

# HERMAPHRODITES

## and the Medical Invention of Sex



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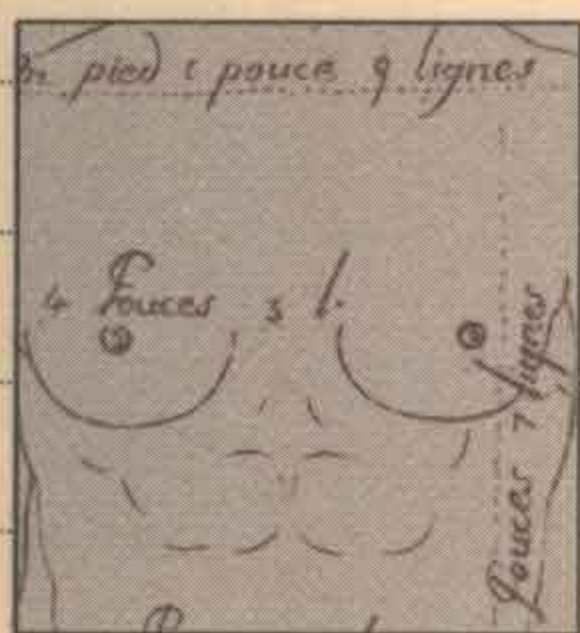
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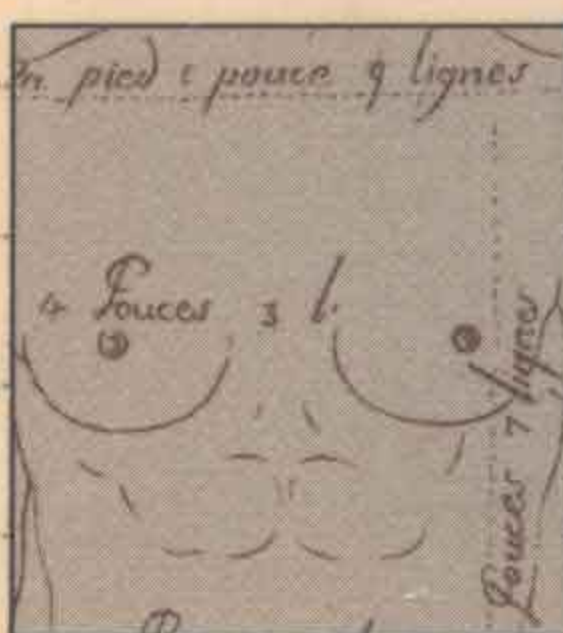
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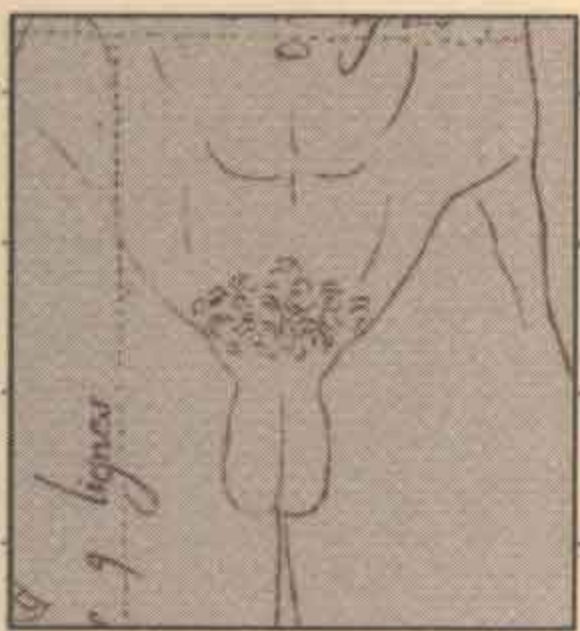
