# *Seeking in Silence: The Challenges of Writing the Recent History of Intersexuality in South Africa from 1950-present*

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Kyla O Neill

University of KwaZulu-Natal

kyla_oneill@yahoo.com

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The human body: what is it? As a word, *body* is deceptively simple and innocuous but it is replete with multifarious layers of meaning. What this invokes are the discourses about body that render it knowable but not all are equal. For the last two centuries the body has subject continual process of modern biomedical contemplation, observation, experimentation, and categorisation which helped solidify as fact the strict dichotomies that tend to premise and govern understandings of the body such as the body old and young; male and female. Yet, the body-different, that stubborn body that refuses to fit into these pre-packaged notions, challenge these constructions at their very foundation. One such 'different' body is that of the individual born with an ambiguity of sex through the combination of what are considered uniquely male and uniquely female characteristics whether it is genetic, gonadal, and anatomical or any combination of these. It is the body of the *intersexed*.[1]

For most South Africans, and for many throughout the globe, the gender testing saga surrounding Caster Semenya would have been their first encounter with the issues of intersexuality. Yet, this silence on intersexuality that casts her story as a rarity belies the enduring existence of the intersexed within human society. As such these are people with a past and a history that is now only beginning to be written. Yet, no historical work, to my knowledge, has been done on intersexuality in Africa or Southern Africa. This paper, I hope, will be a small contribution towards this immense but interesting and relevant project However, work in this field is one that also poses substantial methodological and ethical

[1] In this essay to avoid confusion I will be using the word 'sex' or 'anatomical sex' to denote the biological/ Anatomical category; while 'gender' will be used to denote the socially constructed roles of male and female.

problems and conundrums. Firstly, raises the pressing questions of where and how one may begin to fill such a gap. The silences produced by years of medical scientific toil towards refining the facts of binary sex have veiled the reality of intersexuality from day to day life and also from the historical record as the conventional archives collections bear little or no trace of the intersexed. Yet if one turns to the very source of erasure – that of medicine – the imprint of intersexuality is substantial. Even so, working with largely medical source material carries with it its own urgent set of methodological and ethical challenges, especially given the highly sensitive and personal nature of intersexuality. As such, it is outside of the scope of this paper to write a history of intersexuality in South Africa. However, it is first necessary to untangle and map out the problems it poses. It is to this task of interrogating the problems of researching and writing the potentially rich history of intersexuality in South Africa.

Since the mid-1990s both historical and general social science scholarship on intersexuality has grown slowly but steadily particularly in the United States (US) especially in the wake of the intensifying activism amongst intersex individuals such as Bo Laurent[2] and the Intersex Society of North America (ISNA) in the United States and, in South Africa, Sally Gross[3] and Intersex Society of South Africa (ISSA). Nonetheless, within this small flurry none have yet to attempt any systematic history of intersexuality nor is there, to my knowledge, any historical work done on intersexuality in Africa or South Africa. Where scholarship within the social sciences and humanities has been undertaken, it has largely been confined to US-based scholars and has a specific focus on the American and European institutionalised experience of intersexuality contexts. The bulk of the work is also temporally limited as it centres on the study of the nineteenth century. For the periods before the nineteenth century, there are scattered published articles dealing variety of periods from Antiquity onwards, and utilising a variety of approaches. Since this literature is not widely known it is worthwhile briefly looking at some of the key works in the field and getting a sense of this history they tell.

[2] Formally known as Cheryl Chase. She was born intersexed and was one of the co-founders of the ISNA [now the Accord Alliance]. She is one of the main driving forces of the intersex movement for the prevention of infant and childhood corrective surgeries.

[3] Ms Gross is an activist, having been active in the ANC during apartheid and in campaigning for intersex rights, and the founder of the ISSA. Like Chase, she was born intersexed but was not subjected to corrective surgery as a child.

In her study *Hermaphrodites and the Medical Invention of Sex*, Alice Domurat Dreger, using the socially tumultuous nineteenth century Victorian Britain and France as her backdrop, examines the encounter between people born with ambiguous genitalia and the medical men that treated them.[4] Basing her work on approximately 300 medical journal articles published in Britain and France, Dreger notes that during this period there was an upturn in the publication of research on hermaphroditism.[5] This did not indicate an increase in the birth of hermaphroditic children but a gauge for the changes and upheaval of the period. The social, economic and boundaries built on the strict dichotomy of sex/gender were challenged on many fronts including the rising voices of feminists demanding equality and the increased assertion of the existence of homosexuality.[6] At such times the boundaries of sex/gender appeared to be increasingly fragile and prompted many in the medical and scientific professions to bolster them by limiting the variety and number of those individuals deemed not to fit the heterosexually defined binary of sex/gender. How this was done proved something of a perplexing challenge.

Most physicians that encountered people of doubtful sex believed that their patients were 'the victims of 'spurious; or not real hermaphroditism' and that a 'true' sex could then be found.[7] Determining the 'true' sex implied that a clear understanding of which characteristics were inherently male and female was needed. This was not a simple task as no such consensus existed. From the mid-century moves to create agreement were attempted. One proposition suggested that the answer to 'true' sex lay in the gonads. It would only be in the 1870s before this proposition became official routine medical practice and thereby signalling what Dreger called the 'Age of the Gonads'.[8] With advancing technology and knowledge, the systems of classification became more refined and thus served to limit the number of people that could be classified as a 'hermaphrodite'.[9] The reason for the reliance on the gonads is not completely clear. She speculates that it may lie in the fact that it was known that these formed early in foetal development but this was not mentioned by either French or British physicians; an alternative, and far more probable was the socially and scientifically pervasive notion that the crucial difference between men and women lay in their reproductive

[4] *Hermaphrodites and the Medical Invention of Sex* (Cambridge, Mass: Harvard University Press, 1998).
[5] Ibid., 24-25.
[6] Ibid., 26.
[7] Ibid., 83.
[8] Ibid., 29.
[9] In particular, it was the refinement by Blacker and Lawrence of Theodor Albrecht Edwin Klebs's work which classified people as true' and the 'false' or male or female 'pseudohermaphrodite' .Ibid., 145-7.

capacities.[10] However, for Dreger, it boils down to simple pragmatism – medical practitioners required a means of maintaining sex boundaries and found it in the gonads.[11] Given that the contemporary surgical techniques lagged behind the diagnostic theory and were regarded as unsafe detecting and identifying a gonad was not easy.

