



International Journal of
Gender, Science and Technology

<http://genderandset.open.ac.uk>

**Review of 'Doubting sex: Inscriptions, bodies and selves
in nineteenth-century hermaphrodite case histories'
by Geertje Mak**

***Reviewed by Lynda Birke
Dept. of Biological Sciences, University of Chester, UK***

PUBLICATION DETAILS

Date: 2012

Published by: Manchester: Manchester University Press

ISBN: 978 0719086908

REVIEW

Who decides what sex the body is? We are now accustomed to the idea that some people feel that they are in the wrong body, and want to change sex – not only in terms of outer appearance, but also substantially altering parts of the body not seen publicly. Such changes typically entail lengthy medical consultations and treatments such as hormones, and invasive surgery. Arriving at that point, however, requires decisions about bodily sex and the feasibility of interventions, not only by the person themselves but also by doctors: in turn, decisions are rooted in a set of legal, ethical and societal constraints, such as the belief that there are, and should be, only two sexes¹. Ambiguity is thus seen as predominantly a medical problem.

How doctors arrive at those decisions, however, has changed historically, in part because of social attitudes, but also because of changing understandings of sexual physiology. In *Doubting Sex*, Geertje Mak examines these important historical shifts in the understanding of sex and the body through the 19th century in Europe. She draws on an extensive analysis of contemporary case histories, focusing particularly on medical cases involving people who were hermaphrodite, or intersex. There has been, Mak observes, a major transformation in the way that hermaphroditism is described: earlier narratives, before the 19th century, were concerned with how being intersex potentially threatened the social order, while later studies focused on possible disturbance to the individual's sense of self and body.

This journal uses Open Journal Systems 2.2.2.0, which is open source journal management and publishing software developed, supported, and freely distributed by the [Public Knowledge Project](#) under the GNU General Public License.



**The Open
University**

In 21st-century Europe, we tend to see the self as sexed, one or the other, generating for many people a core gender identity. But it has not always been so.

Mak examines how medical professionals encountered, wrote about, and responded to people of "doubtful", or ambiguous, bodily sex. She identifies three ways of categorising sex: as an inscription in the local community, as a representation of the body, and as a representation of self. The case histories are fascinating windows into how sexual ambiguity can be negotiated, between doctor, patient and the wider community. What struck Mak about the earlier accounts, before the middle of the 19th century, was the priority given to exterior concerns – such as how a person of ambiguous sex dealt with occupation or marriage – or issues of shame or gossip. Indeed, "not one word is dedicated to the possible difficulty the reassignment of sex might pose to these people's sense or conception of self... If any difficulties of a sex reassignment are mentioned, they are *not* about the problem of changing a sex deeply anchored in the inner self from early childhood on" (p. 51; emphasis in original). What matters here, to doctors and to patients, is the person's role in the community, and how that is gendered.

This changed, however. Change came about partly as discourses of human rights gave precedence to ideas of sovereign bodily integrity, but the emergence of modern medical discourse played a part too, with its increasing prioritisation of scientific evidence over bedside talk. Penetrating the body – through internal examination or via instrumentation – was crucial to establishing the diagnosis. Legal systems, furthermore, demanded that a person be defined as one sex or the other; thus, in medico-legal debates about one French case (the woman's husband had sought annulment of the marriage on the grounds that she wasn't a woman), the courts concluded that birth certificates *must* declare sex. If the stated sex was changed, then the marriage was to be annulled.

What is striking about this mid-19th case is the enormous pressure to which the woman, Justine Jumas, was exposed, from doctors who sought internal examinations, and through the deliberations of the courts. Although she resisted, medical practices became transformed in the following decades, to such an extent that people became increasingly willing to submit to detailed (and sometimes internal) physical examination. Doctors could further overcome patients' resistance once anaesthesia became routine. And, as investigative procedures became more invasive, the *person* became dislodged from the body at the centre of the clinical gaze. It is striking, as Mak notes, how familiar this stance is to us: how well modern patients can succeed in divorcing ourselves from what is happening during intrusive and intimate examination. We accept what was once unacceptable.

Doctors in the late 19th century came to rely increasingly on scientific validation through investigative procedures – palpation of an ovary, for example, or surgical removal of gonadal tissue for histological analysis. Thus "the hermaphrodite's life, his appearance, her sexual inclinations, pleasures or habits, and the functioning of his genitals disappeared. What remained of sexual functioning was a slice of tissue stained and viewed through the lens of a microscope" (p. 154). Intersex people were reduced to scientific narratives about bodily parts, and debates about which sex they "really" were.

