Interests in scholarly studies of trans history and politics have grown in recent years. Historians and literary scholars have scrutinized texts and archival material, while sociologists and anthropologists have conducted field-based work on contemporary trans lived experiences. Yet despite a focus on trans history, health, and politics, there remains a general misunderstanding about parts of trans America. In *Histories of the Transgender Child*, Julian Gill-Peterson tackles one of these misconceptions — that the transgender child is a relatively recent phenomenon. By tracing a longer history of trans children, Gill-Peterson offers critical context for the current debates over gender-affirmation therapies and surgeries. This historical background is necessary for understanding Arlene Stein’s *Unbound: Transgender Men and the Remaking of Identity*. Stein illuminates the experiences of four trans men who undergo gender-affirmation surgeries, documenting how these men refashion their gender identities and challenge others’ adherence to the male-female binary. Stein’s work is a critical exploration of trans men, who have not been covered in the scholarly literature as much as trans women have been.

Gill-Peterson examines the underexplored histories of transgender children in the 20th-century United States, drawing on the records of prominent medical institutions such as the Gender Identity Clinic at Johns Hopkins and the Gender Identity Research Clinic at UCLA. Gill-Peterson probes the archives to analyze how medical understandings of sex changed at these medical facilities. Work on Dr. John Money and others has been covered by a range of historians, but *Histories of the Transgender Child* reveals a world where medical experts could not box patients into the male-female binary. Importantly, Gill-Peterson examines “multiple trans childhoods, with multiple definitions of transness (including nonmedical forms of knowledge and identity), each with competing definitions that exceed the binary terms to which transness in general and trans childhoods have been confined in the postwar medical model” (pp. 63–64). Readers learn about Val, a child who transitioned in the 1930s with the support of her parents but without “substantive relation to medicine.” Reflecting on children like Val, Gill-Peterson wonders “just how many more trans people” existed in the first half of the twentieth century, since they “had no reason at all to be archived” (p. 62).

Much of the book is devoted to showing how trans and intersex children suffered at the hands of medical professionals, many of whom ignored children’s self-knowledge. The author explains, however, that the book is not a recuperative or reparative project because “we don’t know trans children because we have inherited, reinforced, and perpetuated a cultural system of gender and childhood in which they are unknowable and, what’s worst of all, unable to be cared for except through forms of harm” (p. ix). Instead of accepting the silencing of trans children by the archive, though, Gill-Peterson calls for “an ethical aperture of relation,” one through which scholars recognize that trans children have existed — and often thrived — all along (p. 203). Starting from this vantage point might help future researchers work through the unknowable aspects of the trans histories of the child.
Gill–Peterson’s thought–provoking work offers the necessary historical context for appreciating Stein’s *Unbound*. Stein traces the lived experiences of four trans men, all of whom decided to undergo top surgery in order to have their bodies conform with their gender identity. *Unbound* offers a thorough, yet sympathetic examination of the trauma these men experience, paying particular attention to the deep depression and severe anxiety that many trans Americans feel prior to their transitions. At the same time, Stein’s study highlights the powerful role that gender plays in all of our lives, identifying gender as a “master status” that divides society and distributes social benefits and material resources (p. 12). Stein notes that although some trans men are satisfied with hormone treatment, which facilitates facial hair growth and other bodily changes, others feel that chest masculinization is necessary for gender affirmation; it serves as “a way of taking control, exercising agency over one’s life” (p. 139). Stein recognizes, however, that gender can be enacted and performed in myriad ways.

*Unbound*, though written for a general reading audience, contains enough nuance for the scholarly reader. This is particularly noticeable in Stein’s discussion of the shifting identity categories that many of the men in her study experience. Those categories vary greatly, demonstrating that there are multiple trans experiences, none of which overshadows the others. Lucas, for instance, recognizes that the gender binary makes little sense to him. “I still feel very strongly identified as a transgender man or a trans man,” Lucas told Stein, “but I feel like the longer I’m on hormones or the more surgery I get, or the longer I explore what gender means and deconstruct what gender means, the more non–binary I become” (p. 250). Stein underscores that this understanding of being trans is more apparent in younger generations. “Today’s generation of gender dissidents argues that becoming transgender isn’t simply about altering one’s body,” she says, “or fitting into some preconceived notion of how we should live; it’s about creating a meaningful life” (p. 269). For the trans men in *Unbound*, this means “making gender more personal and flexible” (p. 277).

Both Gill–Peterson and Stein illuminate our understanding not only of trans history but also of the importance of the contemporary fight for trans rights. These works are written for different audiences, with *Histories of the Transgender Child* offering theoretical insights into what Gill–Peterson calls the plasticity of racialized medicine and *Unbound* addressing a general readership. Although I am inclined to agree with Gill–Peterson’s assessment that the overwhelming majority of trans patients seen at institutions of medicine were white (p. 27), subsequent archival work at different clinics and institutions could reveal intriguing racial dimensions in these medical sites. It is, however, a theoretical starting place for examining the histories of black trans children and other trans children of color. Stein, meanwhile, offers the opposite — a snapshot of this current moment in the struggle for trans acceptance. Stein’s *Unbound* should help anyone struggling to understand contemporary trans issues to make sense of the political and social terrain, but depending on how fast that terrain changes, the book may soon be obsolete for explaining trans experiences.

Taken together, however, *Histories of the Transgender Child* and *Unbound* are both needed in the current moment. Because of the political assault by the far right on trans livelihood, we need quality scholarship in the fight against bigotry. Crucially, these two books challenge unfounded truths about trans lived experiences, highlighting not only the longer history of trans childhood but also the underreported lived experiences of trans men. Knowledge might not always trump ignorance, but both Gill–Peterson’s and Stein’s contributions could be usefully deployed to fight transphobia.

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