



In Captivity of the Body: Intersex(-uality) in the First Half of the 20th Century

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Abstract: The paper focuses on the issue of intersexuality in the Czech medical discourse during the first half of the 20th century, when the term “intersex”, which is officially used today and distinct from intersexuality, did not yet exist. Intersexuality can be understood as a universal category within which doctors linked various other issues, such as hermaphroditism, pseudohermaphroditism, and homosexuality. Doctors attempted to label the variability of the human body, but were heavily influenced by their own ideas of the “ideal” male and female body and unable to think beyond these binary categories. In the past, any deviation from the normative was often considered a disease. Dictionaries and medical manuals were used to develop theoretical understandings of these concepts. The study also examines the literary work of the Czech physician Emil Tréval (a.k.a. Walter), who, in his novel *Maia*, presented the story of a man who was born as a hermaphrodite and struggled with this stigma throughout the plot. The second example refers to a real-life case of a person identified as a man in society, despite being born with a female biological body, referred to by doctors with the initials A.H. The doctors labelled A.H. as homosexual and a transvestite, which we now consider to be incorrect from a modern perspective.

Keywords: intersexuality, intersex, homosexuality, gender, hermaphroditism, Alice D. Dreger, Judith Butler, transgender, history of the body

Every human being has been subjected in the past, and still is in the present world, to sexual differentiation on the basis of biology. The shape of the sexual organs determines whether an individual will be perceived as female or male in society. However, this dual division is not able to encompass the development of human genital organs which, in their form and function, do not fit into a predetermined normative. The anatomical construction of the human genital organs exhibits a wide range of variations. In the past, the term “hermaphrodite” was used to refer to people whose sex was difficult to define. During the first half of the 20th century, one also encountered the term “intersex”, which seemed to be synonymous with that term.¹

¹ Alice Domurat DREGER, *Hermafrodit a medicínská konstrukce pohlaví*, Praha 2009, p. 14.

Because of the considerable variability in human anatomical construction, a taxonomic system was introduced. In 1876, the *Handbuch der Pathologischen Anatomie* was published, in which the German pathologist Theodor Albrecht Edwin Klebs divided hermaphrodites into three categories. The anatomy of the gonads was the indicator for this division, regardless of secondary characters or their functionality. The first group, called female pseudohermaphroditism, included people whose anatomy included the presence of ovaries but not testes or ovotestis.² Male pseudohermaphroditism was characterised by the presence of testes, without ovaries or ovotestis. The last category, so-called true hermaphroditism, had to contain together at least one testis and one ovary, or ovotestis.³ According to Alice D. Dreger, from about 1868 onwards, a common view began to take hold in medical science that the gonads, i.e. the testes or ovaries, were the key indicator for sex recognition. It was also in the same year that Herculine Barbin, a hermaphrodite, committed suicide, a case that caused a stir among physicians because Barbin left behind a diary in which, among other things, he described his intimate experiences.⁴ Doctors also saw hermaphroditism as a practical problem that could disrupt marriages. One of the aims of public scrutiny was thus to prevent such unions.⁵ Within Klebs' taxonomy of hermaphroditism, a problem became apparent, which was that physicians could assign sex to a newborn at their best discretion. However, such a decision, sometimes presumed, sometimes made on the basis of visual reality, was influenced by gendered contemporary ideas or constraints based on the existence of categories of male and female.

In practice, this may have manifested itself in such a way that a person whose gonads were at the very least male in appearance was clinically assigned the role of a man, but during adolescence this may not have been at all consistent with his appearance. On the basis of this phenotype, he could then be socially identified as a woman at the same time.⁶ Another example is given by Alice D. Dreger, who in her book presented the case of Sophie, who was perceived by society as a woman from birth. Sophie got married but soon found out that she could not have penetrative sexual intercourse with her husband. A doctor then labelled Sophie a man and, on the basis of his findings, recommended that she change her

2 It is a sex gland that is mixed, showing both testicular and ovarian aspects.

3 Alice Domurat DREGER – Cheryl CHASE (et al.), *Changing the Nomenclature/Taxonomy for Intersex: A Scientific and Clinical Rationale*, *Journal of Pediatric Endocrinology & Metabolism* 18, 2005, pp. 729–733.

4 Michel Foucault also analysed Barbin's memoirs. This is the only surviving diary of a hermaphrodite in Central Europe. Michel FOUCAULT, *Herculine Barbin: Being the Recently Discovered Memoirs of a Nineteenth-century French Hermaphrodite*, New York 1980.

5 A. DREGER, *Hermaphrodit*, p. 42.

6 A. DREGER – Ch. CHASE, *Changing the Nomenclature*, p. 731.

civil status. This fact, according to the expert, also negated Sophie's marriage, which was completely incompatible with her previously lived identity.⁷

The centrality of the gonads in the process of assessing anatomy gradually began to appear inaccurate. The basic notion of a hermaphrodite, which referred to the aforementioned sexual ambiguity and represented a stigma for people with different anatomical variations, also appeared problematic.

In 1917, the German-born American geneticist Richard Goldschmidt, who was working at the University of Munich at the time, came up with a new theory of intersexuality. The scientist studied and interbred different species of moths and butterflies and observed their sexual development and found that some species did not fit into the male, female, or hermaphrodite group. The variation was so extensive that the species could not be determined by the older taxonomies of hermaphroditism. For more detailed naming, the scientist created a broader category of intersexuality that was superior to hermaphroditism. In the case of animals, an example can be given called gynandromorphy, which can be aptly observed in butterflies because of their coloration. A gynandromorph has male and female sex organs, which is physically manifested by a mottled coloration that combines male and female colour features. In simpler terms, half of the butterfly is blue, the other half yellow. The essential difference between hermaphroditism and its variations, then, is that hermaphroditism shows no other physical indications, apart from the variation of internal and external sex characteristics, as is the case, for example, with the colouration mentioned above.⁸ Hermaphroditism became, in relation to intersexuality, only a specific subtype of it. Goldschmidt's theory, which was used by experts well into the 20th century, did not bring about a change in reality, as the outdated taxonomy continued to be used into the 21st century. For the Czech environment, we find this division, for example, in the comprehensive publication *Sexology* from 2010, without any mention of intersexuality or intersex.⁹

In terms of theory, it seems appropriate to draw inspiration from Judith Butler's ideas on gender and the body in culture, complemented by the insights of the American historian and bioethicist Alice D. Dreger. Through Butler's theory, the hermaphrodite is a body of remarkable matter, a symbolic space where, according to the experts of the time and the research of Dreger's analysis, the two sexes meet.¹⁰

7 A. DREGER, *Hermaphrodit*, pp. 11–13.

8 Richard GOLDSCHMIDT, *Intersexuality and the Endocrine Aspects of Sex*, *Endocrinology* 1, 1917, pp. 433–455.

9 Petr WEISS (et al.), *Sexuologie*, Praha 2010, pp. 36–42.

10 Judith BUTLER, *Trampoty s rodem: feminizmus a podrývání identity*, Bratislava 2003.

Dreger argues that the two-sex hermaphrodite did not really represent a disruption of the two-sex order. This is because aspects perceived at the time as masculine and feminine were intermingled in the hermaphrodite. They existed side by side, complementing each other, or one predominated over the other in the appearance or actions of the person.¹¹ A hermaphrodite represented a kind of relic from a time when the human body was perceived through the so-called “one-sex” model, in which gender differentiation preceded sex differentiation. When the body of a hermaphrodite was being evaluated in the past, bodily reality was not important for society, but rather the preservation of the order and system of gender categories.¹²

The intersex individual, or the idea of it, as opposed to the hermaphrodite, is that it exists separately between the two sexes. Intersexuality is a separate category that moves between the two genders (female and male) and is, in symbolic terms, the result of a merger, a mixture of both, from whose influence something entirely new has emerged. The idea of a new category has allowed experts to transcend the male-female and female-male worlds that were originally so closely tied to the anatomical gonadal system and has led them to theorise about what conditions the fact that human bodies can be called male or female and to include in knowledge bodies that do not biologically meet artificially set parameters.