In any case, the reliance on gonads as an indicator of sex was not with out problems as even where sex could be determined, how to proceed was a difficult question. Ideally, the patient's sex would be 'detected' and this would then be their sex. However, no standard protocol existed to govern such situations other than the gonad benchmark and, as such, treatment was more ad hoc. In some cases, patients sought treatments for what they believed were everyday ailments. A.H, a twenty-four maid, consulted the physician, Dr G.R Green, complaining of tiredness and of having never menstruated. According to Green, she possessed testicles but was a particularly 'feminine' person who he described as 'in mind and habit...more a woman than a man'.[12] Given these factors, he removed the testicles – thereby allowing her to remain a woman. What is clear is that what motivated these treatment choices was not gonadal sex alone. Rather other, less scientific, factors came into play – those of societal and cultural beliefs and understandings surrounding about the performance of gender particularly the accompanying correct sexuality. In these cases it was the threat to the Christian sense of sexual morality in which homosexuality was a deviation and abomination. However, the imposition of gender by medical professionals did not necessarily stick showing the relatively weak grip that medical science had on its patients. In a similar case report, a woman named Sophie V. was told that her hernia was a testicle and that she consequently a man.[13] Refusing to believe this diagnosis of manliness, she left. It was only in the case of children that medical personnel had more weight in determining their sex/gender.

Thus, by the dawn of the twentieth century, the incidence of 'hermaphroditism' was dramatically reduced through this simple reclassification. This did not mean that hermaphrodites ceased to be an object of interest for medical professionals. Rather, the constantly expanding knowledge of the body and improved technologies and surgical techniques firmly placed hermaphrodites within medicines purview. This new role of

[10] Ibid., 151.
[11] Ibid., 153.
[12] Ibid., 122.
[13] Ibid., 1-3.

technology was the dominating theme in Bernice L. Hausman's *Changing Sex*. The book is a study of the complex relationship between technology, gender and creation of the phenomenon of transsexualism in the US. In it she seeks to affirm Donna Haraway's contentions that feminists have, in homing in on 'gender' as their primary analytical site, neglected to interrogate the very category of anatomical sex rather than by stressing the role of technology, and not the 'gender system' as some feminist writers have claimed, in constituting both categories.[14] Though her work is on transsexualism, Hausman illustrates that the two are vitally connected as the shifts in the medical conceptualisation of the constitution of the body's sex/gender derived from and fundamentally shaping the medical treatment of intersexuals in first half of the twentieth century allowed for the very classification of transsexualism.

By this time surgical techniques were becoming safer which aided its expansion into various parts of the body. Now, not only could the body be 'healed' by cutting into it; it could also so be reconstructed or redesigned entirely or partially through the advent of safe and increasingly routine plastic surgery.[15] These advancements enabled doctors working with intersex individuals to physically remould their genitalia to fit with the newly accepted norms of gender that reinforced the notion of stable boundaries between the sexes. Yet, the perplexing questions of when and where it was appropriate to do so were still unclear as the gonad-based diagnosis of 'true' sex became less convincing in light of increasingly sophisticated understandings of sex development including the roles of hormones.[16] Increasingly, physicians relied on the so called 'soft science' of psychology as an indication of gender orientation.[17] This movement continued well into 1940s and 1950s – pre-empting the similar recommendations made by later authority on the subject of gender development and intersexuality - psychologist/sexologist John Money.

In the 1950s, Money and his various associates, including John and Joan Hampson and Anke Ehrhardt, put forward a highly influential theory of psychosexual development. In line with

[14] Bernice L Hausman, *Changing Sex: Transsexualism, Technology, and the Idea of Gender* (Durham, N.C.: Duke University Press, 1995), 8-9.
[15] Ibid., 49-51.
[16] Ibid., 79.
[17] For example in the 1940s, Dr. G. Cotte, a French physician, treated a sixteen-year-old intersex patient who presented as a boy but who was found to have internal female organs and slightly virilised external genitalia. He performed surgery to create more feminine external genitalia. In justifying the choice to feminise the patient, he referred to her childhood where she had been raised a boy but felt that she did not fit in. For Cotte, the surgery would thus allow the patient to express their 'latent' femininity.

the prevailing medical practice, Money *et al* distinguished between biological sex and what he described as 'gender role' – thereby putting an end to the interchangeably of 'gender' and 'sex'. At the crux of this theory was the contention that 'gender roles' were not hardwired or pre-programmed into the person but were rather acquired or learned through socialisation in much the same way as language.[18] The time to acquire it is limited as it establishes itself between eighteen months and two years.

Applying these understandings to intersexuality, they recommended that intersex infants should be assigned a sex based on the general appearance of the external genitalia as the child's socialisation had to be reinforced physically in order to ensure their well being and better adaption. Part of their assessment of a successful assignment was the sexual orientation of the patient as defined by the accepted heterosexual norm. Should they fail to do so, the researchers argued that this was an indicator of improper gender role/identity, as well as psychological ill-health. In time this treatment plan was to define the world-wide biomedical treatment regime for infant intersexuals for decades after its original publication.[19] Thus, as in the nineteenth century, cultural conceptions of male and female gender performances were intimately bound with a correctly aligned sexuality and proved a potent influence on diagnoses and proposed treatments. This is borne out by the path-breaking article by psychologist Suzanne J. Kessler, *The Medical Construction of Gender: Case Management of Intersexed Infants,* on the treatment protocols for intersex children.[20] Nonetheless, the turn to psychology in determining diagnoses signalled a bid to break away from the notion of that each person had a 'true sex' that prevailed in the nineteenth century to what Hausman succinctly described as 'best sex'.[21]

While the literature explored offers a perceptive exploration of the policing of the ambiguous body of the intersexes by the by the medical profession and a provocative discussion of how this contributes to the construction and maintenance of sex and gender; it is not without sizable fissures that go beyond the already mentioned paucities of histories beyond the Euro-American and Victorian contexts. A particularly gapping one is the dearth of greater context within which these shifts in medical practice take place. The implication being that the

[18] Hausman, *Changing Sex*, 94-95.
[19] Ibid., 102.
[20] Suzanne J. Kessler, "The Medical Construction of Gender: Case Management of Intersexed Infants," *Signs* 16, no. 1 (Autumn 1990): 3-26.
[21] Hausman, *Changing Sex*, 79.

workings medical profession, though not entirely, was, and still is, sequestered from these intimately related contexts and unaffected by them.

For instance, Money's work is published and re-worked during the 1950s and the 1960s which were some of the most interesting decades in American history as not only were they characterised by its idealisation of gender dichotomies but also their fierce opposition. Moreover, the prevailing international climates are similarly ignored – a particularly troubling omission for the work of Alice Dreger. The vibrant colonial context of the British and French physicians examined in her work is strikingly absent. The complex and *mutual* cultural moulding and exchange through colonial contact between colonised/coloniser was a vital facet of this context. For the European medical profession, this exchange powerfully shaped medical ontologies of the body through its explorations of racial difference that paid particular attention to anatomical sex difference – a point poignantly illustrated by the degrading spectacle made of Sara Baartman's dissection.[22] Yet, for European society as a whole, it had a fundamental role in shaping and intensifying cultural boundaries that honed in on sex/gender, particularly of womanhood, as its strongest signifiers.

This raises another important omission in the literature. In the one published work on queer identities in South Africa, that includes intersexuality, Thamar Klein utilises a much needed theoretical framework that befits the stratified nature of South African society. Primarily in an engagement with queer theory, she utilises Crenshaw's notion of 'intersectionality' – 'the ways in which different social partitions such as class, religion, sexuality, gender etc are enmeshed' – to shed light on the differences of experience of being outside the norm such as intersexed.[23] In the discussed literature, the blinkered focus on sex and gender, though undeniably crucial in the history of intersexuality as well as its cause,[24] blinds the analysis of the medical management of intersexuality to these crucial factors – particularly of race and class that have such strong bearing on the experience of medicine and identity as well as their formation.

