Во 1843, Леви Сьюдам, 23-годишен жител на Салисбери, Конектикат, побара од градскиот изборци одбор да го потврди неговото право да глеса како Виговец во жестоко оспоруваниот локален избор. Барањето покрена бура од притвори од опозиционата партија, заради разлози кои мора да се ретки во анализите на американската демократија: беше кажано дека Сьюдам е повеќе женско отколку машко и затоа (осумдесетина години пред правото на глеса да биде праштроено на жените) не треба да му биде дозволено да глеса. Со цел се реши спорот бил доведен лекар, некој го Вилијам Џемс Бари, за да го прегледа Сьюдам. И, веројатно, се соочил со фалус, докторот го прогласил негласниот глесач за машко. Согодна вон своите колона, Виговците победија на изборите со еден глес повеќе.

Междутоа, излезе дека дигнозата на Бари била прераната. По неколку дека тоа открива дека по прекрај фалусот Сьюдам имал редовна менструација и вагинален отвор. И неговите/нејзините физички и неговите/нејзините ментални предиспозиции беа далеко

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In 1843 Levi Suydam, a twenty-three-year-old resident of Salisbury, Connecticut, asked the town board of selectmen to validate his right to vote as a Whig in a hotly contested local election. The request raised a flurry of objections from the opposition party, for reasons that must be rare in the annals of American democracy: it was said that Suydam was more female than male and thus (some eighty years before suffrage was extended to women) could not be allowed to cast a ballot. To settle the dispute a physician, one William James Barry, was brought to examine Suydam. And, presumably upon encountering a phallus, the good doctor declared the prospective voter male. With Suydam safely in their column the Whigs won the election by a majority of one.

Barry's diagnosis, however, turned out to be somewhat premature. Within a few days he discovered that, phallus notwithstanding, Suydam menstruated regularly and had a vaginal opening. Both his/her physique and his/her mental predispositions were more complex than was the

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first suspected. S/he had narrow shoulders and broad hips and felt occasional sexual yearnings for women. Suydam's "feminine propensities, such a fondness for gay colors, for pieces of callio, comparing and placing them together, and an aversion for bodily labor, in inability to perform the same, were remarked by many," Barry later wrote. It is not clear whether Suydam lost or retained the vote, or whether the election results were revised.

Western culture is deeply committed to the idea that there are only two sexes. Even language refuses other possibilities; thus to write about Levi Suydam I have had to invent conventions - s/he and his/her - to denote someone who is clearly neither male nor female or who is perhaps both sexes at once. Legally, too, every adult is either man or woman, and the difference, of course, is not trivial. For Suydam it meant the franchise; today it means being available for, or exempt from, draft registration, as well as being subject, in various ways, to a number of laws governing marriage, the family and human intimacy. In many parts of the United States, for instance, two people legally registered as men cannot have sexual relations without violating anti-sodomy statutes.

But if the state and the legal system have an interest in maintaining a two-party sexual system, they are in defiance of nature. For biologically speaking, there are many gradations running from female to male; and depending on how one calls and shots, one can argue that along that spectrum lie at least five sexes - perhaps even more.
For some time medical investigators have recognized the concept of the intersexual body. But the standard medical literature uses the term intersex as a catch-all for three major subgroups with some mixture of male and female characteristics: the so-called true hermaphrodites, whom I call herms, who possess one testis and one ovary (the sperm-and-egg-producing vessels, or gonads); the male pseudohermaphrodites (the "merms"), who have testes and some aspects of the female genitalia but no ovaries; and the female pseudohermaphrodites (the "ferms"), who have ovaries and some aspects of the male genitalia but lack testes. Each of those categories is in itself complex; the percentage of male and female characteristics, for instance, can vary enormously among members of the same subgroup. Moreover, the inner lives of the people in each subgroup – their special needs and their problem, attractions and repulsions – have gone unexplored by science. But on the basis of what is known about them I suggest that the three intersexes, herm, merm and ferm, deserve to be considered additional sexes each in its own right. Indeed, I would argue further that sex is a vast, infinitely malleable continuum that defies the constraints of even five categories.

