The Bastard Offspring of Hermes and Aphrodite : Sexual 'Anomalies' and Medical Curiosity in France

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BIOLOGICAL AND CULTURAL, THE BODY, BY REASON OF THE DIVERsity of its conditions, has always garnered attention, raised questions, and served as fuel for the imagination.[1] As the primary expression of an individual's physical and moral integrity, it bears witness to the process of civilization as it does to mechanisms of social control. Emitting its own eloquent and meaningful language, it embodies the immediate referent to identity and, in a breathtaking *mise en abîme* for a medical body disrupted by the hermaphrodite body, to otherness. Before being an impossible sex for a society, which rests upon a sexual dichotomy, the hermaphrodite is a dissident body, marked by the entanglement of masculine and feminine. It is down to doctors to disentangle if not separate the two skeins and to determine which will prevail at the expense of the other.

Moving beyond the treatise on monstrosity delivered by Isidore Geoffroy Saint-Hilaire in 1837,[2] and his conception of hermaphrodism which was now considered too loose ("the co-presence in the one individual of both sexes or of some of the characteristics thereof"), during the period from the 1880s until the First World War, medical thinking arrived at a definition which was, in other ways, more restrictive, pathologized, suspicious, and deprecatory. For Gabriel Tourdes, coauthor of the lengthy article "Hermaphrodism" in the 1888 edition of the *Dictionnaire encyclopédique des sciences médicales*, the term referred to "all genital organ conformation defects which can result in an error as to sex, which give to one sex the appearance of the other or which suggest the co-presence of both sexes in the one individual, in sum,

associated with the realities of sex, the nature of "true" sex, and the division of gender roles. The hermaphrodite body, the hermaphrodite sex and person, which transgress the borders between masculine and feminine, between normal and abnormal, between reality and appearances, become crucial issues during the Belle Epoque as they defy a whole social order.

Granted, by the end of the century most doctors like Charles Debierre admit that the hermaphrodite, in light of its anatomy, is not a "monstrosity," an "error of Nature," but rather "a being, which has simply deviated from the ordinary course of development." But Debierre goes straight on to say that, in his physiology, the hermaphrodite "is a degenerate being, impotent, infertile, a deviant being in its very inclinations and psychosis, by reason of its incorrectly developed and perverted sexuality."[15] One can detect in this less-than-flattering portrait the marks of familiar debates about degeneracy and heredity, which regularly appeared in nineteenth-century medical discourse regarding hermaphrodites.

It was no longer, as in previous decades, so much a question of knowing how to determine whether the subject was male or female: at that time a significant consensus was reached around the idea that sex was to be attributed in accordance with whichever gonads were located, even if they were atrophied, with the testicle making the male, the ovary the female. The debate intensified again when doctors found themselves unable to apply this theory, because neither of these two touchstones was incontestable, that is to say before puberty and certainly at birth. They thus divided themselves into two factions: those who declared the sex to be either "uncertain" or "neutral," and those who, giving one or the other the benefit of the doubt, preferred to assign either masculine or feminine sex. The principle of biological sexual identity is thus theoretically reaffirmed, with one key difference, however: that the problem with hermaphrodites lies in the conflict between biological sex—if it should be incorrectly determined at birth—and social sex. Dumbfounded doctors thus had men and women appearing in their surgeries (usually because of an entirely separate health issue) who thought that they were what they, according to medical logic, were not and who behaved in accordance with the norms which attached to their social sex and not according to those which flowed from their biological sex. To show the antagonism of two sexes in the one individual, doctors would call upon a new weapon, scientific photography, which progressed at a great rate between 1870 and 1914. Scientific photography invaded individuals' privacy and fixed forever their biological and social identity.