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[22] J Comaroff, "The Diseased Heart of Africa: Medicine, Colonialism and the Black Body," in *Knowledge, Power and Practice: the Anthropology of Medicine and Everyday Life*, ed. S Lindenbaum and M Lock (Berkeley: University of California Press, 1993); Bernth Lindfors, "Freakery: Cultural Spectacles of the Extraordinary Body," in *Ethnological Show Business: Footlighting the Dark Continent*, ed. Rosemarie Garland Thomson (New York and London: New York University Press, 1996), 207-218.

[23] Thamar Klein, "Querying medical and legal discourses of queer sexes and genders in South Africa," *Anthropology Matters* 10, no. 2 (2008): 2.

[24] There is certainly a relationship between intersexuality and the growing number of intersex movements which is particularly visible in the US and US based scholarship on intersex. For more on this see Chapter 2 of my 2009 Honours thesis.

In my attempt to bridge both the lack of historical study and to test where the hypothesised plugs for the gaps in the literature could be found; from the outset finding archival material to serve as my primary data was a challenge. Generally, intersexuality in the Western world has eluded regulation by the state and thus, since the nineteenth century at least, it has also evaded capture into increasingly vigorous bureaucratic systems of documentation.[25] This seems bewilderingly incongruous and illogical in the context of the South African state. Its extensive history of biometric control has included various forms of identification and classification.[26] As a consequence, the state and other institutional archives carry very little if any trace of intersex people. This underpins its status as a gendered space but with new meaning. The near total silence in these archives is indicative of the strength of the binaries of the sex and gender system for it seems that to enter the state or official records one has to first be sexed as either male or female. Though I cannot rule out the existence what Karin Barber called 'tin trunk texts' kept by individuals in acts of personal archiving, the general experience in intersex research has been that few such archives exist.[27] For nineteenth century Europe there is only one known text – the famous Alexina/Abel Barbin's memoirs.[28]

These paucities in the archives are not without explanation. Intersexuality has at least since the nineteenth century been viewed as a treatable medical condition, as opposed to a fantastical or monstrous occurrence, and as such the determination of sex has largely been left to medical professionals. Owing to the inclusion of the bodies of intersexed individuals

[25] Though not entirely. Depending on the type of intersexuality and the circumstances, intersex individuals were sometimes brought into the purview of the law. These disputes played out largely within the civil law particularly in heteronormative areas of marriage law and, until recently, the highly gendered area of inheritance law. Where the disputes spilled into the public sphere, anatomical sex was key to the relationship between the state and its citizens. The right to vote, until the twentieth century, was the exclusive purview of the male sex and in criminal law the criminalisation of homosexuality was premised on a binary of anatomical sex. See for example the he discussion of Levi Suydam in Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (New York: Basic Books, 2000); See also the discussion of the legal consequences of gender realignment in Chapter 4 of South African Law Commission, *Investigation into the legal consequences of sexual realignment and related matters* (Pretoria: South African Law Commission, 1995), 22-33.

[26] Keith Breckenridge, "The Biometric State: The Promise and Peril of Digital Government in the New South Africa," *Journal of Southern African Studies* 31, no. 2 (June 2005): 270.

[27] Karin Barber, "Introduction: Hidden Innovators in Africa," in *Africa's Hidden Histories: Everyday Literacy and Making the Self*, ed. Karin Barber, African Expressive Cultures (Bloomington and Indianapolis: Indiana University Press, 2006), 3.

[28] Barbin lived in France in the mid-nineteenth century and was an intersexual. He lived first as a woman and fell in love with a woman. This affair and a painful abdomen pushed him to seek medical treatment which declared that he had lived in the wrong sex. After a district wide public hearing as to the 'rectification' of his sex, he was pronounced a man. Unable to marry his love because of the ensuing scandal he went to Paris as a railway clerk. Shortly after, at age 29, he committed suicide. Dreger, *Hermaphrodites and the Medical Invention of Sex*, 16-19; 23. H/er case was also given scholarly treatment in Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity*, 128.

into the realm of medicine, it is medical practitioners that document the intersexed. As is clear, researchers in the field of intersexuality have accessed this medical knowledge in one of two ways: the first being through oral interviews of medical professionals such as those conducted by Kessler and Klein; and secondly through the use of medical journal articles on the subject.

Like others researching intersexuality, utilised local and international medical journals for any articles concerning intersexuality in South Africa. From the outset, the journal's content was general and covered a wide range of topics that were largely context driven. The use of a general medical journal is both practical and advantageous as it opens up a number of possibilities for analysis. As the medical treatment of intersexuality is in itself interdisciplinary it is of wide interest to the profession as whole and a general journal can then carry information to all interested in one publication. The information carried may also then reflect this diversity. One advantage of this is the ability to gauge the interest of the profession as a whole through the frequency and quantity of the articles published in the journal which makes more obvious the patterns of spikes and lulls. The journal's general focus also permits a range of perspectives from all corners of the medical profession on the subject to be found in one archive thus creating a wider and more viable sample. For example, amongst the articles I have collected some cover the surgical aspects of the treatment of intersexuality, others the psychological effects and others the physiological aspects. This allows for the commonalities in the attitudes of medical practitioners as a whole to come to the surface but also their subtle differences. Though such an analysis could usefully be applied to the patterns of publications in other journals in order to see possible shifts in publication trends, the shape of the resulting patterns are highly dependent on the researcher's access to the vast array of journals. During the course of my research, the restricted access that I have to these journals is often temporally limited as most journal subscriptions open to me are limited to the more current editions.

The SAMJ, on the other hand, has made freely available its archive of scanned back issues on its website.[29] These date from the second launching of the journal in 1886 through to the present. Using the SAMJ online database, I was able to collect 78 English language articles and one Afrikaans article that dealt specifically with intersexuality for the period 1950 until the present. This seemingly arbitrary timeframe, given the extensive reach of the archive,

[29] See the SAMJ website under Archives at http://www.samj.org.za/index.php/samj/issue/archive.

was chosen for two reasons: in the main, this has been the period which witnessed the rise to pre-eminence of the theories of John Money on psychosexual development that gave sanction to early surgical intervention in sexual assignment. This was also the period in which powerful critiques of John Money emerge – especially resistance by intersex individuals themselves to the practice of early surgical intervention and for greater recognition of their civil rights. Secondly, this also coincides with a crucial period in South African history. The installation of the National Party government and its efforts to establish the Apartheid State brought with it an intensification of biometric control – the foundation of which was the establishment of the highly racialised Population Register.

