

## HERMAPHRODITISM AND INTERSEXUALITY IN PORTUGUESE MEDICAL PHOTOGRAPH

António Fernando Cascais

---

### ABSTRACT

The interest harboured by the Visual Culture of Medicine in photographic images of hermaphrodites dates back in Portugal to the birth of medical photography, with the photographic recording of a case of male hermaphroditism, that was studied in 1864 by Carlos Miguel Augusto May Figueira (1829-1913) at the Medical Clinic Service of the S. José Hospital, only four years after the publication of the seminal work on this topic by Félix Nadar. This 1864 study is one of the founding elements of a Portuguese *scientia sexualis* in the wider context of modern sexology, as described by Michel Foucault, that evolved in Portugal between the mid-19<sup>th</sup> century and the 1930s-1940s. The thematic lineage of research into hermaphroditism and intersexuality, initiated by May Figueira was subsequently pursued by Portuguese clinicians and medical scientists from the first decade of the 20<sup>th</sup> century up until the 1940s. The ultimate goal of the medical photographic recording of hermaphrodites was to pave the way to surgical correction, in strict compliance with binary sexual dimorphism that the original diagnosis never dared to question.

### KEYWORDS

Hermaphroditism; intersexuality; medicine; photography; gender

---

### RESUMO

O interesse da Cultura Visual da Medicina por imagens fotográficas de hermafroditas remonta no nosso País aos primórdios da fotografia médica, com o registo fotográfico de um caso de hermafroditismo masculino estudado em 1864 por Carlos Miguel Augusto May Figueira (1829-1913) no Serviço de Clínica Médica do Hospital de S. José, escassos quatro anos após a obra tida por seminal de Félix Nadar em 1860. Este estudo é um dos elementos fundadores de uma *scientia sexualis* portuguesa, no âmbito mais amplo da sexologia moderna descrita por Michel Foucault, que entre nós se desenvolve sensivelmente entre meados do século XIX e as décadas de 1930-1940. A linhagem temática de pesquisa sobre o hermafroditismo e à intersexualidade assim aberta por May Figueira foi prosseguida por vários clínicos e cientistas portugueses desde a década inicial do século XX até aos anos de 1940. O propósito último da fotografia médica de hermafroditas era a preparação da intervenção cirúrgica corretiva no respeito absoluto do dimorfismo sexual binário que já o próprio diagnóstico nunca ousava pôr em causa.

### PALAVRAS-CHAVE

Hermafroditismo; intersexualidade; medicina; fotografia; género

---

The interest harboured by the Visual Culture of Medicine in photographic images of hermaphrodites dates back in Portugal to the birth of medical photography, with the photographic recording of a case of male hermaphroditism, that was studied in 1864 by Carlos Miguel Augusto May Figueira (1829-1913) at the Medical Clinic Service of the S. José Hospital, only four years after the publication of the seminal work on this topic by Félix Nadar. May Figueira was a pioneer of medical photography in Portugal, and stands out in the historiography of Portuguese medicine due to his use of micro-photography. As far as we know, the use of photography by the Portuguese medical arts and sciences dates back to the late 1850s and early 1860s. However until now it was assumed that use of photograph, that was initially very sporadic, only became widespread from the 1880s onwards. May Figueira was one of the rare pioneers, who individually used photography on a systematic basis in his specialist area of histology (Pimentel, 1996, pp. 6-9). Perhaps less appreciated, but equally important, is his study “Observation of a case of male hermaphroditism in S. José Hospital”, published in the *Gazeta Médica de Lisboa* (Figueira, 1864), only four years after the publication in 1860 of the seminal work by Félix Nadar. There is no indication that May Figueira was aware of the existence of Nadar’s photographs, nor the well-known case of Herculine Barbin / Alexina B., who was also photographed during this period (Dreger, 1998, pp. 19-20) and whose diary was initially printed in a well-known version (the only surviving version) by Ambroise Tardieu in 1872, of which Nadar owned a copy (Le Mens, 2009, p. 14) and which Michel Foucault republished in 1978 (Barbin, 1978).

The study by May Figueira, which included a set of photographs, including images of the patient while still alive, and anatomical body parts retrieved from the post-mortem (Figure 1), should be viewed as part of a much wider set of texts (reference treatises, articles, theses, etc.) and images (medical, psychiatric and forensic photographs, visual objects, such as anatomical preparations, drawings and diagrams, judicial ID cards, etc.) derived from multiple sources, which served as the foundation of a Portuguese *scientia sexualis*, in the broader context of modern sexology, as described by Michel Foucault, that was developed in Portugal between the mid-19<sup>th</sup> century and the 1930s and 1940s. May Figueira’s photos reflect the questions posed by doctors in around 1860, in relation to questions of identity. The doctors didn’t refer to the singular characteristics that differentiated one individual from the next, but instead focused on the characteristics that made them identical to the categories established by the different sciences, that provided a taxonomic classification of visible signs – such as physiognomy (Le Mens, 2009, p. 21). Medical and scientific photography of hermaphrodites – who seemed to challenge these classification systems – therefore intended to restore such individuals to “normality”, like other judicial and police photographs of dangerous individuals (e.g. prostitutes, delinquents, homosexuals, vagrants, alcoholics, the mentally ill, etc.) which the technique of *bertillonage* (a criminal identification system that used anthropometric measurements) had elevated to an authentic iconographic science (Le Mens, 2009, p. 22). This new thematic line of research – photography of hermaphroditism and intersexuality – was extensively represented at the international level, including the works of