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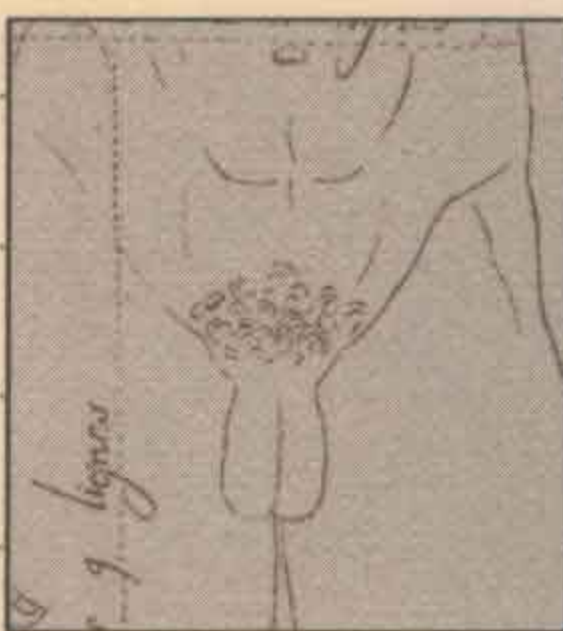
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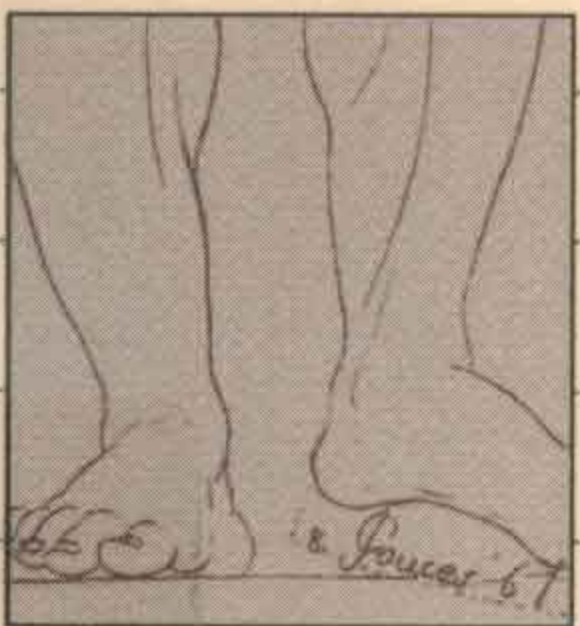
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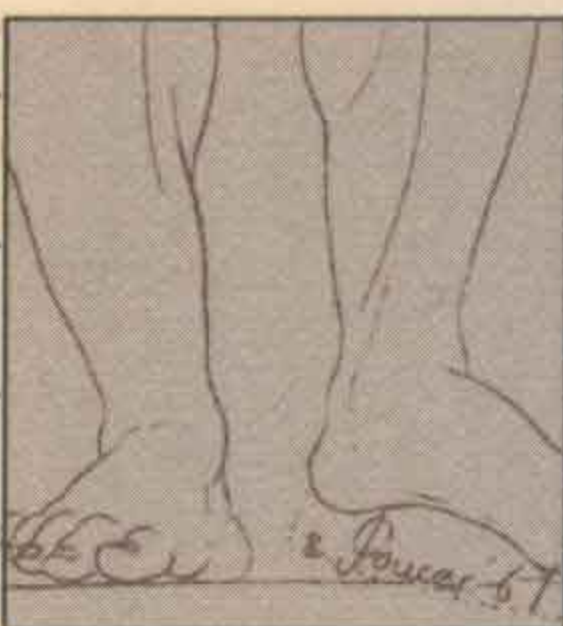
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Alice Domurat Dreger



