

Bacon's Brazen Head, an automaton that was supposedly omniscient) the head has even spoken "Time Is", much less "Time Was". □

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## Body of evidence

### Hermaphrodites and the Medical Invention of Sex

by Alice Domurat Dreger

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Ignore the somewhat trendy title, which might seem to threaten yet another piece of pretentious postmodernism. This is a well-researched, sober history of a problem that Alice Dreger shows has directly affected more people than we might think and which shapes the sense of sexual identity of us all.

Knowledge that certain individuals are intersexual goes back to the dawn of history. In his *Metamorphoses*, Ovid told the story of young Hermaphroditus, the son of the gods Hermes and Aphrodite. He aroused the nymph Salmacis's passions, and she begged the gods to join them together in one body. But for a long time public attitudes to hermaphroditism involved little more than prurience, and sufferers were often reduced to displaying themselves in freak shows: Roll up! Roll up! See the bearded lady!

That had changed by the late nineteenth century. More biosexually anomalous people came to light, presumably because physicians started systematically examining children, and medical professionalism at least helped to dispel the Barnum and Bailey atmosphere. But, Dreger convincingly argues, for all their humane intentions, the doctors had agendas of their own that were not necessarily beneficial to those they hoped to help.

Doctors in nineteenth-century France and Britain were particularly struck by hermaphroditism as a problem because they had adopted rigid views on the reality of two quite separate sexes, understood as the basis of a biological reproductive division of labour. Nature meant there to be true males and pure females (and *vive la différence!*). So hermaphrodites were aberrations who needed to be (literally and metaphorically) straightened out, by being turned into the sex they were 'really' meant to be. Advances in surgery promised to help.

But 'sexing' hermaphrodites had always been, and remained, easier said than done. Intersexuals never came in any standard type. Of all the cases who turned up in Victorian doctors' surgeries, no two were alike. There were otherwise 'virile' males who had

breasts and menstruated; there were individuals with ovaries and uteruses yet luxuriant moustaches; and others seemingly had both penises and vaginas.

Dreger maintains that doctors developed a strategy for such situations: they opted to act on the basis of gonadal primacy. If someone brought up as a girl, endowed with breasts and other secondary sexual characteristics and psychologically attuned to the female role, turned out on examination to have undescended testicles, doctors would routinely identify that person as 'male'. "But, my good woman, you are a man", a physician notoriously declared in such a case.

Or, if a young male-dresser with mixed biosexual features turned out to possess anything resembling ovaries, 'he' would be deemed female and perhaps have 'his' penis removed — especially if it were not 'adequate' — and an artificial vagina constructed. The tacit assumption was the male-chauvinist one that no item of sexual anatomy could be more shameful than a non-erecting phallus.

The working rule was: 'one body, one sex'. This represented a gallant attempt by the medical men to show they could deal with the problem, and a desire to uphold socio-sexual order: after all, 'inbetweens' could be dangerous, in schools, convents or the military. And the 'age of gonads' was reinforced by the early twentieth-century discovery of sex hormones, and the development of XX and XY chromosomal genetics.

One ironic and unforeseen consequence was that the reality of hermaphroditism



'Inbetweenie': the French hermaphrodite Marie-Madeleine Lefort, aged sixteen.



Marie-Madeleine Lefort aged sixty-five.

came to be questioned. Medical faith in the anatomical universality of two opposite sexes meant that terms such as 'pseudo' or 'spurious' hermaphroditism had to be invented to describe those poor souls to whom nature had given a motley appearance and medicine had not yet sorted out. Such labels confused more than they clarified. And, at the same time, doctors damagingly muddled intersexuality with the 'homosexuality problem' which sexologists were just demarcating. Like the 'pseudohermaphrodite', the 'homosexual' became a person in need of adjustment to his or her genital tackle; it was all a matter of anatomy rather than psychology or erotic taste.

The modern 'solution' has been to patch up 'doubtful' infants at an early age, in the understandable belief that constructing 'normality' was in the individual's best interests. Currently, however, as Dreger notes, spokespersons for intersexuals are often hostile to such 'solutions'. They resent the imposition of 'normality', with its implication of prior freakishness, and argue that sexual surgery all too often proves no better than the 'defect'. Sex is something to be negotiated not imposed.

Avoiding preachy judgementalism, Dreger shows how deeply ingrained are our assumptions about gender normality (sexual anatomy is destiny), and on how flimsy a basis they have been grounded. The book offers us all a lesson in self-awareness. □

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