Through Judith Butler’s theory, corporeal matter is inseparable from norms and regulations. The constant repetitive dynamics of this power act upon any body in the form of gender. The problem of the intersexed individual persists, although becoming a new, let us say third category is still subject to gender regularity. While the category of intersexuality can be understood as a newly created medical theory, it is not possible to speak through it of the creation of a so-called new individual who is not subject to the materiality of the body, dependent on gender performativity, shaped by heteronormative discourse.¹³ The discourse of gender is, in short, the fundamental criterion that controls the body, because it is unthinkable for a person to perceive their existence without gender being included in this process.¹⁴

The symbolic social pressure that manifests itself in the need to include the human body in the object of speech leads the individual into an endless loop. Bodily matter is inseparable from norms and regulations. The determination of gender seems to be natural, resulting from such a fact, namely that the body is the bearer of sexual organs, whose existence affects human lives to such an extent that they have become a fundamental

11 A. DREGER, *Hermafrodit*, pp. 11–13.

12 Thomas LAQUEUR, *Rozkoš mezi pohlavími. Sexuální diference od antiky po Freuda*, Praha 2017, pp. 189–191.

13 A. DREGER, *Hermafrodit*, pp. 49–55.

14 Judith BUTLER, *Závažná těla: O materialitě a diskursivních mezích „pohlaví“*, Praha 2016, pp. 15–47.

criterion in the development of human identity and have influenced the position of the individual in society.

In 2016, the agency of the Office of the United Nations High Commissioner for Human Rights officially promoted the concept of intersex, in order to reconsider the way of thinking about the body. By definition, an intersex person differs from the commonly accepted definitions of the male and female body. The differentiation lies, unlike in the past, in genetics, chromosome patterns, sex hormones, or internal and external sex organs. It also allows, to some extent, a re-evaluation of what is allowed to be perceived as a primarily male or female body, in the pursuit of free coexistence.¹⁵

Changing the term also conveys a separation from sexuality, because in the past intersex people were automatically assigned homosexuality, and the outdated term “intersexuality” implies problems with sexual orientation, which may not be the issue at all.¹⁶ Prior to this move, *Organisation Intersex International Europe*¹⁷ was founded in 2015, the first organisation in Europe to bring together intersex people, spread awareness of the issue, and fight for human rights. Although the category of intersex has succeeded in shifting thinking about the body and rewriting established discourses through the category, in practice it is still a contemporary issue.¹⁸

In this study, I will first map out the medical concepts related to the terms “hermaphroditism” and its later parent category of intersexuality. An examination of the terms is necessary to capture and understand the differences between hermaphroditism and intersexuality, and to use examples to assess what this change in understanding has entailed. Two specific examples from the past, i.e. the first half of the 20th century, will provide insight into the inherent problems and nuances with categorising and thinking about the human body in practice. The first example, from 1902, operates with the notion

15 *Intersex people: OHCHR and the human rights of LGBTI people*, URL:<<https://www.ohchr.org/en/sexual-orientation-and-gender-identity/intersex-people>>, [accessed 1 April 2023].

16 For example, see the interview with Kitty Anderson from 2019, URL:<<https://www.praguepride.cz/cs/cteni-a-foto/clanky/1067-intersex-aktivistka-kitty-anderson-doktori-nam-rikaji-ze-nas-spolecnost-nepochopi>>, [accessed 1 April 2023].

17 Organisation Intersex International Europe <<https://www.oieurope.org/>>.

18 The rights of intersex people continue to be violated all over the world, not excluding European countries and the Czech Republic. The healthy bodies of intersex people are considered a medical problem that needs to be solved by surgical interventions or hormonal, but also psychological treatments, which are decided by doctors or the parents of children who have to face the pressure of the environment to meet the requirements of fictional normality. From the idea that they are doing the best for their offspring, they subject their bodies from childhood to interventions that irreversibly harm the healthy human body. Children have no right to informed consent. Using the example of intersex people, we see how the idea of body normality affects people’s lives in practice, simply because they do not fit into the two established categories of female and male. ILGA Europe. <<https://ilga-europe.org/blog/children-born-intersex-are-at-risk-in-most-european-countries-heres-why/>>, [accessed 1 April 2023].

of hermaphroditism and dates from a time when intersexuality was not part of medical discourse. The second case comes from the 1940s, where we already encounter the term “intersexuality” produced by medical theories and accompanied by other definitions.

Hermaphroditism and Intersexuality in Czech Medical and Literary Discourse

The way in which professionals understood and distinguished hermaphroditism and later intersexuality in the past can be seen from dictionaries and professional manuals. In Rieger’s dictionary of 1863 we find a distinction of hermaphroditism into male and female only, according to the variation of testicles and ovaries.¹⁹ In males, three subtypes are detailed, with the internal organs corresponding to the male and the external to the female. Under female hermaphroditism it is only pointed out that these women are referred to by the term *viragenes*, male. The abbreviated definition does not quite correspond to those coming in the younger period of history. At this time, physicians did not have Klebs’ or Goldschmidt’s terminology, which was later followed by specialists in the first half of the 20th century. Rieger’s dictionary also uses the term *obojúdec*.²⁰

The 1889 medical dictionary also uses the term *cvikýř*²¹ for hermaphrodite. Here it is already stated that a distinction is made between hermaphroditism, not only female and male, but also true and pseudo, following the example of Klebs’ taxonomy. However, attention is drawn to cases where a pseudo-hermaphrodite woman married another woman or spent her life among monks because her external physiognomy more closely resembled a masculine body.²²

Almost identical premises can be found in the Dictionary of Domestic Medicine and Health Care of 1897. Here, moreover, it is pointed out that some cases are also dealt with in court case studies.²³

The most complete and extensive treatise from the very beginning of the 20th century can be found in the 1903 book *Pud pohlavní a prostituce* by the Czech physician Otakar

19 The author of the paragraph could not be identified; in the dictionary it is abbreviated *C. of P.*

20 An older simple term for a person who has both sex organs. František Ladislav RIEGER – Jakub MALÝ, *Slovník naučný. Díl třetí*, Praha 1863, p. 752.