Magnus Hirschfeld and Louis Ombrédane, and was also explored in the Visual Culture of Medicine in Portugal, including citations of the works of Hirschfeld and Ombrédane, in particular in the work of clinicians such as Adriano Xavier Lopes Vieira (Vieira, 1906), in the first decade of the 20<sup>th</sup> century, Maria Evangelina da Silva Pinto, in the 1910s (Pinto, 1915), Pedro Chaves (Chaves, 1925) and Asdrúbal de Aguiar (Aguiar, 1928), in the 1920s, Vítor Fontes (Fontes, 1926; Fontes, 1937), in the 1920s and 1930s, Joaquim Alberto Pires de Lima (Lima, 1930, Lima, 1933; 1937a; Lima, 1937b, Lima, 1939), Amândio Tavares (Lima & Tavares, 1930) and Mark Athias (Athias, 1937), in the 1930s, Jorge Alberto Martins D'Alte (D'Alte, 1945), M. Ferreira de Mira (Mira, 1933), José Bacalhau, (Bacalhau, 1946), António Carneiro de Moura and Ludgero Pinto Basto (Basto & Moura, 1945, Basto, 1949), in the 1940s.

The photographs of hermaphroditism and intersexuality clearly illustrate the broader phenomenon of a policy of techno-scientific recording of pathological and somehow deviant phenomena, but simultaneously reveal a phenomenon of voyeurism, which exists, at a more or less subterranean level, in the fields of science, and also in popular culture and the visual arts. Medical photography of hermaphroditism and intersexuality is fully intelligible in the context of positivist medical science, which, although combining art and technique, nevertheless defines its own distinct viewing system, which can be distinctively characterised with detail and rigour. The medical photographs of hermaphrodites can be understood from the perspective of an indicative paradigm defined by Carlo Guinzburg (1979) and applied by Jonathan Crary (2001), which tries to detect external signs or indications that make it possible to understand the inner meaning of the phenomena, elevating such images to the status of an authentic iconographic techno-science. In the case of hermaphrodites, the core question was to establish the individual's "true sex" and thereby prescribe an unambiguous identity in terms of the structuring background of the strict binary polarity of the sexes. In effect this meant "seeking to establish a stable pole – whether feminine or masculine – for the subject's identity. The photographic medium is doubly effective for this purpose: it seeks to delimit anatomical contours, by trying to bring them closer to the feminine or masculine" (Le Mens, 2009, p.21).

May Figueira described the case of Bernardina de Sena, who died, extremely debilitated, at the age of 76, after having been hospitalised for 43 days in the S. José Hospital, in Lisbon, where she was admitted on 18 January 1863:

she was of medium height, with a highly wrinkled masculine physiognomy, a large head with a single tooth in the lower maxilla, a voice with a deep timbre. She had relatively little body hair in different parts of the body, except on her face, where she had a Russian moustache and a nearly completely white beard, measuring 4 to 6 centimetres in length. (...) however she said that she had menstruated, which was finally confirmed to be false following the post-mortem anatomical examination of her sexual organs (...) which showed no signs of any developed feminine characteristics. It was not