Photography, or Stripping Bare the Hermaphrodite

One of the most striking characteristics of flourishing medical practice during the Belle Epoque was the consistent recourse to this novel technique: because photography reproduced everything the eye could see, and furthermore supposedly revealed everything the eye could not see,[16] it became the ultimate tool for doctors in their quest for knowledge and in their appropriation of the hermaphrodite subject. Without hesitation, they seized upon it at a time where respect for privacy was a notion which seemed to them to have meaning only when applied to their bourgeois peers: the large majority of case studies discussed in articles or at the meetings of scholarly societies came from the lower classes, the other classes being preserved from such unpleasantness.[17]

Whereas, in written text, anonymity was generally preserved, images were paradoxically distributed without the least precaution: thus doctors Tuffier and Lapointe saw fit to identify the subject of one of their articles, "Mlle L.S.," by her initials, and yet included four perfectly recognizable photographs of her (one dressed and three nude).[18] It was rare for patients to wear a mask or to be photographed only in their street clothes, as was the subject of a study presented by Doctor Victor Pauchet who, in fact, seems to belong to the middle classes.[19] The purity of intention of practitioners who so frequently used scientific photography is undoubtedly questionable. It should be noted that it is only in the name of science that these images evaded the censorship attached to the publication of nudity during the nineteenth century, and it should also be remembered that most artistic or academic nudes were banned from "public distribution or exhibition." Photographers who dared to shoot pornography often had run-ins with the vice squad, as did their models.[20]

So it is scientific research that legitimizes the photographic nude. After a collection of examples of skin diseases published in 1868 by Hardy and Montméja, the latter the following year launched the *Revue photographique des hôpitaux de Paris*, which comprised seven volumes between 1869 and 1876 complete with many fully nude pictures. Also in this publication can be found, in 1875–76, the first hermaphrodite case study, with three plates, two of which show the patient's most

private parts. Does this explain why the first extant scientific photographs should indeed be dedicated to a hermaphrodite, with a series of nine prints produced by the already very famous Félix Nadar, at the request, it seems, of Doctor Trousseau? Nadar, who was well aware that he was skirting the bounds of permissibility, ensured in 1861 that the copyright registration in respect of the prints was accompanied by the following legal proviso: "On the express condition that these plates, which are intended purely for scientific use, will not be publicly displayed."[21]

From 1870, photographs of hermaphrodites were circulated rather timorously. Doctor Delacroix seemed to be one of the first to present some in an address to the medical society of Rheims.[22] From the 1890s onward, however, their numbers really took off. In this, one can detect the contribution of aesthetes of anatomy seeking to find the link between Greek statues or the paintings of Pompeii and the specimens before them. One such was Paul Richer, a doctor but also a sculptor and professor of comparative anatomy at the School of Fine Arts and author of *Nouvelle iconographie de la Salpêtrière* in 1892,[23] or, three years later, the neurologist Henry Meige who published a study of *L'Infantilisme, le féminisme et les hermaphrodites antiques* with photographs to support his argument.[24]

These admirers of antique statuary were, however, far from outnumbering the legion of upholders of sexual and social norms. And though they naturally sought to further knowledge about defects in genital conformation, they also sought to give a clearly visible shape, by close-ups of the sex organs or full-length portraits, to an aberration of sexual identity, which cannot be determined by a close examination of the body's outer surface, no matter how scrupulous.

Close-ups of the genital organs, looking like spectacular hallmarks of abnormality, are furthermore the most common. In their complete crudity, they reveal the abusive and intrusive examination practices of doctors, evidenced by pincers or hooks, which served to pick out an aspect of the genitalia deemed to be strange. Sometimes it is the actual hands of the doctor that stigmatize the unusual, on occasion serving to stimulate an erection in a penis a few centimeters long. The patients consent to the examination. Some even themselves display the precise element of their sex—although a few cases of reticence or refusal to be examined or re-examined did occur—but one can wonder at the value of this consent in the context of a relationship where one party stands in such a position of dominance. They posed for full-length portraits, either nude or dressed, sometimes both. When photographed in the nude, the focus is on the complex interplay of the masculine-feminine contradictions in a body and in a sex. For example, a male hermaphrodite presents a feminine exterior: breasts, hips, not too much body hair, a vaginal cavity, but also an atrophied penis and testicles revealed *in fine* by the doctor from what appeared to be an inguinal tumor. With clothed shots, the aim is to demonstrate the social fraud of a sex which holds itself out to be another.