21 The term comes from the German word *der Zwitter*, which is a term for a hermaphrodite or intersexual. It was used in the context of homosexuality by the German writer Karl Heinrich Ulrichs in his terminology of the *Urnings*. J. Clayton WHISNANT, *Queer Identities and Politics in Germany: A History 1880–1945*, New York 2016, pp. 20–23.

22 Josef THOMAYER – Karel CHODOUNSKÝ, *Slovník zdravotní: Populární praktická kniha poučná*, Praha 1889, pp. 89–90.

23 Josef PAVLÍK, *Slovníku domácího lékařství a zdravotnictví*, Praha 1897, pp. 66–67.

Rožánek.²⁴ Here we can find a division of hermaphroditism according to its physical aspects. The expert distinguished between true and pseudohermaphroditism.

In general terms, he also used the term *obožňáctví*.²⁵ Within these basic groups, physicians distinguished terms based on the gonads, testes, and ovaries. Thus, we meet with true bilateral hermaphroditism, in which the testes and ovaries, epididymis, gonads, vagina, uterus, and fallopian tube are present on both sides. Further with true unilateral hermaphroditism, where the testis or ovary is on one side and the opposite on the other. These types are quite rare, as is the full functionality of both gonads. Rožánek reported that most often only the testis is fully developed. Pseudohermaphroditism was differentiated into male and female, with their specific subcategories. In the male type, the external genitalia resemble the female genitalia, while the internal genitalia correspond to the biology of the male body. The lower genitalia tend to be open, giving the impression of a vagina; the labia are small and doctors compare them to the clitoris. Female hermaphroditism, then, with its specifics, is the opposite of the male. The internal genital tract resembles the female one. However, the ovaries do not contain the Graaf follicles, responsible, among other things, for the production of oestrogen, the clitoris resembles a penis, and the vagina is almost closed.²⁶

What is important for this study, however, is that as the influence of sexology and psychology in medicine has become more widespread, physicians have begun to point out and theorize about a certain type of so-called *psychological pseudohermaphroditism*. The name reveals that a person did not have to have physical aspects for this diagnosis; on the contrary, these may have been quite in keeping with contemporary ideas of the male and female body. The main problems lay in the behaviour of the individuals.

Rožánek therefore reported on this issue. The expert associated the term with possible female homosexuality and placed it in the environment of women's prisons or brothels. At the same time, he expressed the assumption that in most cases women are dealing with so-called perversity, i.e. a temporary eccentricity, not perversion, which refers to a permanent medical condition.²⁷

In the case of psychological hermaphroditism, according to Rožánek, it was a way of acting that was not necessarily related to the biological structure of the sexual organs. Psychic hermaphroditism, as an eccentricity, was the first stage of a series of deviations

24 Otakar ROŽÁNEK, *Pud pohlavní a prostituce I.*, Praha 1903, p. 499.

25 Another older simple term for a person who has both sex organs. Ibidem, p. 95.

26 O. ROŽÁNEK, *Pud pohlavní a prostituce I.*, pp. 95–99.

27 On the topic of the dispute between acquired and congenital homosexuality in the Czech context see Jan SEIDL, *Zhýralci a psychopati. Trestání homosexuality za první republiky a česká medicína*, *Theatrum historiae* 11, 2012, pp. 214–215.

in which women did not behave or look according to the norms set by society. A more serious diagnosis was so-called viraginity, where a woman felt fully male even though she did not have typical male body proportions. This was already manifested in adolescence, when the girl chose boyish games and hobbies, including sports. Following this pattern, it is said that this type of woman soon learned to hate perfume and sweets, instead indulging in beer and tobacco and presenting herself as a man in society by her hairstyle, dress, and overall appearance. According to Rožánek, the most serious stage was what he termed gynandry. According to doctors, a woman with this diagnosis had female genitals, but her physical structure resembled that of a man. This also applied to posture and facial features. According to the author, the gynandrists differentiated themselves from the viraginity stage by their homosexuality and even tried to find through advertisements other women with whom they could establish a love affair.²⁸ “*In 90 per cent of cases these advertisements are suspected not only of homosexuality, but also of perversion of the sex drive.*”²⁹ However, the author did not back up his statistics with anything. He also pointed out the marriages that occur because of one of the women presenting herself as a man in society. The author draws examples from foreign authors.³⁰

In men, according to Rožánek, psychological hermaphroditism manifests itself in so-called effeminacy and androgyny. In effeminacy, as in female viraginity, the man feels himself to be a woman, although his body does not correspond to it. Boys like to be in the company of women, because they have the same interests; they are well versed in art and literature, but, on the contrary, they do not like sports, do not smoke, and do not drink alcohol. In the case of androgyny the behaviour, body structure, and general appearance are also feminine. Interestingly, in both cases the author emphasises homosexuality in men, whereas in the case of female viraginity homosexuality does not necessarily occur. For what reasons this distinction is made is not clear. Perhaps it can be explained by the fact that female homosexuality was still something less likely than male homosexuality for the expert.³¹ Rožánek is clearly influenced by gender stereotypes and seems to be rather misogynistic in his assessment of the female sex.

The connection with sexuality can then be found, for example, in Otto's Little Dictionary of Learning from 1905, when he associates this condition with bisexuality.³² In contrast

28 O. ROŽÁNEK, *Pud pohlavní a prostituce I.*, pp. 82–85.

29 *Ibidem*, p. 84.

30 Especially by Krafft-Ebing, Moll, Kierman, Birnbacher. O. ROŽÁNEK, *Pud pohlavní a prostituce I.*, pp. 85–87.

31 O. ROŽÁNEK, *Pud pohlavní a prostituce I.*, pp. 81–82.

32 František Adolf ŠUBERT, *Malý Ottův slovník naučný dvoudílný: příruční kniha obecních vědomostí*, Vienna 1905, p. 869.

to homosexuality and heterosexuality, a bisexual is a person who is capable of intimate relationships with both sexes.

Let us recall that in 1917 the German-born American geneticist Richard Goldschmidt came up with a new theory of intersexuality, which expanded the taxonomy and understanding of the differences between hermaphroditism and intersexuality. Goldschmidt applied his theory to animals. If we go back to the human realm, this argument is complicated. It depends on what we perceive as feminine and masculine traits through culture. We evaluate what is and what is no longer feminine or masculine, with variability then meeting with dis-election in various shapes and forms, according to the rules that apply in society about the gender order defined for the two sexes, with intersex representing that variability still being seen as something less valuable. Experts, as we have seen in Rožánek's case, took the theory beyond human physicality, using the term "intersex" for human beings who, by their actions and behaviour, transgressed contemporary notions of male or female behaviour that were dependent on the biology of gender.