Not surprisingly, it is extremely difficult to estimate the frequency of intersexuality, much less the frequency of each of the three additional sexes: it is not the sort of information one volunteers on a job application. The psychologist John Money of Johns Hopkins University, a specialist in the study of congenital sexual-organ defects, suggests intersexual may constitute as many as 4 percent of births. As I point out to my students at Brown University, in a student body of about 6000 that fraction, if cor-

Извесно време истражувањата на медицината го признаваат поимот на интересексуално тело. Но, стандартната медицинска литература го користи терминот интересекс како сеопфатен термин за три главни подгрупи со извесна мешавина на мушки и женски карактеристики: таканаречените вистински хермафродити, коишто ги нарекувам херми, што поседуваат еден тестис и еден јајник (цевки, или гонади што произведуваат сперма и јајца); мушкиите псеудохермафродити („мерми“), кои имаат тестиси и некои аспекти на мушки генитали на немаат јајници; и женските псеудохермафродити („ферми“), кои имаат јајници и некои аспекти на мушки генитали, но на кои им недостасуваат тестиси. Секоја од овие категории е kompleksна по себеси; процентот на мушки и женски карактеристики, на пример, може енергично да варира кај припадниците на истата подгрупа. Згоро на тоа, внатрешниот живот на луѓето од секоја подгрупа - нивните посебни потреби и нивните проблеми, привлечувања и одбивања - останаа неизстражени од страна на науката. Но, врз основа на ова што е познато за нив, сугерирам дека трите интересекса, херм, мерм и ферм, заслужуваат да бидат разгледувани како посебни и самостојни пола. Всушност, ќе тврдам дека полот е неизмерен, бескрајно еластичен континуум кој им се опира на ограничувањата и на петте категории.

Воопшто не изненадува тоа што е многу тешко да се процени фреквенцијата на интересексуалноста, а уште пошто што фреквенцијата на секој од трите дополнилтелни пола: тоа не е таков вид информација што некој доброволно ќе ја даде колку аплицира за работа. Психолошот Џон Мони (John Money) од Универзитетот Џон Хопкинс (John Hopkins), специјалист во проучувањето на конгениталните дефекти на сексуалните органи, сугерира дека интересексуалните можат да
The word hermaphrodite comes from the Greek names Hermes, variously known as the messenger of the gods, the patron of music, the controller of dreams or the protector of livestock, and Aphrodite, the goddess of sexual love and beauty. According to Greek mythology, those two gods parented Hermaphroditus, who as age fifteen became half male and half female when his body fused with his body of a nymph he fell in love with. In some true hermaphrodites the testis and the ovary grow separately but bilaterally; in others they grow together within the same organ, forming an ovo-testis. Not infrequently, at
least one of the gonads functions quite well, producing either sperm cells or eggs, as well as functional levels of the sex hormones — androgens or estrogens. Although in theory it might be possible for a true hermaphrodite to become both father and mother to a child, in practice the appropriate ducts and tubes are not configured so that eggs and sperm can meet.

In contrast with the true hermaphrodites, the pseudo-hermaphrodites possess two gonads of the same kind along with the usual male (XY) of female (XX) chromosomal makeup. But their external genitalia and secondary sex characteristics do not match their chromosomes, yet they also have a vagina and a clitoris, and at puberty they often develop breasts. They do not menstruate, however. Females have ovaries, two X chromosomes and sometimes a uterus, but they also have at least partly masculine external genitalia. Without medical intervention they can develop beards, deep voices and adult-size penises.

No classification scheme could more than suggest the variety of sexual anatomy encountered in clinical practice. In 1969, for example, two French investigators, Paul Guinet of the Endocrine Clinic in Lyons and Jacques Decourt of the Endocrine Clinic in Paris, described ninety-eight cases of true hermaphroditism — again, signifying people with both ovarian and testicular tissue — solely according to the appearance of the external genitalia and the accompanying ducts. In some cases the people exhibited strongly feminine development. They had separate openings for the vagina and the urethra, a clitoris defined by both the large and the small labia, or vaginal

...
By far the most frequent form of true hermaphrodite encountered by Guinet and Decourt — 55 percent — appeared to have a more masculine physique. In such people the urethra runs either through or near the phallus, which looks more like a penis then a clitoris. Any menstrual blood exits periodically during urination. But in spite of the relatively male appearance of the genitalia, breasts appear at puberty. It is possible that a sample larger than ninety-eight so-called true hermaphrodites would yield even more contrasts and subtitles. Suffice it to say that the varieties are so diverse that it is possible to know which parts are present and what is attached to what only after exploratory surgery.