*Hermaphrodites  
and the  
Medical Invention  
of Sex*



*Alice Domurat Dreger*

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IN ONE OF MY FAVORITE MOVIES, *Harvey*, the main character, Elwood P. Dowd (played by Jimmy Stewart), says that his mother always used to tell him that “in this world you must either be Oh So Smart, or Oh So Pleasant.” Poor Mrs. Dowd obviously never encountered the sort of people I have been lucky enough to meet during the seven years this work has been in progress. Day after day, this book has allowed me to interact with people of every background who are both wise and kind.

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## CONTENTS



<i>Acknowledgments</i>	<i>xi</i>
PROLOGUE	
<i>“But My Good Woman, You Are a Man!”</i>	<i>1</i>
CHAPTER 1	
<i>Doubtful Sex</i>	<i>15</i>
CHAPTER 2	
<i>Doubtful Status</i>	<i>46</i>
CHAPTER 3	
<i>In Search of the Veritable Vulva</i>	<i>79</i>
CHAPTER 4	
<i>Hermaphrodites in Love</i>	<i>110</i>
CHAPTER 5	
<i>The Age of Gonads</i>	<i>139</i>
EPILOGUE	
<i>Categorical Imperatives</i>	<i>167</i>
<i>Notes</i>	<i>203</i>
<i>Index</i>	<i>263</i>

## ILLUSTRATIONS



- 1 The sexual anatomy of Alexina/Abel Barbin, caudal view. Reproduced from E. Goujon, "Étude d'un cas d'hermaphrodisme bisexuel imparfait chez l'homme," *Journal de l'anatomie et de la physiologie normales et pathologiques de l'homme et des animaux*, 6 (1869): 599–616. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 19
- 2 The sexual anatomy of Alexina/Abel Barbin, oblique view. Reproduced from E. Goujon, "Étude d'un cas d'hermaphrodisme bisexuel imparfait chez l'homme," *Journal de l'anatomie et de la physiologie normales et pathologiques de l'homme et des animaux*, 6 (1869): 599–616. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 20
- 3 Fancourt Barnes's "living specimen of a hermaphrodite." Reproduced from Fancourt Barnes's report as given in the *British Gynaecological Journal*, 4 (1888): 205–212. Courtesy of the Ruth Lilly Medical Library, Indiana University School of Medicine, Indianapolis. 21
- 4 Eugénie Rémy, a discovered case of "mistaken sex." Reproduced from Paul Petit, "Pseudo-hermaphrodisme par hypospadias périnéo-scrotal," *Nouvelles archives d'obstétrique et de gynécologie*, 6 (1891): 297–299. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 47
- 5 The genitals of Eugénie Rémy. Reproduced from Paul Petit, "Pseudo-hermaphrodisme par hypospadias périnéo-scrotal," *Nouvelles archives d'obstétrique et de gynécologie*, 6 (1891): 297–299. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 48



- 6 Hermaphrodite “R.X.” with a bag over her head to protect her identity. Reproduced from Franz Neugebauer, “Une nouvelle série de 29 observations d’erreur de sexe,” *Revue de gynécologie et de chirurgie abdominale*, 4 (1900): 133–174. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 49
- 7 Marie-Madeleine Lefort, aged sixteen. Reproduced from Louis Guinard, *Précis de tératologie: Anomalies et monstruosités chez l’homme et chez les animaux* (Paris: J.-B. Baillière et Fils, 1893). Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 55
- 8 Marie-Madeleine Lefort at age sixty-five. Reproduced from Louis Guinard, *Précis de tératologie: Anomalies et monstruosités chez l’homme et chez les animaux* (Paris: J.-B. Baillière et Fils, 1893). Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 56
- 9 The genitalia of Marie-Madeleine Lefort. Reproduced from Louis Guinard, *Précis de tératologie: Anomalies et monstruosités chez l’homme et chez les animaux* (Paris: J.-B. Baillière et Fils, 1893). Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 57
- 10 An anatomical sketch of the anatomy of Maria Arsano. Reproduced from James Young Simpson, “Hermaphroditism, or Hermaphroditism,” in *The Works of Sir James Y. Simpson, Bart.*, vol. 2 (New York: D. Appleton & Co., 1872). Courtesy of the Ruth Lilly Medical Library, Indiana University School of Medicine, Indianapolis. 58
- 11 Franciszek (Franz) Neugebauer. Reproduced from Krzysztof Boczkowski, “Franciszek Neugebauer (1856–1914)—Pioneer in the Study of Hermaphroditism,” *Bulletin of Polish Medical Science and History*, 9 (1966): 155–157. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 62
- 12 Jean Samuel Pozzi. Reproduced from Lewis S. McMurty, “Jean Samuel Pozzi, M.D.,” *Transactions of the American Gynecological Society*, 44 (1919): 383–384. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 63
- 13 Louise-Julia-Anna, clothed. Reproduced from Franz Neugebauer, “Une nouvelle série de 29 observations d’erreur de sexe,” *Revue de gynécologie et de chirurgie abdominale*, 4 (1900): 133–174. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 112
- 14 Louise-Julia-Anna, nude. Reproduced from Franz Neugebauer, “Une nouvelle série de 29 observations d’erreur de sexe,” *Revue de gynécologie et de chirurgie abdominale*, 4 (1900): 133–174. Courtesy