The extent of the power of scientists to theorise about what is accepted as feminine or masculine, and thus to decide which individual is psychologically healthy or not, is almost fully revealed in an analysis of the 1933 manual *Clinical Gynaecology* by the physician Antonín Ostrčil. According to this author, the intersex type is the most complicated and at the same time the most dangerous personality type in women.³³ This type of personality has its beginning at fertilisation. For example, if an egg is fertilised by sperm with a sex chromosome, male sex is created. But it also depends on a kind of sex chromosome energy. This energy then determines whether a person's male physical and psychological nature prevails over the female.³⁴ The problem arises when the energy of the chromosome is not expressed, thus creating a kind of unexpressed sex, i.e. an intersexual type characterised by characteristics of the opposite sex, e.g. a female with male characteristics. Evidence that someone is intersex can be found in their physical constitution, which is why a gynaecologist is able to make this diagnosis.³⁵

At the same time, Ostrčil distinguishes several forms of intersexual personalities, but this classification does not seem to fully matter. We find, as in the case of hysteria, that in order to be classified as intersex, a woman may or may not display a whole range of contradictory aspects. As a result, we learn that an intersex woman is a woman who completely rejects a man, does not desire him sexually, and instead sees him as a competitor. The dislike of the male sex is said to stem from the fact that if such a woman falls in love with a man, she

33 The issue is also addressed in: Denisa VÍDEŇSKÁ, *Nemoci ke svobodě? Případ ženské homosexuality v Praze v letech 1942–1945*, *Studia historica Brunensia* 69, 2022, pp. 135–137.

34 Antonín OSTRČIL, *Klinická gynekologie*, Praha 1933, p. 13.

35 *Ibidem*.

also feels such a mental and physical aversion to him that she is unable to be with him.³⁶ The author does not hesitate to name the specific professions he believes these types of women practise. He includes some types of strict teachers, suffragettes, clerks, and workers in scientific institutes. Another intersexual type, on the other hand, is the woman who is charming but perverse and very often seeks out men and “deliberately attracts them” but is never able to live in monogamy with them. Moreover, if this woman marries, she is, for example, irrepressibly jealous, scheming, and quarrelsome.³⁷ The last type of intersexuality is then the “male, virago”, whose physical constitution resembles that of a man.³⁸ In general, then, intersex women have problems getting pregnant and are more likely to suffer from venereal diseases, etc. In this example, it is evident that any woman can be an intersex woman, as long as she departs from the traditional conception. The author himself does not insist on a precise categorisation. According to the expert, intersexuality is linked to a person’s overall character, to their behaviour in society, and also to their sexual behaviour.

In the *Psychological Dictionary* of 1940 by Karel Černocký we find a similar theory to that of Ostrčil, namely, that in each sex chromosome there is a bodily basis of instinct, which perhaps imbues the developing individual with a masculine or feminine type of personality. In mating there may be a mismatch between the female or male factors, and in the higher species this mismatch manifests itself in the mental, i.e. psychic, sphere.³⁹ It is difficult to say who is truly intersex and who only exhibits intersex traits. For example, a man may be intersex if he has feelings which women have and which he, as a man, should not have. As examples of an intersexual, the author gives the example of a man who feels desire for a woman’s experience of motherhood or pregnancy⁴⁰ and similarly, a woman who falls in love with another woman and feels physical attraction to her, even though she is not a man. All these aberrations, burdened with gender stereotypes, occupied the minds of doctors.

More sober views than those of Antonín Ostrčil’s book on medical practice can be found in the 1940 publication *Úvod do lékařské sexuologie* by the Czech sexologist Josef Hynie.⁴¹

36 Ibidem.

37 Ibidem, p. 15.

38 Ibidem.

39 Karel ČERNOCKÝ, *Psychologický slovník*, Praha 1940, p. 139.

40 Ibidem, pp. 139–140.

41 Josef Hynie was in charge of the Institute of Sexology in Prague from 1935. Milena LENDEROVÁ, *Tělo intimní. Poznámky k sexualitě 19. věku*, in: Milena Lenderová – Vladan Hanulík – Daniela Tinková (eds.), *Dějiny těla: prameny, koncepty, historiografie*, Červený Kostelec 2014, p. 175. On the work of Josef Hynie and the development of (not only) the sexological movement in the second half of the 20th century, see also: Kateřina LIŠKOVÁ, *Sexual Liberation, Socialist Style: Communist Czechoslovakia and the Science of Desire 1945–1989*, Cambridge 2018.

According to Hynie's findings, it is necessary to approach people from a practical point of view, taking into account the possibilities of clinical examination. Experts tried to meet the requirements of individual patients. It was not in their interest to remove a man from the gender role in which he identified in society. In other words, if, for example, an individual identified as male and was accepted as such by society, even though his substitution may have been more in line with a female sex organ, he was not suddenly forced to present himself as female because of this. In these cases, on the other hand, there may have been surgical procedures in which the sexual organ was modified to resemble a male phallus.⁴² So there is a noticeable shift in thinking about intersexual individuals. That is the doctor's attempt to help, not to merely, by diagnosis, condemn someone to exist in a role in which they do not feel existentially satisfied.

More problematic decision making for doctors was posed by newborns. Hynie pointed out that in most cases, the female gender is most commonly chosen. At the same time, however, he deduced that intersexuality was not suitable for this gender. A woman is more dependent on motherhood, childcare, which is seen as a prerequisite for a happy marriage. If she is unable to bear offspring, it is unlikely that a man who could also provide for her will want to be with her. For these reasons, he therefore recommends raising intersex individuals in the male role for existential reasons and, for safety, giving the child a neutral name that can be used by both sexes. Thus, a man suffers less than a woman if he does not marry because he has more options for social space.⁴³

A succinct summary, perhaps demonstrating an effort to accept intersexuality, can be found in the 1931 handbook *Sexual Biology* by the Czech physician Vladimír Bergauer. "Every, even 'one hundred per cent' man has some features of woman, every more 'feminine' woman has hidden in herself some features of man. But these traits, whether physical or mental, become conspicuous only when they stand out above the average."⁴⁴ The book again summarises not only new contemporary knowledge about the physical variations of intersexuality, but also information about what was termed psychic pseudohermaphroditism, which the author refers to as synonymous with homosexuality.⁴⁵

42 Josef HYNIE, *Úvod do lékařské sexuologie*, Praha 1940, pp. 26–28.

43 Ibidem.

44 Vladimír BERGAUER, *Sexuální biologie*, Praha 1931, p. 90.

45 Ibidem, pp. 80–99.

Emil Tréval: *Maia*

In 1902, a novel entitled *Maia: a novella*⁴⁶ was published by the Czech physician and writer Václav Walter, who published the work under the pseudonym Emil Tréval.⁴⁷

The title of the book itself refers to a nymph named Maia from ancient Greek mythology, who, with the god Zeus, gave birth to Hermes. Hermes was the father of Hermaphroditus, whom he fathered with the goddess of love, Aphrodite. According to mythology, Hermaphroditus was not meant to be hermaphroditic from birth; he was made a bisexual by the gods, who heard the pleas of the nymph Salmakis, who longed to merge with Hermaphroditus into one person. This happened during an embrace in a pool, and from then on, anyone who drank from this water was to become a hermaphrodite. *Maia* thus refers to the origin of the hermaphrodite, beginning with the mother. And indeed, at the beginning of the book we learn about the childhood that the protagonist, Artur Vesnický, had with his mother, his sister two years older, and his grandmother. His father died when Artur was four years old. The story is written in *er-form* and focuses on Artur's childhood and adolescence, which throughout the work is influenced by the fact that Artur was born a hermaphrodite.