In essence what I had done was create my own archive. In recent years, the archive as simply a glorified storage facility has been successfully challenged by various authors but most revolutionarily by Foucault.[30] For Foucault, 'the archive' not limited to conventional conceptions such as state archives and its imitators but other more obscure institutions, such as tourist brochures, act as archives. Archives in this sense broke out of these institutional bounds to include almost any source imaginable from pamphlets to hymns and books. Yet, authors particularly those working with colonial history, such as Carolyn Hamilton and Achille Mbembe, have urged and challenged us to look beyond the veil of neutrality to see that 'the archive' in its institutional sense is itself a construction and a site of constructions.[31] It is a site imbued with power and is by no means a neutral all-encompassing repository. Indeed, as Trouillot suggests, the formation of an archive is one of the pivotal moments in the production of silences within histories.[32] Unconventional archives are not immune to these power dynamics of conventional archives but rather they can and do reproduce them. It is important to flag that for some unconventional archives, including my own, the role of the historian morphs into one where they too must don the archivist hat – an action that in itself has potential consequences and requires significant introspection on the part of the historian-archivist.[33] One is immediately confronted with a complex and dynamic sets of power

[30] See his discussion of 'the archives' throughout Michel Foucault, *The Archaeology of Knowledge (and the Discourse on Language)* (New York: Travistock, 1972).

[31] See references to the works of Achille Mbembe, Michel Foucault, Carolyn Hamilton et al and Antoinette Burton in Uma Dhupelia-Mesthrie, "The Form, the Permit and the Photograph: An Archive of Mobility between South Africa and India," in (presented at the Conference on Print Cultures, Nationalisms and Publics of the Indian Ocean, Indian Ocean Network, University of the Witwatersrand, 2009), 3.

[32] Michel-Rolph Trouillot, *Silencing the Past: Power and the Production of History* (Boston: Beacon Press, 1995), 26.

[33] For the study of intersexuality this does not form a significant obstacle because of the paucity of archival material which forces you to rely on medical documents as primary sources. Though arguably the choice as to what to include is up to the historian of intersexuality, in my case the dearth was so great that it forced me to include all that I could find.

relations between not only between patients and physicians but also among physicians, the requirements of their discipline and their milieu while also being aware of your own role. The silences produced by these relationships are exemplars of the inherent tensions of silence for historians.

The foundation of this archive is medical journal articles – in this case the SAMJ. Of primary focus was the bilingual *South African Medical Journal/Suid Afrikaanse Mediese Tydskrif* (SAMJ).[34] The SAMJ was established in 1884 in East London by the renowned medical journalist hailing from Yorkshire, William Darley-Hartley.[35] The journal's establishment came during a crucial time in the formation of the South African medical community and marks an important milestone in its own professionalization as it strived to emulate its British opposite number. In Darley-Hartley's opinion, no medical organisation such as the newly formed Medical Association of South Africa (MASA) could survive without its own publication. This was initially a wish but the SAMJ was eventually to provide MASA with such a mouth piece. Yet, this was not the first journal of its kind to be published in the region. The Cape had as early as 1847 attempted to establish a colony-wide journal but was only issued on four occasions. Like its short-lived forebear, the SAMJ had a jittery start that saw its publication go in stops and starts until 1893 when the journal again went to the presses – this time as a monthly publication. Since then the journal has been published regularly though switching between a bi-monthly and monthly format.

As with other academic publications, the journal article is a vessel for the distribution of what Appadurai termed 'new knowledge'.[36] Yet, this does not mean that just any new knowledge can be published: first it must meet certain criteria. For Appadurai, these include not only some sort of disciplinary vetting through a panoply of 'protocols of pedigree' but, while what is boring new knowledge is perfectly legitimate, it should also be something *interesting*. Though Appadurai wrote for the social sciences model of research – a model premised on the empiricism of the sciences – these observations do hold for medical journal articles. As closely aligned in purpose as medicine is to other academic disciplines, it, along with others in the sciences such as geography, is somewhat unique. While all academic disciplines are

[34] The journal publishes both Afrikaans and English articles as the dual translation of its titles suggests. However, English is the dominant language. In my research on intersex for example I came across only one Afrikaans article dealing with the subject.
[35] Editorial, "A century of the Journal," *South African Medical Journal* 66, no. 7 (1984): 241-243.
[36] Appadurai, "The Research Ethic and the Spirit of Internationalism," 56.

bound to high degrees of objectivity and empiricism, the sciences are unique in their attempts at strict adherence to them – futile though they may be.[37] Indeed, these provide their very foundations. This is reflected in the content of medical journals as they are stripped bare of all contexts and contain relevant facts. It is this near extreme positivism of these articles that are the main sources of the methodological and ethical headaches for the historian of intersexuality in South Africa.

Yet, like all words and concepts, the meanings of 'facts' and 'objectivity' are not detached from the sculpting processes of time so as to render their meanings universal – rather they are contingent on time, context and author. The effect of this variance on medical journal articles dealing with intersexuality is an oscillation in the detail surrounding any given case. Indeed, some cases offer a wealth of detail that serves as rare and small windows into the usually silent lives of people who are intersexed. In this respect it is useful to consider existent non-South African research and to the case of Eloise H in Hausman's work.[38]

Her case entered the annals of medicine in 1939 in a case report written by Ralph C. Kell, Robert Matthews, and Albert Bockman in the American Journal of Medicine.[39] Eloise H, a 27-year-old African American, was of interest because she was a 'true hermaphrodite'. Such cases of what the profession deemed true ambiguity of sex were particularly perplexing for those physicians treating them for they raised the rather thorny question of which sex should they be assigned. Eloise H's case was no different and, given the complexities of determining sex, the authors marshalled a number of diverse facts about Eloise H in order to determine her sex. Though her internal and external genitalia were important considerations – she possessed a 'relatively well developed phallus' and an ovotestis had been found - it was her rather colourful personal history that played the decisive role in the authors' decision of her sex.[40] By 1935, Eloise H, after being raised a girl, had chosen to live as a man and was involved with a woman who had left her husband and three children. In the same year Eloise's partner fell pregnant and claimed that her husband was the father. He countered, alleging that Eloise H was the father. In their bid to avoid the creation of a homosexual female and preserve the heteronormative sex/gender binary, it was decided that it was

[37] For a thorough discussion of the complex relationship between medicine and culture and the latter's role in the production of 'objective' knowledge see: Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (New York: Basic Books, 2000).
[38] Hausman, *Changing Sex*, 99-100.
[39] See Note 72 Ibid., 221.
[40] Ibid., 99.

'desirable from the standpoint of the community' that Eloise H continue life as man – a decision in which she apparently concurred. She would go on to live as a man and took the name Louis. Yet, it was this spectre of homosexuality and the perplexing conflicts engendered by it that merited the rather meticulous shepherding of the description of her life.