- of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 116
- 15 Photograph of a married couple believed by medical men to both be gonadally male. Reproduced from Franz Neugebauer, "Une nouvelle série de 29 observations d'erreur de sexe," *Revue de gynécologie et de chirurgie abdominale*, 4 (1900): 133–174. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 121
  - 16 Photograph of the upper body of A.H. Reproduced from G. R. Green, "A Case of Hypospadias in a Patient, Aged 24, Who Had Always Passed as a Woman," *Quarterly Medical Journal* (Sheffield), 6 (1897–98): 130–132. Courtesy of the History of Medicine Division of the National Library of Medicine, Bethesda. 123
  - 17 Photograph of the genitals of A.H. Reproduced from G. R. Green, "A Case of Hypospadias in a Patient, Aged 24, Who Had Always Passed as a Woman," *Quarterly Medical Journal* (Sheffield), 6 (1897–98): 130–132. Courtesy of the History of Medicine Division of the National Library of Medicine, Bethesda. 124
  - 18 Photograph showing L.S., the Parisian model. Reproduced from Th. Tuffier and A. Lapointe, "L'Hermaphrodisme: Ses variétés et ses conséquences pour la pratique médicale," *Revue de gynécologie et de chirurgie abdominale*, 17 (1911): 209–268. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 131
  - 19 Three nude shots of L.S. Reproduced from Th. Tuffier and A. Lapointe, "L'Hermaphrodisme: Ses variétés et ses conséquences pour la pratique médicale," *Revue de gynécologie et de chirurgie abdominale*, 17 (1911): 209–268. Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis. 132
  - 20 Blacker and Lawrence's specimen of an ovotestis. Reproduced from G. F. Blacker and T. W. P. Lawrence, "A Case of True Unilateral Hermaphroditism with Ovotestis Occurring in Man, with a Summary and Criticism of the Recorded Cases of True Hermaphroditism," *Transactions of the Obstetrical Society of London*, 38 (1896): 265–317. Courtesy of the Ruth Lilly Medical Library, Indiana University School of Medicine, Indianapolis. 148
  - 21 Photograph of S.B. Reproduced from William Blair Bell, "So-Called True Hermaphroditism, with the Report of a Case," *Proceedings of the Royal Society of Medicine*, London, Obst. and Gynec. Sect., 8 (1915): 77–94. Courtesy of the Ruth Lilly Medical Library, Indiana University School of Medicine, Indianapolis. 160
  - 22 Photograph of the ovotestis of S.B. Reproduced from William Blair Bell, *The Sex Complex*, 2nd ed. (New York: W. Wood, 1921). Cour-



	tesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis.	162
23	Russell Andrew's patient. Reproduced from William Blair Bell, <i>The Sex Complex</i> , 2nd ed. (New York: W. Wood, 1921). Courtesy of the Wangenstein Historical Library, University of Minnesota, Minneapolis.	164
24	Diane Marie Anger (1997). Reproduced by permission.	176

## PROLOGUE



### *“But My Good Woman, You Are a Man!”*

THE TITLE OF THIS PROLOGUE comes from the remarkable encounter of two people at a Belgian surgical clinic one winter day roughly eleven decades ago. The encounter was reported in an 1886 medical review journal under the provocative title, “An Example of Error of Sex Owing to Apparent Hermaphroditism.” The report’s author, a medical doctor by the name of Dandois, related the recent meeting between a colleague of his, Professor Michaux, and the alleged subject of mistaken sex, a seeming woman identified in the record only as Sophie V.