The work can be divided into several main themes. The first concerns the body, the second human sexuality, and the third is the psychological aspect. The author links the themes seamlessly in the story, but it is more appropriate to separate them for analysis.

Psychology of the character

Artur Vesnický grew up in a family without a father. This fact was probably crucial for the author and was to shape the behaviour of the main character. Artur's childhood hobbies included picture books and especially knitting, embroidery, and crochet. The boy did not go to school and was not allowed to play with other children. His only childhood friend was his older sister Tekla, who died of an unknown illness. As an adult, he then resented taverns where men entertained themselves with card games, alcohol, and smoking, unlike other adult men. With his mother, he frequented inns that had their own *purity, elegance, and taste*.⁴⁸ Artur was very diligent in his studies, first at grammar school and then at college. After the death of his sister and grandmother, only his mother had an influence on his upbringing, and she also died when he was in his early twenties. His mother remained

46 Emil TRÉVAL, *Maia: novella*, Brno 1902, p. 215.

47 Václav Walter (pseud. Emil Tréval) (1859–1929). He published in medical journals and fiction periodicals. His work reflected, among other things, the popularisation of medical science. In: *Ottův slovník naučný*, Praha 1908.

48 E. TRÉVAL, *Maia*, p. 70.

aloof from the neighbourhood and did not marry after the death of his father. In the later plot of the novel, this is explained precisely by Artur's hermaphroditism. The mother tried to protect the boy by isolating him from the outside world, and after her death, Artur is even more alone and also confused about himself. The author then portrays the protagonist as reserved, quiet, and with features that are strikingly different from the contemporary idea of masculinity.

The doctor, the author of the book, created an environment in the novel from the beginning that prevented Artur from developing, from acquiring an identity as a boy. The fact that he was a hermaphrodite was not enough for Artur to distinguish himself, to behave in an effeminate manner. The author of the book must have been influenced by the psychology of Sigmund Freud. At the same time, the text perpetuates the stereotypes of male hermaphrodites and their behaviour observed in medical texts.

Approach to the body and sexuality

Already at the beginning of the book a mysterious problem concerning Artur's health is hinted at. The boy did not have happy memories of his childhood because doctors often came to the house to examine him, even though he did not feel ill. The reason for these visits remained hidden from Artur. Something that was traumatic for him was that his mother always, incomprehensibly for the boy, cried during these visits. During adolescence, there were also observations in the mirror. The author describes Artur as a tall, yet skinny, pale boy who is hairless and beardless, with his mother's large brown eyes. It was a body that looked "*neither childlike nor manly*".⁴⁹ At the age of 20, as part of his conscription, he had to undergo a medical examination with other men. Artur, although he did not know the real reason until then, suspected that his body was different from the bodies of others. Shame seized him during the examination. At the Major's words, he learned of the diagnosis his mother had kept from him. "*To always be incapacitated! A hermaphrodite. Bracket androgyny. You may go.*"⁵⁰

Artur's self-confidence was further undermined by this experience and his attitude to himself deteriorated. Artur looked up the term in the dictionary, not knowing until then that people like him even existed. The author of the book, a doctor by profession, was perhaps reflecting here on a real problem in clinical practice. People often did not know what to call their problems. Identifying them helped them understand, but soon gave rise to a sense of helplessness, based on being outside the boundaries of social acceptance, on the so-called margins of society. One soon acquired a new identity as different, which in the view of

⁴⁹ Ibidem, p. 33.

⁵⁰ Ibidem, p. 143.

the medical profession became synonymous with being sick.⁵¹ In practice, the labelling process in society helps individuals learn about their identity. However, they learn about their societal identity from experts or literature, rather than discovering it on their own. According to Foucault, individuals discover how these labels are reflected in the discourses of societal structures. The problem is the way in which the environment expresses itself about a given problem, whether something that is perceived in society, as is the case with hermaphroditism, as a deviation from the established norm, must necessarily actually be labelled as a problem. In a society where the idea of the human body was necessarily tied to the sexual biology of the body, which Artur's form and perhaps the functionality of his sexual organs did not meet, where his physicality was closer to the idea of a feminine body, it was difficult to exist without self-doubt and to establish intimate relationships with others.

Thus, the problems lay in fertility, because the body of hermaphrodites was not necessarily biologically adapted for childbearing. Moreover, the novel was written at a time when society saw the unquestioned value of humans in their ability to procreate. In the case of Artur, the author did not dwell much on this issue because the protagonist had a problem with the sexual act in all its variety.

In the plot, even before Artur learns during a medical examination that he is a hermaphrodite, he falls in love with a girl named Isabella from Prague. An intimate encounter ensues between the two, which ends in cruel mockery from his beloved just before the sexual act. This experience was followed by another in which Artur fell in love with a Dominican monk, Optat. This work, then, reflects the contemporary conflation of hermaphroditism with homosexuality, as exemplified by medical theories. In these passages, the author places the protagonist in a female role and notes that the friendship, as he names the relationship, between the two was more about tenderness than masculinity. "*In fits of affection, Artur kissed the priest, laying his head on his breast.*"⁵²

He kept mementos, composed odes to the monk, wrote love letters, and even carved the letter "O" on his chest with a knife. For the sake of his beloved, he considered entering a monastery. The relationship was disturbed by a kiss that Optat, returning to the monastery drunk, gave to a young girl, who then spoke about it in public. Artur was very jealous and decided to go to the country the very next day and love overcame him. Again he was seized only by shame for his feelings. "*He would have been glad to erase from his life this episode and the one in Prague.*"⁵³

51 Věra Sokolová explored the influence of medicine on queer people and their formation of their identity in the shadow of sexuality stigmatised by the state, labelled and understood as a disease in the second half of the 20th century. Věra SOKOLOVÁ, *Queer Encounters with Communist Power*, Praha 2021.

52 E. TRÉVAL, *Maia*, p. 74.

53 *Ibidem*, p. 78.

In the last part of the book, Artur travels to visit his uncle in the countryside, where he falls in love again, this time with a young girl named Felicitas. However, the relationship flounders as the girl begins to demand more physical contact, which she sees as proof of love. The hatred of his own body seems to have turned into a hatred of sexual intercourse. Artur longed for a woman who was, in the words of the author, asexual. For a romantic relationship full of amorous feelings, but devoid of physical sexual contact. Homosexuality, which could have played a role in this case, is here put in the background, as a mere episode in the exploration that belongs to adolescence. There is a definitive break-up between the two for these reasons.