The embryological origins of human hermaphrodites clearly fit what is known about male and female sexual development. The embryonic gonad generally chooses early in development to follow either a male or a female
машка или женска сексуална патека; сепак, за ово-
tестисот, такното избор е заплетен. Слично, ем-
бронскиот фалус најчесто завршува како клиторис
или пенис, но посочвено на средни состојби воопшто
не е изненадуваче за ембриологот. Исто така, има и
уро-генитални испапчувања во ембриониот кои обично
или остануваат отворени и стануваат вагинални усни
или се спојуваат и стануваат скротум. Кај некои
хермафродитите, сепак, изборот отворање или затво-
рање е амбивалентен. Најпосле, сите ембриони кај
цицачите имаат структури што можат да станат
женски утрус и јајцеводи, како и структури што
можат да станат дел од машкиот систем за транспор-
tирање сперма. Типично дегенерира или машкиот
или женскиот состав на овие примордјални гени-
tални органи, а структурите што остануваат ја
достигнуваат нивната полово-соодветна иднина. Кај
хермафродитите и двата состава органи се развиваат
во различен степен.

Самата интересексуалност е стара новина. На пример,
хермафродитите честопати се среќаваат во приказ-
ните за потеклото на човекот. Секој библиски знамец
верувал дека Адам го започнал животот како херма-
фродит и дека подоцна бил делен на два ца луѓе -
на машко и женско - откако ја изгубил наклоноста.
Според Платон, некогаш одамна имало три пола -
машки, женски и хермафродитски - но третиот пол
се загубил со текот на времето.

И Талмудот и Тосефата, јеврејски книги на законот,
вклучуваат опширни прописи за луѓето со мешан пол.
Тосефата јасно им забранува на хермафродитите да
го наследуваат имот на нивните татковци (како и
керките), насамо да остануваат со жени (како и
синовите) или да се бричат (како и мажите). Кога
хермафродитите мештурираат тие мора да бидат

sexual pathway; for the ovo-testis, however, that choice
is fudged. Similarly, the embryonic phallus most often
ends up as a clitoris or a penis, but the existence of inter-
mediate states comes as no surprise to the embryologist.
There are also uro-genital swellings in the embryo that
usually either stay open and become the vaginal labia or
fuse and become a scrotum. In some hermaphrodites,
though, the choice of opening or closing is ambivalent.
Finally, all mammalian embryos have structures that can
become the female uterus and the fallopian tubes, as well
as structures that can become part of the male sperm-
transport system. Typically either the male or the female
set of those primordial genital organs degenerates, and
the remaining structures achieve their sex-appropriate
future. In hermaphrodites both sets of organs develop to
varying degrees.

Intersexuality itself is old news. Hermaphrodites, for in-
stance, are often featured in stories about human origins.
Early biblical scholars believed that Adam began life as a
hermaphrodite and later divided into two people - a male
and a female - after falling from grace. According to Plato
there once were three sexes - male, female and hermaph-
rodite - but the third sex was lost in time.

Both the Talmud and the Tosefta, the Jewish books of
law, list extensive regulations for people with mixed sex.
The Tosefta expressly forbids hermaphrodites to inherit
their fathers’ estates (like daughters), to seclude them-
selves with women (like sons) or to shave (like men).
When hermaphrodites menstruate they must be isolated
from men (like women); they are disqualified form serv-
изолированы от мужчин (как и женщин); они могут быть классифицированы и не могут служить как свидетели или священники (как и женщины), но законные ограничения на педерастию не применимы к ним.

В Европе, кон крае на среднем веке было создано образование, которое превратилось в денс: хермафродиты были признаны и не могли быть определены и не могли служить в религиозных орденах. Это привело к казни или смерти. Так, в 17-ом веке, итальянский хермафродит был жестоко казнен, поскольку он не мог быть признан мужем или женщиной. Во всех странах Древний век определил, что пол должен быть регулирован. Двоякие законы идиосинкразии приводили к различным интерпретациям.

За дача разрешить проблему наследственного, легитимности, трактовок, наследования, трактовки на титулу и подобия для всех профессий, модернизации Авшосаксонской правовой системы налагает новую задачу: создать регистры или как мальчики или как девочки. Во всех этих случаях Древний век определил, что пол должен быть регулирован. Двоякие законодательства идиосинкразии приводили к различным интерпретациям. Иногда это приводило к различным интерпретациям.

В тексте на этом столетие медицинских задачи о компетентности она шла о зажженных правом свет - компетентно бриллиант на кои и есть форма на отеленность пол не могут быть применены к гетеросексуальному образцу мужского-женского. Иронично, посреди центрированного понимания на комплексности на сексуальные

In Europe a pattern emerged by the end of the Middle Ages that, in a sense, has lasted to the present day: hermaphrodites were compelled to choose an established gender role and stick with it. The penalty for transgression was often death. Thus in 1600s a Scottish hermaphrodite living as a woman was buried alive after impregnating his/her master’s daughter.