The vast majority of articles from the SAMJ lie at the other end of the spectrum where the articles that are particularly parsimonious in their deployment of personal detail. In contrast to Eloise H, one can compare her case to that of Drs G.P. Charlewood and D Friedberg's case report on their patient V.K.[41] Published in March 1955, some sixteen years after Eloise, the case concerned the treatment of a 21-year-old 'Bantu 'female' who had sought medical attention for her 'different' genitalia. Apart from this brief mention of her reason for her seeking medical assistance, her personal life and personality were reduced to two to three lines in the document centring on her sexual inexperience and her bisexual erotic desires. The rest of the article homed in on her unusual and ambiguous body as the authors attempted to solve the puzzle of what could be specified as her 'best' sex. In doing so they combed her body for all available evidence of her true sex by looking at each layer – from its outermost layers of phenotypical characteristics such as her breasts and large phallus, to its most minute, the 'sex chromosomes'.[42] Unlike the nineteenth century where such external characteristics such as breasts were debated as to their indications of anatomical sex, here these are taken as facts. Her breasts were deemed 'well-formed as in the female' and her phallus as comparable to 'that of a normal adult penis' – the masculinity of the 'penis' here is inherent for the authors for it does not need sexing.[43] In the final instance, Charlewood and Friedberg chose to base their opinion given her age, on her strong feminine psychological orientation and her well developed female internal reproductive system and declared her female; opting to 'modify the genitalia to the female'.[44]

It is this sparseness of personal and individuating detail that characterises the vast majority of SAMJ articles on intersexuality for the 1950s onwards. Indeed, the silences are pressing. In this respect, these articles in the SAMJ contrast sharply with those medical journal articles that formed the crux of the work of other historians in the field such as Dreger and Hausman.

[41] G P Charlewood and D Friedberg, "A True Hermaphrodite," *South African Medical Journal* (March 1955): 238-240.
[42] Ibid., 238.
[43] Ibid.
[44] Ibid., 239.

Indeed, these proved far richer in detail about the persons, their lives, the physician's observations and their internal deliberations – indeed, these have been (self) edited out of the journal. One possible explanation for the difference is that of time period. Dreger's sources date to nineteenth century Europe, a time when medicine was not the commanding institution of century later but in the process of professionalization and still contested as an authority. Its rise also occurred in and owes much to the strong empirical zeal that permeated an age in which the increasingly available human body was a particular subject of interest. As such the supposed discovery of a substantial minority of people with intersex conditions meant that intersexuality was an in vogue topic bolstered by the general professional interest in and proliferation of discourses on all things relating to sex during this period.[45] Though temporally closer to my time period as Hausman used journal articles from between the 1920s and 1940s, the context of was one in which the basic 'facts' of biological sex and its development were still contested. [46] During this period the study of hormones was still in its infancy and ripe for contestation and deliberation, while the study of genetics, a powerful and revolutionary force in understanding the aetiology of intersexuality, was little more than embryonic. Another explanation is that the presentation of uncontested notions of what constitutes biological sex in the later SAMJ articles suggests the degree to which these factors considered have become accepted 'facts'.

Yet, echoing Foucault's concept of will to knowledge but within the sciences itself, biologist and social scientist Anne Fausto-Sterling contends, as Dreger does, that the production of scientific knowledge is suffused with cultural references and that this is especially true for understandings of sex. For the historical anthropologist Trouillot, 'facts', in conjunction with the archive, are a central site for the creation of silences.[47] The problem for the South African-based researcher of intersexuality is getting to what lies beneath those facts. What renders this sparseness of detail of the SAMJ articles from the 1950s onwards a little disappointing is the contested political and social context within which they were published. It is this context that potentially separates a South African history of intersexuality form those narratives that have gone before. In both Dreger and Hausman's work, they does not move beyond an analysis of the binary of sex/gender to see its enmeshment with other categories and how these may have had a shaping role in the forging of that gender binary nor how such

[45] Michel Foucault, *The History of Sexuality: An Introduction*, trans. Robert Hurley, vol. 1 (London: Harmondsworth, 1987), 8.
[46] Fausto-Sterling, *Sexing the Body*, 7.
[47] Trouillot, *Silencing the Past*, 26.

categories may have influenced the writing of the medical encounters they analysed. One such category so implicated in South African history is that of race.[48]

By 1950, with the passing of the Population Registration Act and the numerous and well documented race-switching 'chameleons' it created, the Apartheid state's capacity for control was magnified and fed the already heightened attention to identity around birth and its certification because of the history of racialised bureaucratic record keeping in the twentieth century.[49] Yet, concomitant to this gathering of racialised statistics was the ever present collection of data under binary sex classifications. To link the two in South African history is not new for both race and gender formed part of the crux of white power from the colonial period to the Apartheid regime as seen in the gender and sex underpinning of the migrant labour system during these periods.[50] When considered in combination with the highly racialised and gendered medical environments, the intuitive implications for the South African history of intersex are tantalising. This emphasises that the experience of intersexuality is not only a gendered but one where other factors such as race and class have a significant influence. In this, it underscores Thamar Klein's assertion of the need for an awareness of the intersectionality of different categories as fundamental part of understanding 'queer' identities in South Africa. This brings to the fore the methodological problems encountered in using the journals to answers such questions about the historical experience of intersexuality in South Africa.

A starting point in reading these journals as an archive is to look at what can be drawn from publication patterns of intersex articles and the available metadata and what these may offer the historian of intersexuality. Among the SAMJ set of articles, there was a definite spike in the number of articles published on the subject of intersexuality as the largest incidence of articles on the subject occurred during the 1960s where 21 articles were published; and the 1970s where 22 articles were published. This represents a sharp increase from the 1950s in

[48] See for example the two curt mentions of race in Dreger, *Hermaphrodites and the Medical Invention of Sex*, 81, 106. The first instance recalled a case where the attending physician blamed the misdiagnosis of what were clearly, in his opinion, males on the fact that they had been raised by a "coloured nurse". In the second, she refers to the function of race in diagnosis where African women were thought to have more pendulous breasts; while, according to the commonly held belief of the nineteenth century, the women of Asia and Africa were thought to have enlarged clitorises or more masculine genitalia

[49] Breckenridge, "The Biometric State," 270.

[50] See for example the various pieces in *Deep HiStories: Gender and Colonialism in Southern Africa*, ed. Wendy Woodward, Patricia Hayes, and Gary Minkley, Cross / Cultures: Readings in Post/Colonial Literature in English 57 (Amsterdam & New York, NY: Rodopi, 2002), xxi-xlvi; For the gendered nature of migrancy in twentieth century South Africa Belinda Dodson and Jonathan Crush, "A Report on Gender Discrimination in South Africa's 2002 Immigration Act: Masculinizing the Migrant," *Feminist Review* 77 (2004): 96-119.

which only six articles were published over the decade. However, as quickly as the number of publications rose, the decline was sharp and sudden as in the 1980s only three articles made it into the journal. This picks up somewhat in the 1990s as eight articles appear in the journal over the decade; however, this fell again to two in the 2000s. Given the history of intersex treatment, the sudden increase in articles in the 1960s appears odd. Especially since the decade prior witnessed the publication of Money's psychosexual theories. One possible explanation of this is a slow rate of movement and acceptance of this new methodology. However, this does not explain the continuing growth into the next decade. Though this decade too is significant for the history of intersex treatment as the John/Joan case was published[51]; there is little sense of it in the journals. The subsequent drop, in light of the journal's general nature, is less elusive. In the 1980s AIDS was identified and increasingly diagnosed. The significant health threat posed by the new virus and the accompanying concerns it raised came to dominate the journals of the decade. In comparison, the discussion on intersexuality, its categorisation and management fell silent thus suggesting that these issues were less important to the average physician and that by now on the international scene as least these questions seemed settled.