Conclusion of the book

At the end of the novel, Artur struggles with severe depression and insomnia, escalating into thoughts of suicide. He is brought out of this state by his friendship with a doctor and a subsequent incident in which he meets a young nun who is terminally ill. The protagonist then tries to find his way back to life through an attempt to study medicine, which he soon gives up, mainly because of his practice at dissection. He sets out to study a variety of religions; the only one in which he eventually finds solace is the diversity of Indian religions. Here again we come to the title of the novel, “Maia”, which, however, in the end refers to the so-called Maya, which can be defined as an illusion. It is an illusion of the world, and admittedly one that human life can be completely satisfied by material desires, but which leads individuals to abandon their spirituality. The author gradually translates Artur’s hermaphroditism as a result of the degeneration of the people of his time, a consequence of the process of modernisation brought about by the 19th century.

“He looked at himself as a representative of youth, a generation that was nervous, dissatisfied, searching. Fin de siècle... Build madhouses, perfect the murderous armour, seek the healing substance against unbroken sorrows, unsprouted juices, against interrupted development and hasty fruitfulness! Formerly virtue, perfection, was the measure of all endeavour; now success is the god to whom not only sweat, but blood, honesty, health of body and soul are sacrificed. Poor, ridiculous stumble! Maia!”⁵⁴

This realisation then makes society with its rules and desires seem sick to Artur. He rises above it until it leads him to a kind of spiritual asceticism, which is supposed to be his salvation and what prevents him from committing suicide at the end of the book. Thus, the author commits himself to the proposition that the saving consolation for man is to be the knowledge that the sick is in fact the whole of human society, not just the individual, who is seen here as the victim and consequence of a fictional historical process. The question is whether this cannot also be thought of as a mere criticism of a social attitude that hides

54 E. TRÉVAL, *Maia*, p. 209.

all diversity under the label of illness. Given the references to Indian religions that glorify gods with different physical variations and different attitudes towards sexuality, as, for example, Michel Foucault⁵⁵ later pointed out in his writings, this interpretation of the conclusion also offers itself as valid.

František Pleskot, František Švehla: The Case of A.H.

“We are pleased to report a complicated case of female homosexuality and transvestitism in 41-year-old A.H., a freelance roofer.”⁵⁶

In the fifth volume of the *Journal of Czech Physicians* of February 8, 1946, an extensive study was introduced by these words. The authors were the neurologists František Pleskot⁵⁷ and František Švehla,⁵⁸ who worked at the newly established Neurological Clinic of Charles University. Unfortunately, the name of the patient who is the protagonist of the case could not be found. It cannot be stated with certainty whether these are the initials of the name or arbitrarily chosen letters. The study is clearly divided into two parts, the psychological and the physiological. To make a diagnosis, it was important for the physicians to try to capture aspects of the person that were central to the scientific research of the time.

A.H.'s biological body fit into the female category, so the doctors treated A.H. as a woman, although the clinic was willing to refer to A.H. as a man. The report in the journal referred to A.H. using feminine pronouns. The present study does not presume to attribute a gender identity, but it does wish to accommodate A.H.'s requests, which are clear from the testimony, and therefore, unlike the doctors, it takes the liberty of using masculine pronouns when referring to A.H.

Subjective anamnesis

A.H. came from a family of nine children, of whom only three survived to adulthood.⁵⁹ The family was not burdened with any nervous or mental illness. His father often indulged in alcohol and also in playing cards. A.H. described his upbringing by his father as strict;

55 Michel FOUCAULT, *Dějiny sexuality I. Vůle k věděni*, Praha 1999.

56 František PLESKOT – František ŠVEHLA, *Případ transvestitismu*, *Časopis lékařů českých* 85, 1946, vol. 5, pp. 157–166.

57 Mudr. František Pleskot (1909–1975) worked at the Henner Neurological Clinic in Brno during the Second World War; after 1950 he became the first head of the newly-established independent neurological department at the Prague-Střešovice Hospital. In: *Časopis lékařů českých* 115, 1976, vol. 13, p. 408.

58 Mudr. František Švehla. The data could not be traced, according to some articles he worked during the Second World War, as did Mudr. Pleskot, at the Henner Neurological Clinic in Brno. In: *Časopis lékařů českých*.

59 A.H. had a brother nine years older and a sister 24 years older.

he was often beaten as a child, unlike his older sister, whom his father was supposed to have liked more. His mother was paralysed and was described as a very kind and gentle woman. From the age of eight, A.H. was left alone to look after the whole family farm with his father, as his elder brother had died. The elder sister became pregnant by an unknown man and then married another man who was not the father of her child. The family then cut off contact with the elder sister.

A.H. used to dress up in boys' clothes as part of his work on the farm, imagining himself to be a groom. Gradually, he also dressed like this in his spare time. In his childhood he also regretted not being a man. "*I saw what privileges men have, in what they have priority over women, women, they can't go anywhere.*"⁶⁰ The doctor's report pointed out that A.H. did not play with dolls and did not want to participate in girls' games. He also often fought and liked to climb trees. At school, in spite of his wild nature, he studied very well, and he also did very well in morals.

When A.H. was 14 years old, his mother passed away. The teenager had hoped to inherit the farm, but his father had the entire estate signed over to his sister. This was a great disappointment for A.H. and out of anger he smashed up the notary's office, then hid from the authorities under a false name. During the war he volunteered for the Red Cross in Hungary, where he served as a nurse. There he met a nun, for whom he had an affection. The nun held conversations with him about love and lent him romantic literature, discouraging A.H. from relationships with men and warning him against venereal disease. In the intimate sphere, there were only kisses between them.

After the war, A.H. apprenticed as a roofer. However, during his adolescence, he had a number of jobs, for example in hotel kitchens, as a waiter, or as an operator on a mobile carousel. As part of his waitressing, he went to work dressed in women's clothes. Every Sunday, however, he dressed in a sailor suit and danced to music with both men and women. At this time, when A.H. was, according to the report, twenty years old, he met a boy of similar age who made amorous advances to him. A.H. did not reciprocate his feelings, was uncomfortable with his amorous advances, and later ended the friendship. Later he went on a tramping trip with friends, where he met another man. According to the statement of A.H., they were raped by him. From that time on, he did not have any more relations with men. After that incident, he had another unpleasant experience, this time with a woman who tried to seduce him into a sex act in the form of cunnilingus in an unnamed inn in Hungary. A.H., however, firstly did not like the woman and secondly was disgusted by this particular act of love with a woman. In this way he rejected two other women, both of whom were supposed to have red hair. He told the doctors that women with red hair

60 F. PLESKOT – F. ŠVEHLA, *Případ transvestitismu*, p. 157.

were vindictive, shy, and lazy at work, and that he hated the colour red on women. The first case involved a bar dancer whom A.H. was accompanying her home at night. On the spot, the woman tried to seduce him. *“He says that he ran out, terrified, as he was, into the hallway.”* The second case involved a female cook who pressured him sexually at work, for which both both of them were eventually fired from the establishment.⁶¹ It is clear from the testimony that the issue here was not simply the colour of the other women’s hair, but rather the fact that A.H. had a problem with his identity and sexuality. A.H. stated that he never felt homosexual desire, logically from our perspective, towards other women. At the same time, he would not allow other women to perform any kind of intimacy on his body. *“She so disgusts herself with her own body that at night in her sleep she cannot bear to have one of her legs touch the other, so she puts a pillow between them.”*⁶²