possible for me to ascertain any other details about her way of life before reaching old age. But we know that in 1833 she was encountered at night by police officers, who thought she was a man dressed as a woman, due to her black beard and moustache, and so they arrested her and ordered her to be searched by a trustworthy woman who, after examining her, asserted that Bernardina de Senna was indeed a woman. (...) There is no knowledge of whether she had any amorous tendencies for either sex at the time. We only know that she found the male sex to be irritating, to the point of stating her displeasure when she was told that a boy had recently been born and by contrast manifesting her satisfaction when she was told that a girl had been born. She avoided any talk of marriage. She lived for several years in the company of a woman with whom she got along very well, who several years later committed suicide, by throwing herself into the River Tagus. Throughout her life she saw herself as a woman, and was always treated as a woman by all her relatives and acquaintances. (...) The external appearance of the corpse presented, as its most notable elements, besides the features I mentioned above, the appearance of the genital organs. There was a complete absence of any mammary glands and her nipples were not very prominent. She had relatively little body hair, and had no pubic hair on her sexual organs; By contrast, her beard and moustache, visible while she was alive, were still clearly visible, and anyone who only looked at her head would say that she was an old man. Her hips, both internally and externally, appeared to correspond to those of an adult man. Her genital organs superficially appeared to be feminine, because the scrotum was completely split, from the supposed clitoris to the anus, perfectly simulating the large vaginal lips of an old woman, quite flaccid and distended. In the upper section, it was possible to discern a small 3cm long penis, with a hymen the size of a large pea, however with a slight depression or mark in the point where the urinary meatus exists in the man. The hymen was covered up to the middle, by a foreskin, whose size was proportional to that organ. Several fine and short folds existed either side of the hymen, which from a distance appeared to be vaginal lips. Squeezing the penis between the fingers, one could feel the cavernous bodies that extended to the interior part of the pubic arch. The penis, shaped in this manner, had the configuration of a somewhat overdeveloped clitoris. In the lower section there was no raphe, but instead a ribbon whose structure was more akin to the urethral mucosa than to the contiguous epidermis, where it was easy to locate the different openings of the Lacunae of Morgagni, that in all respects were entirely similar to a man's urethra, which had opened up longitudinally. This inferior side of the penis, which measured 5.5 cm terminated below the pubic arch through the orifice of a urinary canal or meatus, constituted a true hypospadias, and at the same time simulated the female urethra, whose length until its entry

into the bladder was 2.5 cm. Extending to the lower and upper section there was an opening just below the urinary meatus, like that of a vagina with a diameter of 1 cm, into which only the little finger could be inserted, with a depth of 3.5 cm. The space between this opening and the anus, i.e. the perineum, measured 4 cm. The entrance to this canal appeared to be that of a child's vagina, including many small folds analogous to the myrtiform caruncles. Within this canal there were some wrinkles or transverse striae, such as those of the vagina, but they did not contain any mucus. This same canal ended at the bottom with a sac, but didn't show the slightest vestige of any upper or uterine opening. Two bodies or pouches hung either side – from the penis to the anus – which looked, as I have said, like the large vaginal lips of an old woman, and which constituted a true split scrotum. The skin of these bodies was wrinkled and flaccid. Dissection of the right pouch revealed, in the lower part, a well-formed adult testicle with its tunica albuginea, which also contained a small amount of liquid in the tunica vaginalis. The spermatic cord commenced from the epididymis until it entered the corresponding inguinal ring. Microscopic observation of the organ's tissue revealed the structure of the testicle itself. ... Given this layout of the sexual organs, it is obvious that this individual, who had all her long life been regarded as a woman, and saw herself as a woman, was actually a male hermaphrodite. It is easy to explain why, soon after birth, Bernardina de Senna was judged to be female, because it is common knowledge, and this frequently occurs, that many individuals have testicles preserved within the abdominal cavity in the early days after birth, a circumstance that often occurs in well-formed individuals, and this is very common in the different species of hermaphrodites, and it is only after a period of time, more or less extended, that they descend to the scrotum. It is now readily understood that, since this circumstance was observed in the individual in question, as is most likely, and if she presented a split scrotum, with a channel analogous to that of a vagina, she would be considered at birth to be a female, and would also have been considered to be a woman throughout her life. It does not seem to me that she would ever have had sexual intercourse, because otherwise the false vagina wouldn't have had the meagre dimensions I mentioned. Despite my short investigation, it was not possible to verify whether she had had the opportunity to have sexual intercourse as a man, or if at any time she had contract with a woman to the point of ejaculating semen, although this was indeed possible given the disposition of the sexual organs. It seems, however, that given her tendencies and moral conditions, at least in the final years of her life, did not provide any reason to believe that may have been the case. (Figueira, 1864, pp. 200-206)



Figure 1: Necropsy of Bernardina de Sena, by Carlos May Figueira, in 1864  
Source: Figueira, 1864

May Figueira, who shows that he was familiar, among others, with the celebrated case of Maria Rosina Goettlich (Figueira, 1864, pp. 237-238), recognized by Michel Foucault as constituting one of the exemplary cases in the early days of the history of formal medical study of hermaphroditism and intersexuality, confirms that Bernardina de Sena meets the criteria to be included in the category of a true male hermaphrodite (Figueira, 1864, p. 236) as originally defined by Geoffroy Saint-Hilaire. And he wonders about the medical-legal problems that the case could have raised, if Bernardina de Sena had realized her true gender “at the right time in her life” (Figueira, 1864, p. 210), for example: whether she would have been exempted from military service, whether she would have been forced to marry if s/he had got a woman pregnant, or whether her unusual medical condition would have been a justifiable cause for divorce, and s/he would have been entitled to an inheritance intended for the first-born son, after the death of her father, taking advantage of the privilege of precedence over a possible younger brother who had hitherto been seen as the first-born son. Like most of his colleagues at that time, the clinician realised that the detailed description of the patient’s anatomical sex, which he deals with in a strictly clinical context, allows him to decide on the patient’s gender and future social, cultural and legal standing (Le Mens, 2009, p. 23). And this was not by chance. Throughout the history of the medical study of hermaphroditism:

there has always been the belief that a human body can only have one sex and nothing more than one if it wants to be socially admitted and legally recognized. Paradoxically, this belief is evident more than ever in the contemporary era, that of “simulacrum sex”. (García & Cleminson, 2012, p. 236)