This stigmatized exhibition of hermaphrodite bodies is not unlike the case of anthropometric photography, adopted in 1882 by the police headquarters and whose conceiver, Alphonse Bertillon, published in 1890 a short popularizing work entitled *La Photographie judiciaire.* He recalls therein the enthusiasts who collected "ethnic, professional or picturesque types . . . adopting formats, poses and zoom techniques used by the police which were calculated to obtain the maximum useful effect with the minimum effort."[25] It is clear what the police had to gain by imposing this iconographic standardization. In fact, as Bertillon notes himself, for seven years murderers had been appearing photographed in right profile in the newspapers read by doctors. That might explain the fact, though it may not have been done consciously, that many prints representing hermaphrodites were taken using the police practice. They were almost always captured in right profile.

Medical Guardianship

As seemingly impetuous as it was, this assimilation of hermaphrodites to the delinquent population reflects nonetheless one of the most persistent prejudices of doctors, one that recurred in their conduct of patient "interviews."[26] Consider for example the following description by Doctor Guermonprez regarding his patient: "The biography of this bizarre being is very difficult to determine, because of the reluctance, the indecision, the vagueness of her answers, always embarrassed, evasive and often contradictory. When questions are asked at close range, the subject always finds some means of evading them: she impatiently responds that she can't remember, for example."[27]

The focus was deliberately placed on the confession of "genital exploits," to quote the expression used by Doctor Jarricot in 1903.[28] He, along with his colleagues, wondered what type of sexuality could attach to such badly conformed genitalia. This crystallization leads us back to the analysis of Foucault, according to whom the confession of an individual's sexuality, with the help of experts, is one of the essential

components of the machinery developed to control and discipline the body, individuals, and society itself.[29]

At the same time that it was solicited by doctors, the speech of hermaphrodites was also undermined and even discredited, especially when they talked about the pleasure they took in sexuality, something which Théodore Tuffier had difficulty imagining: "Some hermaphrodites, such as our case study, have affirmed that they had a taste for homosexual relations and that they obtained all of the satisfactions compatible with the conformation of their organs. But the confessions of individuals who are sometimes imbalanced both mentally and anatomically are not always credible."[30]

Increasingly, doctors who seemed to have an almost unlimited faith in writing and who recalled the case of Alexina B, did not seem to take the trouble to ask their patients to write down the experience of their sex. It was, however, a widespread practice in the nineteenth century to entrust to lunatics and criminals the task of writing an account of their own pathology or their autobiography.[31]

Perhaps they act differently when faced with, on the one hand, two groups which are excluded from society and, on the other, one which is not, and is consequently not penalized by law. Still, it remains surprising that the condition of hermaphrodites should not have been examined under the magnifying glass of graphology, which was garnering influence in medical circles at the turn of the century.[32] After all, the work of Alfred Binet was specifically dedicated to what writing could reveal about the person writing:[33] "Writing is either masculine or feminine; if it isn't, it is either a forgery, or the product of an inverted individual," he affirms in 1906 in his book *Les Révélations de l'écriture d'après un contrôle scientifique*.

In fact, almost all doctors agree that it is for them and them alone to prescribe rules for the hermaphrodite: "Today the hermaphrodite is regarded as a scientific fact and a degraded organism. For this double reason, he falls properly within the domain of medical practitioners. It is incumbent upon doctors to reconcile the interests of the hermaphrodite with those of the society in which they will define his place."[34]

Manifestly, doctors balked once again at the notion of taking into account the personal feelings of hermaphrodites when it came to deciding their sex and their place in society.[35] In that, they marked a departure from the habits of the classical age, which allowed hermaphrodites to choose their sex. What was punishable by death was for the hermaphrodite to have sexual relations with someone of the sex they had chosen to adopt. In the same vein, doctors noted with satisfaction that the new German Empire had renounced the article of the Prussian Code according to which, in cases where it is unclear at birth, the choice of sex was left to the parents and the individual had the right to change it upon attaining the age of eighteen. For Tuffier and Lapointe, "this solution was too prone to error."[36]

The life accounts which they extract from their patients, sometimes as if with the use of forceps, reveal something about social norms (some sort of education, though it may be rudimentary, paid work, a love life, sometimes a marriage destined to be sterile), but at the same time also something abnormal as these anomalies prove to be out of keeping with the requirements of sexual expression. Biological abnormality betrays itself in society: in the taunts endured by persons whose gender is deemed too ambivalent between masculine and feminine; or even by the type of work they do. Many hermaphrodites seemed indeed to exhibit themselves, in fairgrounds primarily as bearded women—even if all bearded women are not necessarily hermaphrodites[37]—or indeed at the Medical School in sessions which were no doubt remunerated.

