, 1927

Elagabalus | Roman emperor  
Encyclopedia Britannica

A Brief Biography of Elagabalus: the transgender ruler of Rome  
Challenging Gender Boundaries: A Trans Biography Project by Students  
of Dr. Catherine Jacque, OutHistory

Elagabalus  
Wikipedia

### **Jennie June/Ralph Werther/Earl Lind**

Jennie June/Ralph Werther/Earl Lind: The “Cercle  
Hermaphroditos”  
October 2022, Out History

Jennie June  
Wikipedia

Autobiography of an Androgyne  
1918, Jennie June  
The Female Impersonators  
1922, Jennie June

<https://www.tenement.org/blog/a-night-at-walhalla-lgbtq-placemaking-on-the-lower-east-side/>

## **Alan Hart**

Queering OHSU: Honoring Our LGBTQ+ History

Curated by Steve Duckworth, University Archivist. Last updated June 2021, Oregon Health & Science University

Alan L. Hart

Wikipedia

“I Have Long Suspected My Condition and Now I Know”: Homosexuality and Gender Identity in the 1920s

Desiree Root, Oregon Women’s History

## **Karl M. Baer**

Karl M Baer

Wikipedia

The Case of Karl M.[artha] Baer: Narrating ‘Uncertain’ Sex

Funke, J., 2011, Sex, Gender and Time in Fiction and Culture

Magnus Hirschfeld

Wikipedia

Aus eines Mannes Mädchenjahren

N.O. Body (Pseudonym for Karl Baer)

## **Dora Richter**

The incredible story of the first known trans woman to undergo gender confirmation surgery

Will Stroud, Nov 16 2021, Attitude

Dora Richter

Wikipedia



Reflections on the Christine Jorgenson Case  
Carlotta Baronin von Curtius (pseudonym for Charlotte Charlaque), Mar.  
1955, ONE, p. 27-28

On the Clinics and Bars of Weimar Berlin  
Leah Tigers, (cw: specific descriptions and depictions of su\*c\*de)

### **Lili Ilse Elvenes (Lili Elbe)**

Lili Elbe  
Wikipedia

Lili Elbe  
Britannica

Lili Elbe Digital Archive

Man into Woman: An Authentic Record of a Change of Sex  
1933, Editor, Niels Hoyer, Translator, HJ Stenning

Kurt Warnerkros  
A Gender Variance Who's Who

### **Charlotte Charlaque**

Charlotte Charlaque  
2022, A Gender Variance Who's Who

Charlotte Charlaque  
2021, Raimund Wolfert

### **Michael Dillon / Lobzang Jivaka**

Valentine's Day Special!

2016, Morgan M. Page, One from the Vaults

Michael Dillon  
Wikipedia

Self: A Study in Ethics and Endocrinology  
1946, Michael Dillon

Out of the Ordinary  
2017, Michael Dillon (posthumously published)

## **Roberta Cowell**

Roberta Cowell  
Wikipedia

Roberta Cowell Story  
1954, Robertal Cowell

Overlooked No More: Roberta Cowell, Trans Trailblazer, Pilot and Auto  
Racer  
2020, Alan Cowell, NYT

## **Jacqueline Charlotte Dufresnoy (Coccinelle)**

Coccinelle  
Wikipedia

Georges Burou  
Wikipedia

August is for Celebrating Coccinelle, France's First Trans Celebrity

2022, Catherine Rickman, Frenchly

Jacqueline Charlotte Dufresnoy  
2009, A Gender Variance Who's Who

Quand Thierry Wilson devient Zize  
2018, Le Journal du Centre

### **Innokenty/ Inna**

The Trans Man Whose Pioneering Surgery Was A State Secret For Decades  
2018, Daniil Turovsky, BuzzFeed

Viktor Kalnberz, Виктор Калнберз (1928 - ) trauma surgeon  
July 2015, A Gender Variance Who's Who

### **Shonna**

Singapore Transgender History  
The Singapore LGBT Encyclopaedia

Shonna  
2014, A Gender Variance Who's Who

Bugis Singapore  
Wikipedia

Meet the Doctor Who Successfully Lobbied Singapore's  
Government for Trans Rights  
2021, the Kopi

First Sex Change Surgery in Singapore  
1971 The Straits Times

**Vivian Rubianti**

Vivian Rubianti  
Wikipedia

Tales of the Waria: Indonesia's Third Gender  
TransFaith

Genders and Sexualities in Indonesian Cinema  
Ben Murtagh  
**Maryam Khatoon Molkara**

Maryam Khatoon Molkara  
Wikipedia

Why Iran is a hub for sex-reassignment surgery  
2019, The Economist

Meet Maryam Khatoon Molkara, The Trans Activist Who Helped Legal-  
ize Gender-Confirming Surgeries In Iran  
2020, Natasha Ishak All That's Interesting

Finding a Path in a Broken System  
2022, Mailee Osten-Tan, Longreads



# afterword

Beginning in the 1990s, options for genital gender affirming surgery became far more widespread and accessible, so for this zine we focused on examples before then.

To learn more follow the links to the sources. If you would like to suggest edits, additions, or corrections, please email us at [hello@rabbitrabbitstudio.us](mailto:hello@rabbitrabbitstudio.us), we will welcome it.

The historical timeline was compiled by Rabbit Rabbit Studio for TRANS-ARC with input, editing, and guidance from Geolani Dy, Gaines Blasdel, Meg Langford, and Polina Reyblat.

Personal narratives were provided by Olivia, Hester, Anonymous, Alison, & V

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