Ranging from the Portuguese scientist, May Figueira, and his international contemporaries, to the current study of genetics, which has opened up the possibility of chromosomal determination of gender and chromosomal intersex, in certain cases (which does not however encompass all intersex states), clinical analysis of hermaphroditism



and of intersexuality has been endowed with increasingly sophisticated biotechnological instruments. We must, therefore, always bear in mind the distance between modern biotechnology and that of the epoch of Geoffroy Saint-Hillaire and May Figueira, which already seems distant to us. In fact, it is now taken for granted that:

intersex states are rare situations with a prevalence of 1 in 25,000 babies born in Europe. In situations of sexual ambiguity, at the time of birth, it is not possible to characterise an individual as male or female, based solely on physical examination, since anatomical elements with characteristics of both sexes coexist in the same individual. The classification of such intersex states, although complex, is based on the karyotype and presence of gonads. Intersex states are usually divided into five types: true hermaphroditism, female pseudo-hermaphroditism, male pseudo-hermaphroditism, pure gonadal dysgenesis and mixed gonadal dysgenesis. The term male pseudo-hermaphroditism refers to 46,XY individuals, who despite the presence of testicles, present different degrees of a female phenotype. Deficient male differentiation of these individuals may be due to inadequate testosterone production, partial tissue insensitivity to androgens or deficient production, or action, of the Mullerian inhibiting substance (MIS). (Borges et al., 2006, p. 39)

Another factor is the symbolic-cultural referents of the biomedical approach, whose changes do not necessarily accompany and rigorously parallel bio-techno-scientific evolution and which in certain situations continue to strongly influence all the need for scientific “explanation” of phenomena that are filled with cultural meanings, in view of the essential incoherence, ambiguity, and therefore unintelligibility of gender, normally determined by using such phenomena. One only needs to refer to the controversy, not very distant and certainly not definitively resolved, concerning the possible genetic substratum of homosexual behaviour, known as the quest for the “gay gene” (Bullough, 1994, pp. 213-232).

Let us look back not only at the exact terms revealed in the *in vivo* and *post-mortem* examinations, but also the photographic evidence that visibly supported interpretation of these facts in the 19<sup>th</sup> century and first half of the 20<sup>th</sup> century:

the doctors were therefore cautious: they did not base their judgment solely on the precision of the oral or written descriptions, but also used the images they could retrieve from the cases that were studied. They appealed to drawers, engravers or photographers, in an attempt to establish their knowledge on a visual basis, which they wanted to be equivalent to their direct visual inspection of their patients. They sought to obtain the most accurate and exact image as possible, whether a drawing, cast or photograph. (Le Mens, 2009, pp. 18-19)

Hence the absolute relevance of the images of Nadar and the Portuguese authors. Let us once again draw attention to Michel Foucault's oft-quoted thesis regarding the medical gaze, that analyses the absolute restless transparency of the body:

a hearing gaze and a speaking gaze: clinical experience represents a moment of balance between speech and spectacle. A precarious balance, for it rests on a formidable postulate: that all that is visible is expressible, and that it is wholly visible because it is wholly expressible. A postulate of such scope could permit a coherent science only if it was developed in a logic that was its rigorous outcome. But the reversibility, without residue, of the visible in the expressible remained in the clinic a requirement and a limit rather than an original principle. Total description is a present and ever-withdrawing horizon; it is much more the dream of a thought than a basic conceptual structure. (Foucault, 1980, p. 131)

Applied to the medical gaze in relation to hermaphroditism and intersexuality, that postulate drives, however, the description in a very clear sense, because it specifies the degree of anomaly of the organs (and, certainly, with their respective dysfunctions) relatively to the strict binary normality, polarized between male/female. This served as the basis for a possible corrective intervention that would resolve (if possible, surgically) the shortcoming in terms of the conformation of the sexual organs, and thereby impose the sex that appeared to be the most viable gender, and would be the gender to be (re) attributed to the individual who would thus definitively have a "true sex", i.e. either "man" or "woman." This is underpinned by an unformulated prohibition, which requires that in no case can the description legitimise a third identity – hermaphrodite or intersexual - or another identity or situation, that could challenge sexual dimorphism:

the notion that there might be a 'truth' of sex, as Foucault ironically terms it, is produced precisely through the regulatory practices that generate coherent identities through the matrix of coherent gender norms. The heterosexualization of desire requires and institutes the production of discrete and asymmetrical oppositions between 'feminine' and 'masculine', where these are understood as expressive attributes of 'male' and 'female'. The cultural matrix through which gender identity has become intelligible requires that certain kinds of 'identities' cannot 'exist' – that is, those in which gender does not follow from sex and those in which the practices of desire do not 'follow' from either sex or gender. (...) Indeed, precisely because certain kinds of 'gender identities' fail to conform to those norms of cultural intelligibility, they appear only as developmental failures or logical impossibilities from within that domain. (Butler, 1999, pp. 23-24)

