S-55 – Intersex in the global and the local perception and interaction in the 20th Century

History Of Medicine And Public Health

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Abstract:
This panel will compare the clinical treatment of intersex children in Europe, the USA, and Latin America, focusing on the introduction, translation, adaption, and circulation of treatment recommendations from one local context to another. Paying specific attention to one intersex condition, congenital adrenal hyperplasia (short CAH), we will explore how material conditions, clinical style as well as social and cultural settings shaped the interpretation, treatment, and problematization of intersexuality in a global context. We are particularly interested in the role "gender" plays in these conceptualizations. The late 1940s and the 1950s were characterized by new approaches to intersex conditions, and by new ways of handling and treating these conditions. These developments were mainly due to new diagnostic findings, new therapeutic methods and, in their wake, new theoretical considerations. Cortisone-treatment of children with CAH conditions was introduced by Lawson Wilkins at Hopkins in Baltimore, where John Money was working on his gender theory. One assumption is that hormonal treatment of CAH disseminated all over the world. For Western Europe, Switzerland, Andrea Prader was in touch with Wilkins and spent some time at the Wilkins institute. How were the new findings introduced in other countries and cultures? Did acceptance of the new therapy also include acceptance of the corresponding theory?! Were the Hopkins protocols accepted in the same way as the therapeutic method? Where and why are there national/cultural differences in therapeutic management? Understanding of intersexuality, hermaphroditism underwent changes, from genital appearance to gonads, chromosomes and hormonal status and genderism. This understanding of the gender binarity differs from time and space and the gender binarity in Baltimore was different from that in Western Europe, Brazil or other parts of the worlds. It is a question of culture and a political question. Another approach is that of the pathogenicity or the disease value of CAH and other intersex conditions. What influences life quality more? The syndrome condition, or the treatment, or the diagnostic methods? And which leeways were possible for “Misfits/Sonderlinge” in which society? Parents of female infants with CAH were frequently unsettled by an enlarged clitoris, which was at that time mainly attributed to masturbation. The children themselves were mostly disquieted by their hirsutism, while treating physicians tended to concentrate on body height. Some forms of intersexuality are accompanied by infertility/sterility. In the middle of the 20th century and in societies in which women were often reduced to marriage, reproduction and homemaking, this was seen as much more important than it is today.

Most of the patients diagnosed and treated for intersex conditions weren’t new-borns, so in these children the time window for sex assignment – as proclaimed by Money - was already closed. Striving to establish their influence and in search of better decisions, the physicians involved focused on the diagnosis and treatment of new-borns, although their clinical experience derived mostly from dealing with older children.
For this panel five papers from different countries with various sources – textbooks, scientific articles, case reports, patient records, personal experiences of patient, patient parents or others involved and witnesses – will be introduced, presented, commented and discussed.

**Keywords**: history of medicine 2nd half 20th century – intersex – treatment with cortisone – disease value – genderism.

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