Along the way, doctors were awoken to the problem of gender by being asked to weigh the biological against the cultural. They discovered notably how many boys raised as girls reacted largely as girls—and vice versa—which seriously undermines the infamous theory of feminine nature that they had themselves developed since the latter part of the eighteenth century. But the main focus of all of their efforts was incontestably the marriage between two people who, in their eyes, were of the same sex. They were made aware of this problem by the proceedings regularly brought in the nineteenth century, where one spouse sought an annulment of the union in court. Furthermore, Franz Neugebauer published an article about this in 1899, which served to fuel fears and phantasms: he declared that following a study of 610 cases of pseudohermaphrodism, he found fifty cases of marriages following an error as to sex, or in other words 8 percent.[38] One can see reemerging in this example the thematic, which was never entirely abandoned: "monstrous marriage" according to Garnier, "monstrous alliances" in the eyes of Delore, "monstrous union" for Leblond.[39] In short, the social monster is born of abnormality and biological degeneracy, and that led doctors to call for reform of the civil code to end the difficulties of these hollow marriages which society should not allow.

In this circus of imprecations, Valentin Magnan, touched by the

conjugal harmony of a woman and a hermaphrodite woman believing herself a man, clashed with contemporary wisdom by his display of understanding, particularly when he chose not to reveal the "true" sex to the husband: "In the peculiar situation of the young couple, the role of the doctor was clear: silence. It was not for him to focus on a question which was never asked of him and which, in any case, could not be raised by the two souls in question, the husband and the wife. In view of the circumstances, it would have been cruel and pointless to trouble a union, which was to all intents and purposes successful, regular and normal."[40]

He is one of the rare commentators to temper the power of medicine by putting individual interests ahead of social ones, at least insofar as the latter are conceived by his colleagues who could not accept that, for example, a masculine hermaphrodite woman, married to a man, could, according to the language of Samuel Pozzi, practice "sodomy legally and legitimately" within society's central institution.[41]

The figure of the hermaphrodite, at once delimited and disruptive, is thus raised up by doctors and by others to the level of an emblematic icon of fin-de-siècle society, where it finds its place not far from that of the femme fatale. Ambivalent in their treatment of the hermaphrodite figure, doctors tended to strip it of its ancient reputation as a monster doomed to flames but still retained some remnants of that notion. They worked toward its banalization by conferring upon it the rationalized status of abnormality, seeing it as the victim of a biological disfigurement. Yet all the while they betrayed in their practical approach the persistent prejudices attached to the figure of the monster, notably by the way in which they exhibited and photographed the naked hermaphrodite body.[42] Aware of the uniqueness of the hermaphrodite individual, they evaluated it nonetheless in terms of a dubious preoccupation with sexuality "gone wrong." Perhaps one could read this ambivalence as a reflection of the troubled and perplexed relationship to otherness, the feeling, oscillating between repulsion and fascination, of an other which remains, regardless of anything they might do and say to distance themselves from it, a little like them.

At the same time, by rendering the dimorphic approach to sex outmoded and the concept of sexuality simplistic, the hermaphrodite plays a key role in the Belle Epoque, which was tormented by the question of sexual identities and the challenge to a sexed social order. And because the hermaphrodite forces the medical milieu to disassociate biological sex from social sex in a veritable cultural revolution, the hermaphrodite imposes an epistemological modernity, which merits

greater consideration in a multidisciplinary history of sex and sexualities.[43]

Notes

1. Gilles Boëtsch and Dominique Chevé, "Regards anthropologiques sur l'apparence et la construction des corps entre intégrité, altérité et atteinte," in *Le Corps dans tous ses états. Regards anthropologiques*, 7–12 (Paris: CNRS, 2000).