Other patterns that one may glean from the general metadata available in the journal pertain to the author of the article and the place to which the author is affiliated. From a survey of the places from where the cases originate it is possible to garner a spatial picture of where the nodes for the treatment of intersexuality were in the country and if these shifted over time. In this respect most of the articles originate from the major cities in the country – those being Johannesburg, Durban and Cape Town. This picture parallels the patterns of the economic distribution of wealth and development in the colonial and Apartheid regimes.[52] What this suggests is that the treatment of intersexuality was largely inaccessible to the majority of South African citizens. Not only would people have to travel great distances and incur the

[51] In this case, John, one of a set of twin boys, shortly after birth suffered from phimosis – the narrowing of the foreskin of the penis. Circumcision was recommended; however, the surgery was botched and his penis was cauterised. Based on the work of Money, the specialists concluded that the best solution was to raise him as a girl. John underwent sexual realignment and become Joan. Money claimed the success of his theories based on the 'fact' that Joan settled well into her new identity. However, his claims were refuted by Milton Diamond & H. Keith Sigmundson over twenty years later based on same case. John never settled as Joan and many years later underwent further masculinising realignment surgery. See Author Unknown, "What is Intersexuality?", *Intersex Society of South Africa*, No Date Given , http://www.intersex.org.za/publications/whatisit.html.

[52] See Digby's discussion of the racially defined disparate stratification of medical care caused by Apartheid polices in Anne Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006), 419-430.

costs of travel but given the number of surgeries involved in sexual realignment, the cost would be incurred multiple times in addition to the costs of the surgeries.

Like the geographical locations, the very names of the authors can provide clues. In her work on the nineteenth century, Dreger pointed to the fact, as one would expect in the nineteenth century, of the physicians working with intersex patients being (*white*) males barring one woman.[53] Despite the one female anomaly, the male sex served as a means to unpack the biases that are evident in the construction of the taxonomies from this period. Given the upheavals of the twentieth century that witnessed numerous and sustained challenges to the gendered status quo of both society at large and also the predominately male dominated profession, such an analysis would be also be useful in the South African context. In the latter half of the twentieth one may expect to find a difference in the ratios of male to female doctors, but not necessarily a shift in opinion or attitude. In the articles collected, a sense of their sex is not so easily discerned. In the majority of the cases, authors do not provide a full name but their initials, surname, current institution and, on most occasions, their qualifications. Those few who do provide full names are often men; however, five women can be identified over the 59 year period. It can be assumed that of those that chose a degree of anonymity most were men given that until recently, medicine was very much the purview of men.[54]

Nonetheless, these provide some interesting possibilities for analysis as withholding the first name denies the reader an assumption of sex - given the subject matter, this is enticing. Moreover, it tends to emphasise the guise of objectivity clutched so tightly by those in the sciences by rendering the author gender-neutral and thus stripped of a potential bias. Conversely, this also serves to stave off the prejudices of the would-be-reader. As such the article is presented as a more neutral piece of knowledge and a more enigmatic text. Another tricky deduction to make from a name or a surname is the race or ethnicity of a person. Though in most cases some guesses may be made, it is not always a given that race is tied into a name. Thus, this also places the critical reader in an interesting position relative to the author for one cannot assume certain biases with certainty. What this serves to underscore is the analytical assumptions that we as scholars place on the categories of gender and race.

[53] Dreger, *Hermaphrodites and the Medical Invention of Sex*, 10.
[54] Digby provides a statistic that women physicians comprised only ten percent of the profession by the 1960s - the level in Britain three decades prior..Digby, *Diversity and Division in Medicine*, 200.

A search of authors also reveals that in the treatment of intersexuality there were only a handful of the contributors that pursued the topic by publishing more than one article in the field. Fewer still published more than two articles. In the 1960s, Sarah Klempan wrote and co-wrote the most articles for that decade – a total of four in all. Yet, the most prolific was Hatherley James Grace based in the Department of Genetics at the Natal Institute of Immunology – in the SAMJ he published as H.J. Grace. During the small boom period of the 1970s, he published eight articles on intersexuality – five of which he co-authored while the rest were entirely his own. His contribution during these years partly explains the large number of articles on intersex carried in that decade. This period was to be his most bountiful - in the following decade Grace co-wrote one article with seven others.[55] In subsequent decades, he has been silent in the SAMJ as well as elsewhere, according to my searches of other medical journals. However, he is also a unique figure as he is the first to push for a link between race and intersexuality and seems to be the source of the fabled statistic that intersexuality is more prevalent in African patients than any other race group.

His interest in intersexuality originated during his post graduate years in the Zoology department at the University of Natal, Durban. During that period, he wrote both his Master's thesis and PhD thesis on the topic of intersexuality. [56] His Masters, a 301 page monograph written in 1970s, was entitled *Intersex in four South African racial groups in Durban*. The title makes his precise interest in intersexuality plain. Grace was fascinated by the potential of interconnective patterns of occurrence of intersexuality across racial lines and to a lesser extent by the role of heredity. This interest infused his published work in the SAMJ as one of his earliest articles, co-written with J.E. Berge and J Osborne and published in 1970, illustrates. The article concerned the case of an eighteen year old Zulu girl who appeared at Edendale Hospital in February 1969 complaining of her lack of menses.[57] On closer examination – one that utilised the almost the entire arsenal of sex determining tests – she was diagnosed with testicular feminisation syndrome. This condition affects XY children and is caused by insensitivity to testosterone which results in feminised external genitalia and, internally, male reproductive organs. Given the 'familial tendencies' of the syndrome

[55] A E Retief et al., "A 3-year cytogenetic survey of 9 661 patients in South Africa," *South African Medical Journal* 63, no. 2 (January 8, 1983): 48-53.
[56] Hatherley James Grace, "Intersex in four South African racial groups in Durban" (Master's Thesis, University of Natal, Durban, 1970), http://dspace.ukzn.ac.za:8080/jspui/handle/10413/68?mode=full&submit_simple=Show+full+item+record His PhD was completed in 1977 and was entitled "Studies of Intersexuality in South Africa". I have been unable to obtain a copy of this.
[57] H J Grace, J E Berge, and J Osborne, "Testicular Feminization in a Bantu Subject," *South African Medical Journal* (1, 1970): 19.

the authors were keen to trace the young woman's family - '(d)uring interrogation' it was found that she had two brothers, three living sisters and two sisters who had died shortly after birth. The number of sisters in the family raised suspicions that more cases could be found. After locating the family, thanks to the help of a Mr J Lewis, they proceeded to enquire into the family history and took blood and buccal epithelial samples.[58] No further cases could however be found.