A.H.’s relationship to his own identity and sexuality changed over the years. A few years later, around the age of 25, A.H. first took on a male lover’s role when he danced all evening with a girl who then fainted and A.H. carried her out in his arms for air. From this time on, A.H. felt himself to be a man, and assumed masculine roles in society more and more. He dressed in men’s clothes and was called by the name of his maternal uncle. *“When talking about himself he uses more masculine endings; however, when talking to doctors he refers to himself as a woman.”*⁶³ At the clinic, the doctors complied with his request and addressed him as male, unlike the nurses, who refused to treat the patient that way.⁶⁴

Later he met a woman who was a widow and had one child. A.H. fell in love with the woman, lived with her in her apartment, and supported her financially, as he himself worked as a roofer while the woman worked in the household. One day, however, A.H. caught his mistress in the flat with another man and ended the whole relationship in disappointment. In the role of a man, A.H. was able to feel sexual attraction to women. *“He said he always wanted to take such women in his arms, kiss them and squeeze them hard.”*⁶⁵ In this role, for A.H., the object of desire was *“the whole body of a woman.”*⁶⁶ Alcohol also played a role here. A.H. was less afraid of rejection, but he lacked concrete experience for the time being. After these experiences he saw waitresses and prostitutes, whom he liked to entertain, but even in these cases he only hugged and kissed them. A.H.’s last relationship was the friendship he had for a married couple, a blind man and especially his wife. With the woman in question, A.H. established a romantic relationship which involved kisses and hugs. *“He cares for the wife, helps the couple in the household, and provides them*

61 It was an unnamed hotel in Prague. Ibidem, p. 157.

62 F. PLESKOT – F. ŠVEHLA, *Případ transvestitismu*, p. 158.

63 Ibidem, p. 159.

64 Ibidem.

65 Ibidem, p. 158.

66 Ibidem.

with small services, such as setting up a rabbit hutch. A.H. also carries a photograph of the woman.”⁶⁷ The doctors commented that this was consistent with Hirschfeld’s statement about homosexual women.⁶⁸ At this point, one cannot resist the comment that perhaps all couples in love exchange gifts with each other, not just homosexual couples.⁶⁹ Doctors have also tried to understand how homosexual people get to know each other. A.H. testified that it is recognised by handshakes, glances, and cues in speech. Symbolic objects can also be used for recognition; A.H., for example, wore a wedding ring, which he said all his companions wore, as a symbol of romantic friendship. He did not confirm any dreams of an erotic nature.⁷⁰

Objective anamnesis

Given the biological body, doctors evaluated the sexual desires of A.H. as homosexual. In the clinic, A.H. showed affection for several female patients and also for the nuns, and the doctors also assessed his behaviour as frivolous. “*She was kissing another patient in public in the hospital room. Her statements about certain women were also of a very frivolous nature. Of one random nun present, she said, “she would go to the body, she would be fit for bed.”*”⁷¹ He tried to win women over by dedication, offers of correspondence, and various symbolic gifts, such as sweets. The doctors also pointed out that A.H. possessed a collection of illustrations of pornographic content, which, among other things, he sold in nightclubs.

In determining homosexuality in women, it was first necessary to determine their physical constitution.⁷² As we have observed in medical manuals, specialists tried to find a physical predisposition to homosexuality. They were trying to find a kind of predestination, evidence that would confirm their contemporary theories about human sexuality. Often these could be complete trivialities, such as height and width of stature, so-called

67 Ibidem, p. 159.

68 On these stereotypes related to homosexuality of that time see J. SEIDL, *Zhýralci a psychopati*, pp. 213–215.

69 The symbolic exchange of gifts, which have an indispensable communication value in human society: Marcel MAUSS, *Esej o daru, podobě a důvodech směny v archaických společnostech*, Praha 1999.

70 On stereotypes about female homosexuality and their spread among doctors, see also: Lillian FADERMAN, *Krásnější než láska mužů. Romantické přátelství a láska mezi ženami od renesance po současnost*, Praha 2002, pp. 289–295.

71 F. PLESKOT – F. ŠVEHLA, *Případ transvestitismu*, p. 159.

72 The analysis of popularly educational sexological manuals in Czech historiography was the subject of studies by Josef Řídký. See: Josef ŘÍDKÝ, “*Neexistuje dobře přizpůsobený a šťastný homosexuál*”: *homosexualita v českých populárně-sexuologických příručkách 30.–90. let 20. století*, in: “*Miluji tvory svého pohlaví*”: *Homosexualita v dějinách a společnosti českých zemí*, Praha 2013, pp. 387–410; IDEM, *Dlouholetá měření dokazují, že ženy patří za plotnu, pane kolego: esej o genderech a ideologii popularizační sexuologie v českých zemích*, *Dějiny – teorie – kritika* 7, 2010, vol. 1, pp. 30–56.

masculine physiological traits.⁷³ A.H. was 172 cm tall, slightly taller than women usually were. The width of his shoulders was determined to be masculine because women used to have them four centimetres smaller. The doctors used notes from the works of the German psychiatrist Ernst Kretschmer, who was known for his writings on the interconnectedness of the human body structure that was supposed to predispose a person to character traits. From today's perspective, these theories are unprofessional and misleading, based only on expert conjecture and philosophising within the two categories of 'man' and 'woman'. According to this taxonomy, the physicians classified A.H. into the group of masculinised women. According to further research, they placed A.H. in the virilism category because she had more developed muscles and no subcutaneous fat, with thicker and more pigmented skin. A speech test was also part of the assessment. They concluded that the larynx was female, the voice deeper but without male colouration. Gynaecologically, they found no irregularities; everything was in order.⁷⁴

After examining the physical constitution, they subjected A.H. to psychological tests. The first of these was the Rorschach test, which was designed to reveal a person's inner feelings and thought processes by describing random spots and patterns presented to the patient by the doctor. In this case there were 37 patterns, 23 of which A.H. described with anatomical or sexual overtones. This was followed by the Wartegg test, where the patient first drew patterns on paper according to his imagination. This is a psychological projection method which is intended to reveal more about the patient's personality. Interestingly, the doctors note in the file that this test was a disappointment to them because A.H. drew flowers and a house and only in one of the cases did he draw a woman. It appears from this conduct that the doctors wanted to find in the tests what they themselves had been convinced of in advance in order to confirm their assumptions. In another part of the Wartegg test, A.H. wrote of himself as a woman at first, but when he became more immersed in writing he wrote of himself as a man.

The so-called *neurotic symptom of transvestitism* was also an important problem.⁷⁵ There they drew on the findings of Josef Hynie and Magnus Hirschfeld.⁷⁶ They noted that in inverted (homosexual) women, androgynous impulses are commonplace. They saw the wearing of a suit as a means of achieving the fictional goal of becoming a man.⁷⁷

73 On the topic of biological predispositions to homosexuality, see also: Leila J. RUPP, *Vytoužená minulost. Dějiny lásky a sexuality mezi osobami stejného pohlaví v Americe od příchodu Evropanů po současnost*, Chicago 1999, pp. 90–93.