It happened that on the ninth of February immediately preceding the published report, Sophie, a domestic servant who was then forty-two, went to the local surgical clinic seeking advice and help. She had now been married two months to her first husband and, in spite of the couple’s best efforts, Sophie’s husband could not “accomplish the conjugal act with her” to his satisfaction; he could not seem to penetrate her vagina.<sup>1</sup> Sophie wanted to know what was wrong, and she wanted to know if the problem could be fixed.

Professor Michaux, on duty at the clinic that day, examined Sophie’s genitals and quickly came upon what he thought was the source of the problem: Sophie V. was really a man, no matter what she had been led to believe all of her life, no matter what her husband had been led to believe. Sophie had, according to Michaux, a penis about five centimeters long “existing in the usual place,” and, although it was lacking a hole at the tip, it was, like most penises, capped with a glans and it was, as the published report delicately put it, “susceptible to erection.” Sophie’s urine appar-



ently exited via a hole near the base of her “penis.” Meanwhile, her labia—what Michaux decided were really a divided scrotum—contained at least one testicle, in Michaux’s opinion. After all, this supposed testicle felt and behaved quite like the testicles in Michaux’s previous experience. And although Sophie did not have the dense facial hair that usually predominated in a man her age, neither did she have all the expected signs of femininity; Sophie herself confessed that her husband had “breasts much greater than she.” Finally, Michaux noted, of course Sophie’s husband couldn’t get his penis into her vagina, for she didn’t have one.<sup>2</sup>

Again and again, Michaux insisted to the incredulous Sophie that the problem was not her anatomy but her understanding of her anatomy. He insisted that he knew the truth of her flesh and bones and that she ought to face facts. Sophie could not believe what she was hearing. Still, Michaux repeated to his stunned patient, “But my good woman, you are a man!”<sup>3</sup>

We do not have a first-hand account of Sophie’s impressions of this meeting, but the story as told by Dandois hints that Sophie thought Michaux was either strangely cruel or a bit daft. Even Dandois conceded:

It is difficult to figure what should be the sentiments of a person [like Sophie], engaged in the bans of marriage, to whom it is declared point-blank that she herself, her spouse, her near relations, her friends, her entourage, the civil and religious authorities, are [all] mistaken about her sex, and that she is the victim of an error of which for forty years everyone has partaken, and which even she herself could not suspect!<sup>4</sup>

True, there had been some question about Sophie’s sex when she was born, and her parents had taken her to a medical man when she was a few weeks old. Apparently at that time “the man of the art did not find the thing sufficiently clear, and he asked the parents to return later with the child.”<sup>5</sup> Sophie’s parents did not, though, because they feared the man might accidentally hurt or even kill her in his investigations. Instead they decided Sophie must be a girl—her genitals looked fairly feminine to them at the time—and so she was raised a girl. When she was in her early twenties, Sophie had developed what she thought was a hernia, and she wore supportive bandages from that time forward. But now, according to Michaux, that “hernia” was really a descended testicle. And now she was married to a man. What to do?

To Michaux, the answer seemed simple. Sophie had testicles and a penis; she was surely a man; she was therefore not really married (no matter what she and her husband and their friends and families thought), because no marriage between two men was a true or legal marriage. She—or rather he—should have her civil status formally changed to male, her marriage officially annulled, and should start acting her “true” sex. Sophie was a man.

To Sophie, the answer was apparently equally simple. She felt like a woman, she dressed like a woman, and she had always been a woman. Even if some of her anatomy looked a little unusual, so what? What business was that of others? She was a woman. She was married to a man whom she loved as a husband and who loved her as a wife. The medical man to whom she now had come for help must be either crazy, wrong, confused, or at the very least not worth heeding, because Sophie had no interest in suddenly becoming a man.