That is why it must always be a practical impossibility to have a "true hermaphroditism" that stands in parallel, on an equal footing, with true and unequivocally male or female gender. Doctors will always find a pseudo-hermaphroditism and never the



authentic Holy Grail of a true hermaphroditism, that would counter the categorical invariability of binary classification. The pathological classification of such incoherent individuals, always imperfectly male, and imperfectly female, because they are never perfect hermaphrodites, is, in effect, a kind of formal appeasement. It is necessary for hermaphroditism to systematically confine itself to a deviation, from male normality and female normality, always described with the comfortable epithet of “pseudo”, even when followed by corrective surgery. To this extent, the usefulness of the interpretive sign, i.e. the photograph of the hermaphrodites, manifests itself not so much by showing how the individual is – in order to let he or she remain that way – but rather what must be done to “normalise” his or her condition.

Michel Foucault (1994b; 1999) and Thomas Laqueur (1992) duly warned us that the concern with defining the “true sex” of hermaphrodites is a typically modern question. Prior to the modern era, the sex of the child was formally determined by the godfather or father, who baptised the child, and in cases of any subsequent discrepancy, the individual was allowed to change his or her official gender status, in particular in order to wed, but could only change this status once. If there was a renewed attempt to change one’s gender status, this would be sanctioned as deliberate fraud by the individual who, on the pretext of freak accidents of nature – i.e. ambiguous sexual conformations – that deceive the observer, is attempting to conceal the profound awareness of his identity, in order to use his body with criminal or libertine intent, in particular via the practice of sodomy (Foucault, 1999, p. 62). Medical tradition, from antiquity to the Renaissance era, has a mono-sexual conception of sexual dimorphism: i.e. there is only one biological sex, the masculine, wherein the feminine is an imperfect copy, and the changes or ambiguities in the structure of the body, admitted without any major reticence, as shown by an excerpt from Father António Vieira, quoted in Joaquim Alberto Pires de Lima (1939, p. 7), only became more relevant insofar as they had a decisive impact on social attribution of gender. The counterpart to this, in terms of jurisprudence, whether there are effectively two social genders with unmistakable statutes, is that the genital organs do not constitute a sign of something that is solidly corporeal, but are essentially the contingent certificates of gender status, whose precariousness or ambiguity, especially in the case of hermaphrodites, cannot be decisive for social attribution of gender: “hence, for hermaphrodites, the question was not to know ‘what sex they truly are’, but to what gender did the architecture of their body more easily incline” (Laqueur, 1992, p.153). Instead of the situation that we are familiar with today, “biology was subject to cultural norms, just as culture rests on biology” (Laqueur 1992, p. 161). In other words, prior to the modern era, “to be a man or a woman was to hold a social rank, to assume a cultural role, and not to be organically one or the other of two sexes. Sex was still a sociological, not an ontological, category” (Laqueur 1992, p. 161). It is only from the 18<sup>th</sup> century onwards, with biological theories of sexuality, and the legal conditions of the individual and forms of administrative control in modern states, that the coexistence of two sexes in a single body became problematic. From the viewpoint of what Arnold Davidson has called the “anatomical style of reasoning” (Davidson, 2001, p. 32) of modern medicine, the question posed before a hermaphrodite ceases to be recognition of the coexistence of two sexes, and is

instead to start to decipher the “true sex” concealed beneath the organs, which may have harboured deceptive appearances of the other sex, which means that hermaphrodites are always only pseudo-hermaphrodite. The modern era believed:

it is in sex that we must search for the most secret and deepest truths regarding the individual; that it is here that one can best discover what one is, and by what he is determined and although for centuries it had been believed that it is necessary to hide things connected to sex because they are shameful, we now know that it is sex itself that hides the most secret aspects of the individual: the structure of his fantasies, the roots of his ego, the forms of his relationship to the real. At the heart of sex, lies the truth. (Foucault, 1994b, p. 118)