For questions of inheritance, legitimacy, paternity, succession to title and eligibility for certain professions to be determined, modern Anglo-Saxon legal systems require that newborns be registered as either male of female. In the U.S. today sex determination is governed by state laws. Illinois permits adults to change the sex recorded on their birth certificates should a physician attest to having performed the appropriate surgery. The New York Academy of Medicine, on the other hand, has taken an opposite view. In spite of surgical alterations of the external genitalia, the academy argued in 1966, the chromosomal sex remains the same. By that measure, a person’s wish to conceal his or her original sex cannot outweigh the public interest in protection against fraud.

During the century the medical community has completed what the legal would began – the complete erasure of any form of embodied sex that does not confirm to a male-female, heterosexual pattern. Ironically, a more sophisticated knowledge of the complexity of sexual systems has led to the repression of such introcacy.
In 1937 the urologist Hugh H. Young of Johns Hopkins University published a volume titled Genital Abnormalities, Hermaphroditism and Related Adrenal Diseases. The book is remarkable for its erudition, scientific insight and open-mindedness. In it Young drew together a wealth of carefully documented case histories to demonstrate and study the medical treatment of such “accidents of birth.” Young did not pass judgment on the people who had had sexual experiences as both men and women as “practicing hermaphrodites.”

One of Young’s more interesting cases was a hermaphrodite named Emma who had grown up as a female. Emma had both a penis-size clitoris and a vagina, which made it possible for him/her to have “normal” heterosexual sex with both men and women. As a teenager Emma had had sex with a number of girls to whom s/he was deeply attracted; but at the age of nineteen s/he had married a man. Unfortunately, he had given Emma little sexual pleasure (though he had had no complaints), and so throughout that marriage and subsequent ones Emma had kept girlfriends on the side. With some frequency s/he had pleasurable sex with them. Young describes his subject as appearing “to be quite content and even happy.” In conversation Emma occasionally told him o his/her wish to be a man, a circumstance Young said would be relatively easy to bring about. But Emma’s reply strikes a heroic blow for self-interest:

Еден од поништевните случаи на Јанг е хермафродитот наречен Ема кој пораснал како женско. Ема има и пенисовиден клиторис и вагина, кои и/му овозможуваат да има „нормален“ хетеросексуален секс и со маж и со жен. Како тинејдер Ема имала секс со голем број девојки кои многу ја привлечувале, но на деветнаесетгодишна возраст таа/тој се венчала со маж. За жал, тој й пружал малку сексуално задоволство (неко тој немал никакви поплаци), и затоа за време на бракот и потоа Ема ги држел/а девојките како бонус. Од време на време имал/а задоволителен секс со нив. Јанг го опишуваше својот субјект како наизглед „сосема задоволен дури и среќен” Во разговорот Ема повремено му кажувала за нејзината/неговата жела да биде маж, околност за која Јанг вели дека е релативно лесно да се предизвики. Но одговорот на Ема задава херојски удар во полза на сопствениот интерес:
Would you have to remove that vagina? I don’t know about that because that’s my meal ticket. If you did that, I would have to quit my husband and go to work, so I think I’ll keep it and stay as I am. My husband supports me well, and even though I don’t have any sexual pleasure with him, I do have lots with my girlfriend.

By 1969, when the English physicians Christopher J. Dewhurst and Ronald R. Gordon wrote The Intersexual Disorders, medical and surgical approaches to intersexuality had nearly reached a state of rigid uniformity. It is hardly surprising that such a hardening of opinion took place in the era of the feminine mystique – of the post – Second World War flight to the suburbs and the strict division of family roles according to sex. That the medical consensus was not quite universal (or perhaps that it seemed poised to break apart again) can be gleaned from the near-hysterical tone of Dewhurst and Gordon’s book, which contrasts markedly with the calm reason of Young’s founding work. Consider their opening description of an intersexual newborn:

One can only attempt to imagine the anguish of the parents. That a newborn should have a deformity...[affection] so fun-
Dewhurst and Gordon warned that such a miserable fate would, indeed, be a baby's lot should the case be improperly managed; “but fortunately”, they wrote, “with correct management the outlook is infinitely better than the poor parents – emotionally stunned by the event – or indeed anyone without special knowledge could ever imagine.”