In Michaux’s mind, of course, the issue was not one of *becoming* a man. Sophie’s anatomy—from the doctor’s perspective, most especially her testicles—indicated that she was already a man and had always been one. This frustrating “good woman” simply refused to accept the fleshy truth.

HUMANS COME IN a wonderful array of types: many sizes, many abilities, many features, and many approaches to experiencing and organizing the world. Human variation is truly extraordinary. Amid all that variation, we can say with some confidence that most human beings develop one of two common sets of a particular group of organs. That is, most people possess either what is now labeled “female” or “male” sexual anatomy. What to count as the key sexual anatomy can be problematic, as we shall see, but we can generally agree that certain physiologically and socially important organs are usually found only in either those called males or those called females. Most of the people designated female are born with a clitoris, ovaries, fallopian tubes, a vagina leading to a uterus, a separate outlet for the passage of urine, labia minora and majora, and so on. We also have known, since earlier this century, that most females have what is called an “XX” chromosomal (genetic) pattern.<sup>6</sup> Meanwhile most of the people designated male are born with testicles contained in a scrotal sac, vas deferens, a prostate, a penis through which the urethra passes to open at the tip of the glans, and so on, and most of them have what is called an “XY” chromosomal pattern. Yet some people—more than is generally assumed—are born with an anatomical conformation different from



“standard” male or female bodies. Their unusual anatomies can result in confusion and disagreement about whether they should be considered female or male or something else. These people have for centuries been labeled “hermaphrodites,” and since the early 1900s they have also sometimes received the medical designation of “intersexual.”

Many people who are unfamiliar with intersexuality assume that the most striking variations in sexual anatomy must be due to some associated variation in the usual XX or XY chromosomal patterns. They often assume that intersexuals must have an extra or a missing “sex” chromosome. We live in an age of genetics and oversimplified stereotypes about the nature of males and females, so it is not surprising that many people assume there must be a simple genetic, algebraic sort of solution to sex variation.<sup>7</sup> But all sexuality is complicated, and intersexuality is no exception. Although it is true that a very small percentage of the people not easily sorted into male or female have been shown to have chromosomal patterns that differ from the common XX and XY varieties, the majority do appear, upon examination of their chromosomes, to have the standard male or female “sex chromosome” pattern. (I place “sex chromosome” in quotation marks because the term is an unfortunate misnomer leading to much confusion among people unfamiliar with genetics; genes related to traits we consider nonsexual are also located on X chromosomes, and genes located on chromosomes besides the X and Y chromosomes contribute to sexual development. We would do better to call these X and Y chromosomes instead of “sex chromosomes.”) Today experts believe that intersexuality can be caused by a wide range of conditions, discussed in Chapter 1. The sexual development of any individual is a complicated and amazing event, involving the working of chromosomes, the action of self-produced and/or ingested hormones, the effects of environmental agents like toxins and nutritional substances, social norms like those that dictate circumcision or clitoridectomy (removal of the clitoris) or certain levels of physical prowess, family dynamics, individual sexual encounters, accidents, and so on. What it means to be a male, a female, or a hermaphrodite—or what it means to become a male, a female, or a hermaphrodite—goes far beyond the “sex chromosomes.”

Indeed, when we focus on hermaphrodites, as this book does, we sometimes forget how much variation in sexual anatomy there is among undoubted males and females. Clitorises and penises, for instance, come in a wide range of shapes and sizes even in people labeled “normal” in terms of their sex. Some phalluses look different because they have been

subjected to disease, enhancement, or alteration. Some simply grow to be relatively small or large, colorful or monochrome, thick or thin. The standardized pictures found in anatomy textbooks and on gynecologists' walls make it seem as if all female genitals look pretty much alike and all male genitals pretty much alike, but in fact any gynecologist, urologist, or pediatrician can tell you that in actual practice things are not so cut and dried. Genitals vary a great deal.<sup>8</sup> And there is quite a bit of variation in what we think of as "sexual" anatomy beyond the genitals, too. For instance, breasts are often thought of as a "feminine" trait, yet a good number of women are quite flat-chested, and big-breastedness is common enough in men in the United States today that it has warranted a whole sequence of jokes on the television comedy "Seinfeld," in an episode in which two characters try to design and market a bra for men (to be called either "The Bro" or "The Mansierre"). Similarly, facial hair is thought of as a masculine trait, yet there are scores of products available in every drugstore marketed specifically to women for the removal of facial hair.