On the basis of Foucault’s ideas, we can see how the modern medical approach to what it calls “pseudo-hermaphroditism” is still reflected in the modern era in terms of the understanding of transsexuality, transgenderity, and homosexuality, all of which are basically referred to as a form of inversion of the characteristics of gender, as emphasised by Arnold Davidson (2001, pp. 34-35), Edward Stein (1999, pp. 202-205), Alice Domurat Dreger (1998, p. 135), and the equivalent “psychic hermaphroditism” as suggested by Pierre-Henri Castel (2003, pp. 23-31). For this reason, study of the history of hermaphroditism should elucidate why these two perfectly distinct phenomena, such as hermaphroditism and homosexuality, were judged to be identical (Foucault, 1994a, p. 625). Although much more could be said to demonstrate this, the epistemological matrix of *scientia sexualis* ultimately explains the reciprocal contamination between hermaphroditism and intersexuality, on the one hand, and transvestism, homosexuality (s), transgenderism (s) and transsexuality (s), etc. on the other. This is noted from the early years of the study of hermaphroditism (Dreger, 1998, pp. 126-138), and contributes to the discomfort of clinicians. It also guided the historical experiences which some Portuguese physicians seemed to have believed would contribute to clarifying such questions, unaware of the methodological confusion with which they formulated them, on the basis of cultural parameters that shaped their “will to know”. This situation is exemplified by Joaquim Alberto Pires de Lima, although he was not an isolated case (Aguiar, 1928). In his studies, “Hermafroditismo e inter-sexualidades” [Hermaphroditism and inter-sexualities] (Lima, 1939) and “Vícios de conformação do sistema uro-genital” (Shortcomings of the conformation of the uro-genital system) – the latter profusely illustrated with drawings and photography – the author briefly reviews Greco-Latin mythology, literary thematisation in the popular novel of the “Donzela que vai à guerra” [The damsel who goes to war], and the Portuguese literary tradition – ranging from the lesbians featured in the General Songbook, by Garcia de Resende, Fialho de Almeida and the Count of Vila-Moura, to the hermaphrodite described by Eugénio de Castro, and the transvestite of Vagos, which inspired the silent film, *Rito or Rita* (1927), by Reinaldo Ferreira, the historical cases of Antónia / António Rodrigues and Maria Pacheco, also mentioned by Amato Lusitano in the Renaissance. Lima also referred to Henriqueta Emília da Concepción, Bernardina de

Sena, and Maria-Homen, who were observed, respectively, by May Figueira and Vicente José de Carvalho, in the 19<sup>th</sup> century, in addition to his own cases, in the early 20<sup>th</sup> century (Lima, 1930, pp. 1-33, Lima, 1939, pp. 3-14). The insistent concern that runs throughout these pages is the denial of the possibility of any form of “true hermaphroditism”: “I do not deal with true hermaphroditism in this book, since there is no registered case in Portugal” (Lima, 1930, p. 113). In a gesture that naturalizes the biblical prohibition on the violation of binary sexual dimorphism, Pires de Lima (1939, p. 3) invokes the “sacred books that solemnly condemn any attempt to confuse the sexes” (Lima, 1930, p. 1) which shows that, unlike in pre-modern societies, the hermaphrodite is compared to a kind of forger who uses his body to deceive not just the social order, but the very natural order of things, monitored by medical and social knowledge, and guarded by legal wisdom (Le Mens, 2009, p. 12). Dreger explains that:

for a medical man to admit a living, doubtful subject to true hermaphroditism would have been potentially to add to the threat of social sex confusion fomented by people like feminists and homosexuals. (...) We must remember that the business of distinguishing and keeping clearly separated ‘true’ men, ‘true’ women, and ‘true’ hermaphrodites was never seen as merely academic or as an isolated exercise. Definitions of ‘true’ and ‘spurious’ hermaphroditism and ‘true sex’ always carried with them political implications. (Dreger, 1998, p.153)

Whereas true hermaphroditism is equivalent to a moral and ontological impossibility, “true sex”, on the other hand, involves an imperative that guides the medical perspective, from diagnosis to corrective intervention, which between about 1850 and 1950 (and with ramifications that extend to the present day) seemed to be more obligatory and comforting for clinicians than for their patients, who persistently and amazingly remained silent, or were hushed up, throughout this period. The way that Pires de Lima analyses the case of Inês dos Anjos is highly enlightening:

if indeed curious about male pseudo-hermaphroditism, I observed patient 6-III-923. (...) According to him, he is completely frigid. His voice is masculine, as is the conformation of his body. He said that he menstruated since the age of sixteen, and was outraged when I told him he was a boy. “I’m Inês, I wear skirts and urinate from beneath me, just like women do; what makes you think I’m a man?” (...) Inês dos Anjos is a male pseudo-hermaphrodite (...) His intelligence is rudimentary. He was arrested in Porto because he aroused the suspicion of the police, and on this occasion I was able to observe him. (...) The local press in Porto has spoken extensively about this man-woman. Four years later, the same situation occurred in Lisbon. Inês dos Anjos was arrested there, but this time they took him to the Estefânia Hospital, where he was operated, on April 7, 1927 ... Only then was he finally convinced that he was really a man, and began to call himself Ignatius. (Lima, 1930, pp. 110-113)