74 F. PLESKOT – F. ŠVEHLA, *Případ transvestitismu*, pp. 159.

75 K těmto stereotypům související s homosexualitou té doby: J. SEIDL, *Zhýralci a psychopati*, pp. 213–215.

76 In the case of Magnus Hirschfeld, from which Hynie also drew, the doctors probably had Hirschfeld's 1910 book *Die Transvestiten* in mind. Hirschfeld thought that cross-dressing could be one of the signs of homosexuality, but at the same time it might not be the rule. C. J. WHISNANT, *Queer Identities and Politics in Germany*, pp. 28–29.

77 F. PLESKOT – F. ŠVEHLA, *Případ transvestitismu*, pp. 160–161.

Sexological conclusion

On the basis of these examinations, the doctors reached a sexological conclusion in which A.H. showed signs of narcissism, egocentrism, and infantilism.⁷⁸ The doctors saw the problem as a fixation on the mother and identification with the father at the same time and in particular, also for the reasons that A.H. had, according to the experts, an abnormal predilection for reading, especially travel books.

It was evident in A.H.'s behaviour that the need to become a man was manifested in his behaviour, choice of profession, language, and the desire to overcome his biological shell. Here again, the doctors had homosexuality in mind, where, in their opinion, the sexual feelings of the individual did not correspond to his constitution. In the theory of homosexuality they also tried to refer to intersexuality, which the doctors theorised in terms of human biology.

Referring to Goldschmidt's theory, they briefly explained that sex is determined for all body cells at the moment of their fertilisation, and what sex each cell has is determined by the predominance of one of the chromosomes. Intersexuality was supposed to have arisen because the ideal requirement of chromosome predominance was not met, and a so-called reversal occurred. If the reversal occurred too late, individuals with a mixture of male and female somata would arise. The more this was delayed, the more likely it would be that a person will be not only intersex but also homosexual, because the soma and psyche are contradictory. Theories of inherited homosexuality, on the other hand, were rejected by the doctors. "*Nothing of the kind has been established, nor do any of the eminent authorities in the field believe in it.*"⁷⁹ The authors then concluded by agreeing that homosexuality cuts across a number of disciplines, none of which is able to capture it in its full complexity. In other words, they could not come to a definite conclusion.⁸⁰

Conclusion

In the figure of Artur Vesnický we were able to observe the contemporary thinking about the body, which was unable to break out of the two categories of sexes. The author attributed feminine qualities and actions to Artur, perceived as a man in the book, then depicted most strongly in the homosexual episode with the monk Optatus, where he placed Artur in a passive (feminine) role. Conversely, we observe unyielding behaviour, perceived as masculine at the time, in the amorous episodes with women. In these cases, the protagonist's

78 Similar qualities were attributed by doctors to Maria Z., who was tried in the 1940s for her homosexuality. D. VÍDENŠKÁ, *Nemoci ke svobodě?*, pp. 144–145.

79 F. PLESKOT – F. ŠVEHLA, *Případ transvestitismu*, p. 160.

80 *Ibidem*, pp. 161–165.

suffering escalates. The impossibility of fulfilling the masculine role in society is depicted by the author in Artur's potency. In the story, the character is trapped in this male-female trap, and as a result of his inability to identify with either sex, he retires into social seclusion and indulges in a world of spirituality and asceticism, which can be seen as a means of symbolic escape from corporeal matter. The hermaphrodite's body oscillates confusedly between the categories of male and female, but in an attempt to replicate social roles, it is intimately committed to them. Artur is unable to see his body outside the established categorisation; the society of the first half of the 20th century offers no other definition. Without definition, it is as if the body sinks into non-existence. The hint of an attempt to redefine the body can perhaps be seen in detachment from society; isolation, however, cannot be a sufficient, long-term solution for a person.

The intersexual body is no better off in the contemporary mentality of the first half of the 20th century. Because of the influence of medicine and the development of psychology, neurology, and sexology, new categories were created to encompass and describe differences that fall outside the two categories of sexes. The body of the hermaphrodite was transformed into the body of the intersexual, which, with its newly acquired status, became the body of the intruder, a visible third category that threatened the established order with its existence and had to be held in the imaginary clutches of the medical profession. A new category of intersexuality was created, which emphasised more strongly the exclusion of such an individual from society. The medical label introduced intersexuality, like hermaphroditism before it, into the realm of disease, but anchored it more firmly and bound it more tightly with associated definitions.

In the case of A.H., we were able to observe just how the body was shielded by a series of medical terms. Paradoxically, A.H.'s body was biologically quite healthy, and according to the medical report, her genitals were normal. Human behaviour, dressing as a man, described by the doctors as transvestitism, and amorous feelings towards women, described by the doctors as homosexuality, did not correspond to ideas of femininity. The power of the medical profession here lies in judging what is socially correct and what is outside the norm of the time.

In the case of acting, A.H. did not oscillate between the two sexes, as was the case in the demonstration of hermaphroditism, but gravitated directly to the opposite sex.

The two cases are seemingly distinct on the basis of these described nuances, although they do point to a transformation of the term "hermaphroditism". Today, the labelling of Artur Vesnický's body and his performatives could perhaps be categorised as intersex. In the case of A.H., we would most probably gravitate towards the term "transgender", given the attraction of one gender to the other. The question here is how these new categories differ from those used by physicians in the past. The point of the new categories lies, first, in the new label, which seeks to avoid association with sexuality. Note that the term

“intersexuality” has been changed to “intersex” and “transsexuality” has been replaced by “transgender”. This is because the issue of sexuality is a separate issue. The deeper aim of the new categories, then, is to try not to exclude any body of people from the social order or discriminate against them and to allow them to act in accordance with their identity. Breaking away from the biological shell through the new categories helps to open up space, break out of established groups, and reframe why human action is acceptable to only one of the established genders and inappropriate for the other.

Both actors, as already indicated, had problems with the free development of their identities, and both came to isolation, Artur through asceticism, A.H. through placement in a neurological sanatorium. Judith Butler describes hermaphroditism as “*the sexual impossibility of identity*.”⁸¹ What is meant by this is that it is difficult for a person who does not biologically fall under either of the two defined genders to develop or construct an identity in a society that does not allow people to break out of a fixed order. The same can be attributed to intersexuality in the past. If the characters in our study had the opportunity to live in a society that did not base its existence on restrictive, simplifying categories of variability of the human body, no such experience as the sexual impossibility of identity would exist. The imaginary peeling away of the gendered husks assigned by society would leave only a person whose identity could be based on other valuable aspects. Definitions are shaped by people, influenced by the times and the environment in which they interact with society. Hermaphroditism, viraginity, homosexuality, etc., attempt to describe real phenomena, but all of these categories have been heavily coloured in the past by gender bias against both men and women, clouded by ideas about what a person should look like and how they should behave, depending on which role is assigned to them. The insistence on adhering to this order brings real problems into people’s lives; not all definitions are harmful, and as we can see, rewriting and reframing discourses can lead to opening up new ideas of a free human being.

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81 The author uses the example in connection with Herculine Barbin. J. BUTLER, *Trampoty s rodem*, p. 44.