When we look at hermaphrodites, we are forced to realize how variable even "normal" sexual traits are. Indeed, we start to wonder how and why we label some traits and some people male, female, or hermaphroditic. We see that boundaries are drawn for many reasons, and could be—and have been—drawn in many different ways, and that those boundaries have as many complex effects as they do causes.

SOMETIMES WHEN PEOPLE ask how I got interested in the history of hermaphrodites I tell them a tale from my own life history that occurred roughly ninety years—one long lifetime—after the encounter of Sophie and Michaux. There I was at the age of thirteen or so, sitting in my eighth-grade health class, squirming nervously with the rest of my classmates. We were starting the unit on sex education, and we were all scared stiff of what the (by all accounts) completely uninhibited teacher was going to make us discuss. For a moment he said nothing, only adding to the tension. Finally he spoke.

"How do you know if you're a boy or a girl?" We cringed and giggled. Surely he was not going to make us say it. He rephrased his question slightly: "How can you tell if you're a boy or a girl?"

Awkward pauses and sideways glances. Eventually one student, the nerdy fellow in the front of the class, broke the tense silence: "By the genes!" We all sighed in relief at this lovely, safe, boring answer.



“Right!” the teacher responded without a moment’s hesitation. “You pull ’em down! You pull those jeans down!”

We burst out laughing, our faces all bright red.

After that joke, long after I stopped laughing and for a long time before I learned about hermaphrodites, the question bothered me. What, exactly, made me a girl? My mother often told me I could do or be anything I wanted, yet I knew very well that even day-to-day things depended on my sex: which bathroom I would use, whether I could wear dresses or be seen crying, what my friends or my family would say if I linked arms with a girl or with a boy. I was not even sure whether my mother was right that I could be or do anything in spite of being a girl. The recent defeat of the Equal Rights Amendment baffled me. If my sex really didn’t matter in terms of my rights, as Mom insisted, why were my compatriots not willing to say so? Did it matter that I was a girl? How did it matter? And what, exactly, did it mean to be a girl? How would this body shape my life? How would changes in my body change my life—and *why* would changes in my body change my life?

Most of us are used to the idea of two sexes, and most of us are used to being only one, even if, as we all know, some people refuse or fail to fit into the generally accepted behavior pattern for what most people think of as “normal” masculinity or femininity. But the fact is that not everybody arrives in this world ready to be squeezed into one or the other generally accepted *anatomic* patterns of what we usually think of as male and female. Hermaphroditism causes a great deal of confusion, more than one might at first appreciate, because—as we will see again and again—the discovery of a “hermaphroditic” body raises doubts not just about the particular body in question, but about all bodies. The questioned body forces us to ask what exactly it is—if anything—that makes the rest of us unquestionable. It forces the not-so-easy question of what it means to be a “normal” male or a “normal” female. Georges Canguilhem noted in his study of the normal and the pathological, “it is not paradoxical to say that the abnormal, while logically second, is existentially first.”<sup>9</sup> In other words, we tend to assume that the normal (in this case the “normal” sexual anatomy) existed before we encountered the abnormal, but it is really only when we are faced with something that we think is “abnormal” that we find ourselves struggling to articulate what “normal” is. Although it seems not so difficult to recognize that some bodies look fairly unusual in terms of their genitalia, it is difficult to answer the question of what exactly a hermaphrodite is, because to do so one must first decide what trait or traits are so important to femalehood and