We do not know what these individuals could have told us if they had been interlocutors, and had spoken in their own name. This only took place in the postmodern era (Dreger, 1998, pp. 167-168). We have virtually no first-person accounts of the people who were produced, either as objects or subjects, i.e. those who were objectified as (pseudo) hermaphrodite pathological specimens and subjectified as patients, who served as raw material for medical intervention, in which photography played an indispensable gagging role. The unique case of Herculine Barbin / Alexina B. is particularly revealing, notwithstanding the disavowal of Tardieu, who published his diary solely in order to purge this case, in an effort to re-capture him for the *scientia sexualis* that disqualifies his personal statements. In this first-person account – otherwise extremely critically manipulated by Judith Butler for her own purposes, mainly concerning the conditions of Alexina’s lesbian identity, and without direct repercussion on the present analysis (Butler, 1999) – Foucault helps us understand how the suicide of Herculine / Alexina can be explained through her complete failure to adapt to her new strictly masculine identity, that was imposed upon her, when she did not see the need to leave her previous limbo of non-identity, that was in perfect accord with her own anatomy (Foucault, 1994a, p. 624), as may currently occur with some transsexuals (Santos, 2012, p. 63), especially when the frame of reference of the intense desire to change to “one’s” true sex is driven by a strong bisexual / binary polarity:

the concept that every individual pertains to a certain sex was formulated by doctors and jurists only around the 18<sup>th</sup> century. But, in fact, can it be maintained that each person has a true sex and that the problem of pleasure can be posed in relation to this so-called true sex, i.e. of the sex that each person should assume, or discover, if concealed by an anatomical anomaly? (Foucault, 1994a, p. 624)

This situation is undeniably determined by the biomedical model of surgical correction, which views (pseudo) hermaphroditism as a kind of failure, a dysfunction or essential deficiency, that compromises the orthogenesis of the individual, who should be the bearer of an easily-recognisable canonical coherence between biological sex, gender-based social performance and sexual subjectivity. In fact, surgical rectification, that was normally proposed by Portuguese and international clinicians, as a systematic panacea for such obscure and expeditious “shortcomings of anatomical conformation” can and should be understood as an operative instrument within the compulsory order between sex, gender and desire, and the critical light cast upon this issue by Robert McRuer’s *crip theory*, which shows how: “the system of compulsory able-bodiedness, which in a sense produces disability, is thoroughly interwoven with the system of compulsory heterosexuality that produces queerness (...) compulsory heterosexuality is contingent on compulsory able-bodiedness, and vice versa” (McRuer, 2006, p. 2).

Paradigm cases of this situation were studied by the physician José Bacalhau, who described them in an article whose significant title – “Duas palavras de advertência sobre erros de diagnóstico do sexo” [Two words of warning about errors of diagnosis of sex] – confirms everything stated above. In the first case, that took place in 1944, in the

University of Coimbra's Hospitals, at the express request of the patient, Rosa das Neves, a pre-pubescent child, who at the age of nine had a small penis, that looked like a hypertrophied clitoris, and two longitudinal lips, that looked like the lips of the vulva, was subjected to surgery, and became António Rosa das Neves, who we can see photographed “before”, as a girl, and “after”, as a boy. The patient seems to be “delighted to be wearing a boy’s clothes and is transferred to the ranks of the male sex” (Bacalhau, 1946, p. 62), “which he still deems to be strong, ignoring the extent to which men have been discredited over recent years of this mid-century” (Bacalhau, 1946, p. 63). However, a less fortunate case was that of a two-and-a-half year old child, named Maria Lúcia P., who had perineal hypospadias with a rudimentary penis and total division of the scrotum, simulating the deep groove of a vulva (Figure 2). In view of the parents’ extremely traumatic perception of the situation, and aggravated by social ostracism, Bacalhau considers that urethroplastic intervention is infeasible, and expediently decides to prevent the consequences of the future emergence of secondary masculine characteristics (a beard, deep voice, male features, etc.):

in our opinion, from a social and family perspective, there is only one option – castration – to avoid spiteful mockery from ordinary people and to avoid displeasure from such unfortunate creatures. In this way, we prevent the appearance of the somatic characteristics of the male sex and the child will continue to be considered a woman, throughout his life, dedicating himself to his nephews and other relatives, if he has any. He is more of a eunuch and perhaps a useful asset to society, or a faithful guardian of Western harems. In any case, it is necessary to castrate him, in order to avoid ridicule and disgust. (Bacalhau, 1946, pp. 68-69)