2. Isidore Geoffrey Saint-Hilaire, *Histoire générale et particulière des anomalies de l'organisation chez l'homme et les animaux . . . ou traité de tératologie*, 4 vols. (Paris: Baillière, 1837).

3. Gabriel Tourdes, "L'Hermaphrodisme," *Dictionnaire encyclopédique des sciences médicales*, vol. 13 (Paris: Masson, 1888), 636.

4. Rosemarie Garland-Thomson, "Du prodige à l'erreur: les monstres de l'Antiquité à nos jours," in *Zoos humains. Au temps des exhibitions humaines*, ed. Nicolas Bancel et al. (Paris: La Découverte, 2004), 38–48.

5. For a study of French and English medical discourses on hermaphrodism at this time, see Alice Dreger, *Hermaphrodites and the Medical Invention of Sex* (Cambridge: Harvard University Press, 1998), 268.

6. Emile Laurent, *Les Bisexués, gynécomastes et hermaphrodites* (Paris: Carré, 1894), 5.

7. Claude Bernard, "Discours," upon his acceptance to the Académie Française, May 27, 1869 (Paris: Didot, 1869), 18.

8. Michel Foucault, who had already begun the study of hermaphrodites while studying abnormalities at the Collège de France in 1975, published the manuscript of Alexina B. three years later, along with a set of related documents (*Herculine Barbin dite Alexina B.* [Paris: Gallimard, 1978], 160). Alexina B. is the name given by Tardieu to Adélaïde-Herculine Barbin. She is discussed further in the chapter by Vernon Rosario at the end of this volume.

9. Among them Dr. Paul Garnier, *La Stérilité humaine et l'hermaphrodisme* (Paris: Garnier, 1883), 530, and Dr. Charles Debierre, *L'Hermaphrodisme, structure, fonctions, état psychologique et mental, état civil et mariage, dangers et remèdes* (Paris: Ballière, 1891), 160.

10. This is the case for Théodore Tuffier and André Lapointe ("L'hermaphrodisme, ses variétés et ses conséquences pour la pratique médicale," *Revue de gynécologie et de chirugie abdominale* 16 [1911]: 209).

11. Cf., for example, Petre Gatcheff, *Pseudo-hermaphrodisme et erreur de personne* (medical thesis, Toulouse, 1901), 84.

12. Armand Dubarry, *Hermaphrodite* (Paris: Chamuel, 1898), 316; Oscar Panizza, *Un scandale au couvent* (Paris: La Différence, 1979 [to 1914]), 137–84; see also Gaston Hailly, *L'Hermaphrodite*, vol. 8 (Paris: Marpon, 1885), 423.

13. Adrien de Mortillet, "Jeune hermaphrodite," *Bulletins de la société d'anthropologie de Paris*, vol. 8 (Paris: Masson, 1885), 650–52.

14. Dreger, *Hermaphrodites*, 15.

15. Debierre, *L'Hermaphrodisme*, 5.

16. Georges Didi-Huberman, "La Photographie scientifique et pseudo-scienti-

fique," in *Histoire de la photographie*, ed. Jean-Claude Lemagny and André Rouillé, (Paris: Larousse, 1998 [1986]) 71.

17. The patient D., studied by Doctor Auguste Lutaud, thus appears to be a member of the lower or upper middle classes (Henriette Williams, "De l'hermaphrodisme au point de vue médico-légal. Nouvelle observation," *Journal de médicine de Paris* (1885): 387–96).

18. Tuffier, "L'hermaphrodisme," 209–68.

19. Victor Pauchet, *L'Hermaphrodisme humain existe-t-il?*, address to the Surgical Society of Paris, May 17, 1911, 15.

20. André Rouillé, *Le Corps et son image. Photographies du 19e siècle* (Paris: Contrejour, 1986), 51.

21. Sylvie Aubenas, "Au-delà du portrait de l'artiste," *Nadar. Les années créatrices: 1854—1860* (Paris: Réunion des musées nationaux, 1994), 152–67.