Scientific dogma has held fast to the assumption that without medical care hermaphrodites are doomed to a life of misery. Yet there are few empirical studies to back up that assumption, and some of the same research gathered to build a case for medical treatment contradicts it. Frances Benton, another of Young's practicing hermaphrodites, “had not worried over his condition, did not wish to be changed, and was enjoying life.” The same could be said of Emma, the opportunistic hausfrau. Even Dewhurst and Gordon, adamant about the psychological importance of treating intersex at the infant stage, acknowledged great success in “changing the sex” of older patients. They reported on twenty cases of children reclassified into a different sex after the supposedly critical age of eighteen months. They asserted that all the reclassifications were “successful,” and they wondered then whether reregistration could be “recommended more readily than [had] been suggested so far.”
Anne Fausto-Staring: The Five Sexes

The treatment of intersexuality in this century provides a clear example of what the French historian Michel Foucault has called biopower. The knowledge developed in biochemistry, embryology, endocrinology, psychology and surgery has enabled physicians to control the very sex of the human body. The multiple contradictions in that kind of power call for some scrutiny. On the one hand, the medical "management" of intersexuality certainly developed as part of an attempt to free people from perceived psychological pain (though whether the pain was the patient's, the parent's of the physician's is unclear). And if one accepts the assumption that in a sex-devised culture people can realize their greatest potential for happiness and productivity only if they are sure they belong to one of only two acknowledged sexes, modern medicine has been extremely successful.

On the other hand, the same medical accomplishments can be read not as progress but as a mode of discipline. Hermaphrodites have untruly bodies. They do not fall naturally into a binary classification; only a surgical shoehorn can put them there. But why should we care if a "woman," defined as one who has breasts, a vagina, a uterus and ovaries and who menstruates, also has a clitoris large enough to penetrate the vagina of another woman? Why should we care if there are people whose biological equipment enables them to have sex "naturally" with both men and women? The answers seem to lie in a cultural need to maintain the control of intersexual bodies because they blur and bridge the great divide. Inasmuch as hermaphrodites literally embody both sexes, they challenge traditional beliefs about sexual difference: they possess the irritating ability to live sometimes as one sex.

Tržedanot na intereseksualnost vo ova skolenie obezbeduva jasen primer za ona što francuskej historičar Michel Fuko (Michel Foucault) go naðeleva bijom. Značenje umjerenje vo biokemijska, embriologija, endokrinologija, psihologija i hirurgija im ovozmožna na lekarite da go kontroliraat samotot pol na čovekovo telo. Povećekratnите противоречности на тоj vid moš ne povikuvaat na grizlivo razgleduvanje. Od jedna strana, medicinski skoto „meniširane“ na intereseksualnost se razvii vo sekoi slučaj kako obid da se osebodorat luđetot od perziširate na psikološka bolka (nako je nejasno dali bolkata e na patientot, na roditelite, ili na lekarite). A ako ja prižigatim priručnata deka vo jedna polova podelena kultura luđeto mošat da gi ostavat svoite najvolemi potencijali za sreka i produktivnost samo ako tие se birani deci tие priručat na eden od samo dvata priveneni pola, modernata medicina bila kraje uspjesna.

Od druga strana, istite medicinski dostignuvanja mošat da se iscituvat ne kako prorog tuku kako modus na disciplini. Xermaphroditite imata nepokorni tела. Tие ne potpagaat prirodno pod binarna kartifištija; samo hirurgishka laski za čveći moše da gi smestit tamu. No zashto nие bi trebalo da sme zagrijenki ako nekoj „žena“, definirana kako nekoj ko sho dojki, vagina, matka i jašnica i koj menistrira, isto toa ima i doljetno golem klineris da venerira vo vaginita na nekoj druga žena? Zashto bi trebalo da sme zagrijenki ako ima luđe čija biološka oprema im ovozmoživa da imaat sekse „prirodno“i so majka i so ženi? Odgovorite se čini ležit vo kulturata potrebva da se zasuvuvat jasni distinkciji pomеžu polovite. Opišteto nemetnuva kontrola na intereseksualnite tела zatoa što tие ja pomažuvaat i premestujuvat golemata podelba. Se
додека хермафродитите буквално ги отелотворуваат обата пола, тие ги ставаат под прашање традиционалните верувања за половата разлика: тие ја поседуваат иритирачката способност да живеат понекогаш како еден пол, а понекогаш како друг, и тие го довикуваат сеништето на хомосексуалноста.