Despite the failure of their case study to prove a higher incidence of testicular feminisation among people of African descent, Grace and Berge stipulated at the beginning of the discussion that '(the) syndrome of testicular feminisation has been studied and reported extensively in Caucasoid and Negroid races, particularly in Europe and America'.[59] They went on to lament that only fourteen such cases have been recorded in South Africa – of which this was the fifteenth in general and the eighth concerning a 'Bantu'. It was for these reasons that case was of any medical interest – the fact that a screening procedure was also cited as of interest appears to have been a mere after thought. In later articles, this interest in race was combined with dermatoglyphics – the study of skin patterns – which Grace believed were altered under the influence of the sex hormones.[60]

It is crucial to stress that although Grace offers some provoking starting points for analysis; his work is unique in his field. Unlike his South African predecessors or successors and taking his cue from work done on African descendents in the Americas (though he does not give citations), he took the issues of race and intersexuality to be connected. Though this interest may not seem a startling revelation when placed within its Apartheid context, what is worth noting is that despite the highly racialised environment his was only medical research to make this connection and to employ an explicitly race-orientated framework for his research. Such explicit reference to race raised that touchy question of racism within the medical profession and whether or not there is indeed any correlation or intersectionality between race, gender, sex and racism within the articles on intersexuality.

[58] Ibid., 20.
[59] Ibid., 19.
[60] See for example the inclusion of a dermatoglyphic representation of the patient's hands in H J Grace and G D Campbell, "XXY Karyotype, Female Phenotype and Gonadal Dygenesis: A Case Report," *South African Medical Journal* 54, no. 7 (8, 1978): 285.

Given the sparse nature of the journals, cues as to race are few, employing often just a passing reference to a person's racial classification. Can one deduce a racist attitude from one reference or the employment of a racial category? The answer may lie in the deployment of the racial taxonomy employed. For example how are we to interpret the use of the term 'African' over the use of 'Bantu'? Is the former somehow less or not racist because the author chose to deploy a somewhat less pejorative term? Does the scientific setting influence the deployment of these? In Grace's work for example, as the above article indicates, he utilised the term 'Bantu' in most of his work were the patients were African. However, his deployment was not consistent. One of his last articles published in the 1970s refers to 'Blacks' in which he refers to both 'Blacks' and 'Africans'. Only one, the last published in the decade, was his first article not flag race explicitly in the title.[61] Indeed, one may argue that, given that his base was in Natal and that the largest African ethnic group in the region are Zulu, his deployment of 'Bantu' was a reference to its meaning as an ethnic grouping of African people based on linguist similarity.

In comparison, an earlier article by A.C. Asmal, based at the Department of Medicine at University of Natal, Durban, employed a different term.[62] Published in 1967, just three years before Grace, Asmal discussed the case of a 28 year old man who was brought to King Edward VIII by his sister because of his continual complaints of ill-health - most recently, he had developed diarrhoea. While treating him, the attending physician, Dr. J.K. McKechnie noticed to two striking features: the first was the man's unstable mental state in addition to 'general mental retardation'. Secondly, he noticed that the man's general build and bodily features were 'eunuchoidal' – in other words, his body had hardly virilised. Suspecting that something was amiss, he later subjected the man to further tests, including a DNA test which confirmed that he had Klinefelter's Syndrome.[63] Its physical presentation usually entails eunuchoidal build and mental disability. In referring to the man's race, Asmal signalled in the title that he was 'African' and in his writing up of McKechnie's case he did not promote as an overtly racist frame. When juxtaposed to the term 'Bantu' as used by Grace, this appears strikingly less racist – a conclusion that could be bolstered (depending on individual

[61] H J Grace and K D Fismer, "Klinefelter's Syndrome in South African Indians and Blacks," *South African Medical Journal* 49, no. 37 (8, 1975): 1519-1520.
[62] A C Asmal, "Klinefelter's Syndrome - Report of a Case of XXY in an African Male," *South African Medical Journal* 41 (3, 1967): 277 -278.
[63] Klinefelter's is a genetic condition where a person is born with more than the normal number of X chromosomes for a male who usually has a karyotype of XY. Nonetheless, some cases have reported additional Y chromosomes.

prejudice) by noting that Asmal may have been of Indian or Arab descent and that Grace was more than likely white.

Saul Dubow has demonstrated that the term 'bantu' was heavily implicated in scientific racist scholarship on race and culture from the nineteenth century and well into the 1950s.[64] In addition, during Apartheid rule, the state used the term to distinguish Africans from other 'black' races. Given its painful history of utilisation by scholars who pursued scientific racism and by the Apartheid state up until this point – both of which imbued racial and cultural prejudices into the term, its use is certainly highly pejorative. In this stark light, the conclusion that 'Bantu' is an indication of racism is greatly strengthened. Yet, its apparently neutral opposite in 'African' is far from free of the racist tinge. Like 'Bantu', it carries with it a pejorative taint that has a similarly long lineage. 'African' has been employed in some of the most racialised medical contexts, including that of colonial and, later, twentieth century psychiatry which sought to distinguish the 'African' mind as feebler and more childlike than that of the 'European' (an equally problematic term).[65] One possible counter to the charge of racism on both accounts is its specific context of use – that of the 'neutral' study of medical science in which racial categories are still tools of the trade – though it is not without its own theoretical and ethical dilemmas.

How then, with this knowledge in mind, do we interpret the deployment of racial taxonomies? One of the major problems in pursuing such a loosely hermeneutic style of analysis is the different temporal and contextual positions of the author of the text under consideration vis-á-vis the historian. How the historian interprets these terms is dependent on their own subjectivity and experiences. For Trouillot, this process has important consequences for the writing of history. Using Hegelian dialectics, he cogently and eruditely argues that the past and the present are not concrete destinations, but are created in relation to one another other as is the knowledge of their existence. Moreover, that the past or 'pastness' is 'a position' and not a tangible object.[66] The choices then that guide the process of 'past making' and, indeed, the narratives of the past, are contingent on the present. As such historians – whatever their guise and interest – are powerfully narrating the past through the lens provided by the present. Indeed, living in a post-Apartheid South Africa, within a world

[64] See his discussion in Chapters 2 "Physical Anthropology and the Quest for the Missing Link" and 3 "Bantu Origins, Racial Narratives" in Saul Dubow, *Scientific Racism in Modern South Africa* (Cambridge: Cambridge University Press, 1995), 20-119.

[65] See Digby's discussion of colonial and twentieth century psychiatry in Africa in Digby, *Diversity and Division in Medicine*, 181-186.

[66] Trouillot, *Silencing the Past*, 14-15.

saturated with the discourse of human rights, equality, anti-racist sentiment and political correctness, one may be more susceptible to reading 'African' as less pejorative despite the fact that that is mobilisation may have been dubious. For historians this may be off-set through evidence (in itself problematic). Yet, in the SAMJ articles' frugality with detail, finding sufficient evidence to counter this tendency is difficult and it seems to fall to conjecture.