22. Dr. Delacroix, *Bulletin de la société médicale de Reims*, meeting of April 5, 1870, vol. 9 (1869–70), 53–59; the prints were not reproduced in the article but it was stipulated that copies could be obtained for a fee by members.

23. Paul Richer, "Les hermaphrodites dans l'art," *Nouvelle iconographie de la Salpêtrière*, no. 6 (1892): 385–88.

24. Henri Meige, *L'Infantilisme, le féminisme, et les hermaphrodites antiques* (Paris: Masson, 1895), 58.

25. *La Photographie judiciaire* (Paris: Gathiers-Villars, 1890), 4.

26. Cf. particularly Dr Guermonprez, "Une erreur de sexe et ses conséquences," *Annales d'hygiène publique* (September–October 1892): 244, 270 or Dr. J. Jarricot, "Note sur un cas de pseudo-hermaphrodisme avec autopsie," *Société d'anthropologie de Lyon* 22 (1903): 63.

27. Guermonprez, "Une erreur de sexe," 266.

28. Jarricot, "Note sur un case de pséudo-hermaphrodisme," 63.

29. *La Volonté de savoir*, vol. 1 of *Histoire de la sexualité* (Paris: Gallimard, 1976), 213.

30. Tuffier, "L'hermaphrodisme," 248.

31. Philippe Artières, *Clinique de l'écriture. Une histoire du regard médical sur l'écriture* (Le Plessis-Robinson: Institut Synthélabo, 1998), 270, and *Le Livre des vies coupables. Autobiographies de criminels (1896—1909)* (Paris: Albin Michel, 2000), 427.

32. See the medical thesis of Pierre Boucard, *La Graphologie et la médecine* (Paris: Rousset, 1905), 56, which followed closely the work of Gabriel de Tarde ("La graphologie," *Revue philosophique* 44 [October 1897]: 337–63).

33. Alfred Binet, "La graphologie et ses révélations sur le sexe, l'âge et l'intelligence," in *L'Année psychologique* (1903); *Les Révélations de l'écriture d'après un contrôle scientifique*, (Paris: Alcan, 1906), 260.

34. Xavier Delore, "Des étapes de l'hermaphrodisme," *L'Écho médical de Lyon*, no. 8 (August 15, 1899): 231.

35. With this approach, they showed themselves to be less forward thinking than some of their foreign counterparts. Matters evolved in the 1900s; see, for example, Geertje Mak, "'So we must go behind even what the microscope can reveal.' (The Hermaphrodite's 'Self' in Medical Discourse at the Start of the Twentieth Century)," *GLQ. A Journal of Lesbian and Gay Studies* 11, no. 1 (February 2005): 65–94.

36. Tuffier, "L'hermaphrodisme," 256.

37. Edgard Bérillon, "Les femmes à barbe: étude psychologique et sociologique," *Revue de l'hypnotisme* (July 1904 to January 1906).

38. François S. Neugebauer, "Cinquante cas de mariages conclus entre personnes du même sexe avec plusieurs procès de divorces par suite d'erreurs de sexe," *Revue de gynécologie et de chirugie abdominale* (April 10, 1899), 195.

39. Garnier, *La Stérilité humaine*, 495; Delore, "Des étapes," 229; Dr. Albert Leblond, *Du pseudo-hermaphrodisme comme impédiment médico-légal à la déclaration du sexe dans l'acte de naissance* (Paris: Steinheil, 1885), 6.

40. Valentin Magnan and Samuel Pozzi, *Inversion du sens génital chez un pseudo-hermaphrodite féminin* (Paris: Masson, 1911), 7.

41. Samuel Pozzi, "Neuf cas personnels de pseudo-hermaphrodisme," *Revue de gynécologie et de chirugie abdominale* 16 (1911): 334.

42. It is worth remembering that "monster" comes from the Latin *monstrare*, which means "to show."

43. History should take into account current scientific works of which many are rethinking sexual difference and, in the manner of biologist Joëlle Wiels, see biological sex as "a complex and variable entity which does not really warrant thinking of the human race as perfectly dimorphic." ("La différence des sexes: une chimère résistante," *Féminin-masculin. Mythes et idéologies*, ed. Catherine Vidal [Paris: Belin, 2006]).