Но, што ако нештата беа сосем понакви? Претставете си еден свет во кој истото знаење што и овозможи на медицината да интервенира во менацирањето на интерсексуалните пациенти им беше ставено на услуга на повеќекратните сексуалности. Претставете си дека половините се мултилицирале надминувајќи ги границите што тековно можеме да си ги претставиме. Тоа би требало да биде еден свет на споделена моќ. Пациентот и лекарот, родителот и детето, машкото и женското, хетеросексуалецот и хомосексуалецот - сите тие спротивности, а и други би требало да исчезнат како извори на поделба. Би се јавила нова етика на медицинскиот третман, таква што овозможува амбитивитет во една култура што ја надминала сексуалната поделба. Главната мисија на медицинскиот третман би била да го зачувува животот. Така хермафродитите би биле прекупурирани првостенено не со тоа дали ќе можат да се сообразат на општеството току со тоа дали тие можат потенцијално да развиват состојби опасни по живот - хернизи, гонадни тумори, неурагнатоженост на солите причинета од нефункционарање на железите - кои понекогаш го придружуваат развојот на хермафродитите. Во мојот идеален свет медицинската интервенција за интерсексуалните ретко ќе се случува пред да има оправдани разлози; последователниот третман би бил кооперативен потфат помеѓу лекарот, пациентот и другите советници тренирани во области на родовното мултиплицитет.

But what if things were altogether different? Imagine a world in which the same knowledge that has enabled medicine to intervene in the management of intersexual patients has been placed at the service of multiple sexualities. Imagine that the sexes have multiplied beyond currently imaginable limits. It would have to be a world of shared powers. Patients and physician, parent and child, male and female, heterosexual and homosexual - all those oppositions and others would have to be dissolved as sources of division. A new ethic of medical treatment would arise, one that would permit ambiguity in a culture that had overcome sexual division. The central mission of medical treatment would be to preserve life. Thus hermaphrodites would be concerned primarily not about whether they can conform to society but about whether they might develop potentially life-threatening conditions - hernias, gonadal tumors, salt imbalance caused by adrenal malfunction - that sometimes accompany hermaphrodites development. In my ideal world medical intervention for intersexuels would take place only rarely before the age of reason; subsequent treatment would be a cooperative venture between physician, patient and other advisers trained in issues of gender multiplicity.
I do not pretend that the transition to my utopia would be smooth. Sex, even the supposedly “normal,” heterosexual kind, continues to cause untold anxieties in Western society. And certainly a culture that has yet to come to grips — religiously and, in some states, legally — with the ancient and relatively uncomplicated reality of homosexual love will not readily embrace intersexuality. No doubt the most troublesome arena by far would be the rearing of children. Parents, at least since the Victorian era, have fretted, sometimes to the point of outright denial, over the fact that their children are sexual beings.

All that and more amply explains why intersexual children are generally squeezed into one of the two prevailing sexual categories. But what would be the psychological consequences of taking the alternative road — raising children as unabashed intersexuals? On the surface that tack seems fraught with peril. What, for example, would happen to the intersexual child amid the unrelenting cruelty of the school yard? When the time came to shower in gym class, that horrors and humiliations would await the intersexual as his/her anatomy was displayed in all its nontraditional glory? What bathroom would s/he use? And how on earth would Mom and Dad help shepherd him/her through the mine field of puberty?

In the past thirty years those questions have been ignored, as the scientific community has, with remarkable unanimity, avoided contemplating the alternative route of unanimity, avoided contemplating the alternative route of unimpeded intersexuality. But modern investigators tend
to overlook a substantial body of case histories, most of
them compiled between 1930 and 1960, before surgical
interventions became rampant. Almost without exception,
those reports describe children who grew up knowing they
were intersexual (through they did not advertise it) and
adjusted to their unusual status. Some of the studies are
richly detailed – described at the level of gym-class show-
ering (which most intersexuels avoided without incident);
in any event, there is not a psychotic or a suicide in the
lot.

Still, the nuances of socialization among intersexuels cry
out for more sophisticated analysis. Clearly, before my
vision of sexual multiplicity can be realized, the first
openly intersexual children and their parents will have to
be brave pioneers who will bear the brunt of society’s
growing pain. But in the long view – though it could take
generations to achieve – the prize might be a society in
which sexuality is something to be celebrated for its subtle-
ties and not something to be feared or ridiculed.

Notes
1 Member of the Whig political party, which supported a politi-
cal philosophy of progress and social changes and protected
the civil liberties.