Indeed, as such the text of these articles have, in their quest for scientific objectivity, been sparing with potentially subjective details as the subject of the article is objectified in the most fundamental way by stripping the person of all context and personality – they are just their body. The 'facts' used to illustrate their decisions pertain to the body's anatomical sex - voluminous biological facts densely are woven into medical nomenclatures that further abstract the body from any lived subjectivity so as to render the person totally silent but for their body – which, according to the authors of the articles, speak for themselves. Yet, the text is only one part, though a significant one, of the medical journal article. While it is clichéd to quote the oft uttered 'a picture paints a thousand words', its sentiment is relevant within the history of intersexuality. Like many of Dreger's and Hausman's sources, the SAMJ articles on intersexuality were highly populated with photographs and various other images of intersex patients such as tables, histological images and karyotypes. This is not surprising given the highly visual and performative nature of anatomical sex in which it has to be *seen* to be convincing. Indeed, photographs are fundamental parts of the evidence assembled for they quite literally 'embody' the argument of the accompanying text; inviting the reader to compare but pushing them, at the same time, to come to the same conclusion as the author. Ultimately, as functionaries of the article, they produce the same silences.

In her work on the relationship between history and photography, Elizabeth Edwards makes several important points for the utilization of photographs in historical analysis.[67] While she agrees with post-modernist readings of photographs as sites of discursive analysis on 'colonial inadequacies (from myopia to fantasy)', she argues that they do not take into account the specific role of photographs as historical evidence.[68] For the actual act of taking a photograph was and is thought to capture the moment as it is and it is this anchorage 'in the real world' that 'offers a beguiling realism that appears to deny the mediation of creation and

[67] Elizabeth Edwards, *Raw Histories: Photographs, Anthropology and Museums*, Materializing Culture (Oxford & New York: Berg, 2001).
[68] Ibid., 7.

of interpretation'.[69] This serves to highlight the underlying tension in the historicity of photography; for, although seemingly explicitly they are equally ahistorical in nature owing to their dependency on context for meaning. The notions then of past and present become crucial as a reading of the past invariable is dependent on the present for meaning. Inherent then in photography is malleability of meaning which allows for images to be both the construction of the photographer and potentially subversive to this original intent.[70] Edwards goes on to stress the importance of treating photographs like any other source which must be read against the grain for alternative reading – a difficult task given that the implicit nature of photography as objective 'truth'.

This belief in the 'truth' of photographs is exemplified in an article published in July of 1967 which reported a Klinefelter's case at Baragwanath Hospital in Johannesburg similar to Asmal's.[71] The patient was a 26 year old male admitted for treatment of lobar pneumonia. His physicians subjected him to a battery of tests that included measuring of his arms span, height and his length from his feet to pubis, and from his pubis to head. In addition to these measurements, his overall body and all its layers were examined, taking into account the general hair distribution, the texture of his skin, the developmental condition of his genitalia, his hormone levels and his sex chromosomes. Taking the results of these, their conclusion was that he exhibited the 'clinical features of Klinefelter's' – his body was deemed eunuchoidal.

These conclusions are augmented by a series of images that continue through the article. The first of these is a photograph of the patient.[72] Appearing on the first page of the article and its first image; this is a full body shot of the patient against a neutral background while facing the camera. He has been stripped of his clothes and stands totally naked while holding a ruler that runs parallel with his body. In a move that seems to contradict the efforts not to identify patients for protection of their privacy, no attempt has been made in this photograph to conceal the patient's face and, thereby, their identity. Yet, this hint of personal identity beyond the confines of the journal pages is offset by the composition of the image. Firstly, his full frontal nakedness opens up his body to unfettered empirical gaze that silently judges.

[69] Ibid., 8.
[70] Ibid., 132.
[71] F Spiro and F Segal, "Mosaic XY/XXY in a Bantu - A Case Report," *South African Medical Journal* 41 (7, 1967): 701.
[72] Ibid.

The absence of the clothing, echoing the absence of personal details, strips the person of personal context, personality and of subjectivity even as it places body at centre stage. Placement of histological images on subsequent pages that zoom in on the minutiae of the person's tissue gives a sense of peeling back layers, of stripping away personhood. This collection of images speaks for the muted subject and thereby reinforces the sense of objectification. This is complimented by the addition of the ruler in the first photograph which is reminiscent of the practices of racial science and racial 'scientific' characterisation and the anthropometric photography of the nineteenth century.[73] Its effect is the engendering of a sense that the person is reduced to specimen, neatly contained and controlled within the Petri dish that is the article. Though devoid of clothing, the subject is not completely decontextualised; rather they are deeply embedded within the context of the article and thus are intended to be interpreted through the lens it creates.

Yet, as Edwards reminds photographs have the potential to be subversive and read in ways were unintended by the composer of the image.[74] Here she asks of the historian to don their detective hats and assume the hermeneutic analysis of Sherlock Holmes as detail becomes pivotal in rendering new meanings possible. Even within strict anthropometric photography where photographs served not only as snapshots of racial/cultural type but as a working source of information on the body, alternative readings that seem to contradict this original intent of specimen production are possible. One such poignant photograph is that of 'Lydia' form Sierra Leone.[75] Taken in 1870 and part of a project launched by the Darwinian biologist Thomas Henry Huxley, the series of two headshots shows her posed next to the ruler there stressing her status as specimen of her race, to be measured and categorised. Yet, unlike the extreme depersonalisation of others in the same series such as those taken in Breakwater Jail in Cape Town,[76] her simple dress, cameo and earrings serve markers of personality and individuality that contradict the 'specimen' construction of the photograph. This begs the question of whether such alternative readings can be done for the images that are interposed throughout the SAMJ and other medical journal articles. As the SAMJ photographs resemble the more medicalised Breakwater Jail images where the complete depersonalisation of the subject is achieved through the absence of any context alternative readings are unlikely.

[73] Edwards, *Raw Histories*, 139.
[74] Ibid., 132.
[75] Ibid., 145.
[76] Here the subjects of the photographs are naked and placed in front of a ruler.Ibid., 139.

The seemingly omnipotent expression of power in these photographs echo those made in the texts of the SAMJ articles. As Lupton reminds the patient/physician relationship is one imbued with power and by no means is it a balance of power.[77] Rather, the position of authority in knowledge borne by the physician is founded on the very inequality between them and their patients. Though not a universally omnipotent, for patients can and do challenge medical practitioners on occasion, the journal article is an exclusive arena for the exercise of the full power of the medical professional. Indeed, this is the crux of the matter in the use of the SAMJ for the product of this distillation, as embodied in the medical journal format itself, demands a depersonalisation of a person into a nameless specimen and object of knowledge. Indeed, they are rendered silent through their objectification in all layers of the article to which are added the complications of the historian-archivist. Given the almost Sisyphean challenge that silences represent, one wonders if a history of intersexuality is even possible using this, their only archive. Though this may represent a rather gloomy forecast for writing a history of intersexuality focussed on South Africa – especially one reliant on medical journals, histories can be written. The fundamental question, and spectre haunting this paper, is what kind of history and how it to be written?

[77] Deborah Lupton, "Power Relations and the Medical Encounter," in *Medicine as Culture: Illness, Disease and the Body in Western Societies*, Second. (London: SAGE Publications, 2003), 113-122.