The third stage Mak identifies is the growing significance of self, and, specifically, the sexed self. This idea, she argues, emerged at precisely the same time that clinicians began examining gonadal tissue. These debates were framed within the growing

awareness of psychoanalysis (and ideas about an inner self), which began to shape how doctors thought about decisions to do with sexual ambiguity. Until about 1900, doctors could make diagnoses about a person's gonadal sex, but, once surgical interventions became possible, then doctors acquired the ability, and the power, to make irreversible decisions about a patient's sex. Ambiguous sex could now be changed, rather than simply hidden, and part of clinicians' rhetoric was the idea of sex as irreducibly part of the psyche.

It is that "turn inwards" to a pre-eminent inner self that is familiar to us today. Medical narratives began to focus on the person's "true sex", upon innate "predispositions" to wear gender-specific clothing or behave in specific ways. Gender dichotomies are thus enacted through the case histories, as doctors describe, for example, stereotypes of feminine softness. Throughout the 20th century, the notion of a sex of self became consolidated – not only among doctors, but also among subcultures such as gay communities. Inborn identities – of gender and of sexuality – emerged, which in turn facilitated medical interventions aimed at "correcting" bodies to conform to a "true self".

Who decides one's sex is thus not only the person him/herself: decisions also depend on communities, on legal systems, and on doctors, who were increasingly called upon to arbitrate – and, later, to intervene. Over time, Mak's analysis suggests, who you were in the community became less important than how medical practice enacted sexed bodies. Developments in scientific medicine, in histology, endocrinology and surgery, permitted interventions aimed at removing ambiguity, and, concomitantly, patients (and doctors) came to see themselves as "being in the wrong body".

Mak's use of very detailed case studies, and her examination of how medical discourses have changed in relation to people of "doubtful sex", make for fascinating reading. As is clear from her many examples, people who are intersex have always faced ridicule, but where they might once have dealt with bodily ambiguity by secrecy, or by attempts to change external appearance, today the response – for both patient and doctor – is more likely to be to change the physical structures of the body.

This history is remarkable, for two reasons. First, because it underscores Foucault's argument about how the rise of modern, scientific, medicine dramatically changed relationships between doctors and patients (Foucault, 1963). Bedside manners, and the need to listen to the person's whole story, became overtaken by a demand to know the body from within, to feel it through internal examination or to visualise it by means of technological aids. Patients and their viewpoints become secondary to the scientific diagnosis. The scientific evaluation, moreover, reinforces cultural beliefs in sex as binary: clinicians perceive organs and tissue as ineluctably sexed, and make diagnoses within a culture that does not tolerate sexual ambiguity.

Second, this history reminds us how historically contingent are our ideas of sex/gender/sexuality. While the idea of an inner essence, a sexed self, prevails today, and is fundamental to ideas of "changing sex" through surgery, a great deal of work in feminist studies and queer studies has called into question fixed notions of gender. Indeed, scholarship in these fields has emphasised the multiple ways in which sex/gender are performed. Mak notes the importance of such studies in destabilising existing categories, but, she argues, what is also clear from them is that "the outside of discourse, or the abnormal, always in the end sustains the inside, or the normative. Concepts such as 'third sex', 'ambiguous sex' and 'transgender' in principle simultaneously refer to the existing strict categories of male and female as well as

their transgression or undermining” (p. 14). Categories of sex, in other words, remain taken for granted by default: thus she seeks to destabilize by doubting the very category of sex itself, by questioning how, over time, the logic of medical accounts shifted and changed.

It is that instability in medical discourse that makes this study so fascinating, although I am a little sceptical about how easy it is to question the very category of sex. Can I, even as a feminist reader, really step outside the logics of the binary categorisation of sex that is so deeply rooted in 21st-century culture? The difficulties of going beyond dichotomies of sex have beset feminist debates about sex and gender for a very long time. Yet the very struggles I had with trying to get out of that binary mindset while I was reading the book are precisely Mak’s point. In order to destabilise them, to move beyond binaries in a way that feminists and queer theorists have long advocated, we need to understand how those logics have played out historically. This book is an excellent way to explore just that.

ENDNOTES

1. Feminist biologist Anne Fausto-Sterling (2000) has pointed out that nature – across all phyla – often includes multiple "sexes" within a species. Yet the tendency to view species as having two, dichotomous, sexes is widespread – even among biologists.

REFERENCES

Fausto-Sterling, A. (2000). *Sexing the body: Gender politics and the construction of sexuality*. New York, NY: Basic Books.

Foucault, M. (1963). *The birth of the clinic: An archaeology of medical perception*. (A. M. Sheridan Smith, Trans.). New York, NY: Vintage.