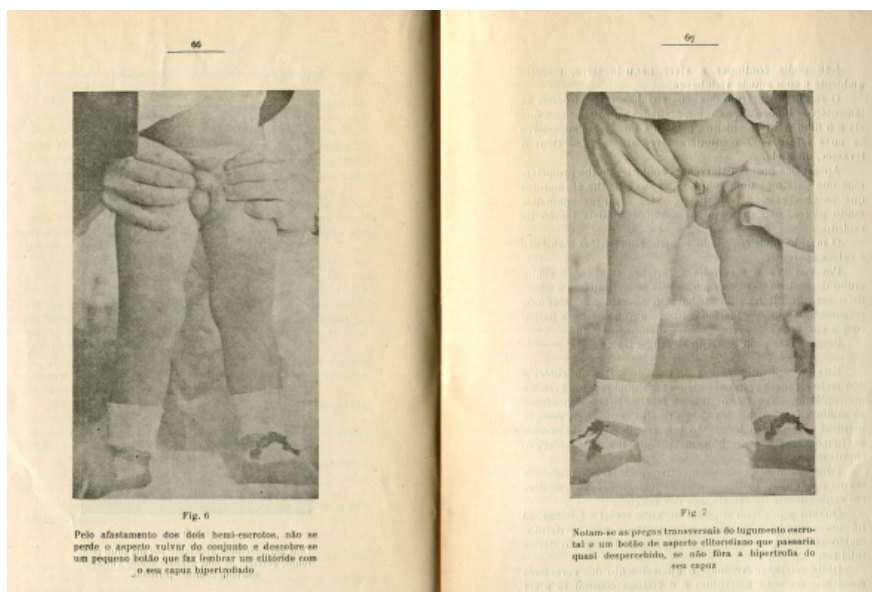


Figure 2: Case of Maria Lúcia P., as observed by José Bacalhau in 1945  
Source: Bacalhau, 1945, pp. 66-67



In a terribly biased manner, Bacalhau justifies the idea of creating a “female eunuch”, as deplored by the feminist Germaine Greer, and ends up by attributing to the child the caretaker role of women, especially that of women he views as being “aunts”, “unrealised” by marriage, whose status indicates the essential incompleteness of femininity, in close ontological dependence on the masculine principle.

This clearly takes us to the plane of monstrosity, which another doctor, Jorge Alberto Martins D’Alte, eloquently explains in relation to a new born baby whose sex he determines to be masculine, despite the absence of testicles, with perineal hypospadias and cryptorchid, which the clinician adds is a frequent phenomenon in these cases:

everyone knows that in Nature, alongside individuals whose sex is clearly distinguishable, there are others who produce male and female gametes, side by side. They are hermaphrodites. In higher animals, this phenomenon is an exception, and always occurs in a rudimentary degree. In mammals, and therefore in man, it is considered to be a teratological case, wherein a distinction is made between true hermaphroditism and pseudo-hermaphroditism. In the case of true hermaphroditism there may be one or two egg-testicles, or the coexistence of an independent ovary and a testicle; in the case of pseudo-hermaphroditism, sexual organs and secondary sexual characters correspond to a specific gonad, which seem to characterise the opposite sex. (D’Alte, 1945, p. 5)

Curiously, in this case, medical science seems to be more readily able to approach premodern teratologies of the strange and the distant in the animal and human worlds, such as those of Ambroise Paré (Davidson, 2001, p. 33) quoted in Pires de Lima (Lima, 1930, p.19), among many others, than the effective status granted during the premodern era to those who seemed to be hermaphrodites and who lived in European societies. Barbara Maria Stafford suggests an analogy between distant countries and regions and strange and remote customs, and the dark and deep recesses of the body:

these farfetched analogies depended upon establishing a movement from inferior to superior, appearance to essence, public to private, surface to depth, visual to verbal, known to unknown. Fundamentally, such hierarchical correspondences between the outer and inner of anything devolve upon the fact that the content of one (the ontologically “higher”) of the paired terms is invisible, uncertain, or nuclear with respect to the other (the ontologically “lower”. (Stafford, 1992, pp. 28-29)

Medical photography of hermaphrodites made a decisive contribution to scientific representation of the “ugliness” that belied the classical artistic representation of the hermaphrodite, as the composite of the aesthetic perfection of both sexes (Stafford 1992, p. 158). The recovery of this subject in modern art forms began to raise objections that allied moral repugnance to aesthetic displeasure that, in this way, began to slide into the terrain of the obscene, aggravated by scientific recognition of the existence of hermaphrodite species in nature, that science began to describe, in the wake of the work



of Linnaeus, perceiving them as the fruit of aberrant procreations, which produced monsters, and which had nothing to do with the aesthetic-mythological idealisation of perfect unity (Stafford, 1992, pp. 265-266). As a result, animal and human hermaphrodites began to densify the path of pathological deformity, that is akin with the monstrous and grotesque, a combinatorial error in the natural grammar of living beings, which constitutes an even greater deformity when it occurs in the upper echelons of the supposed taxonomic hierarchy, crowned by human-beings (Stafford, 1992, p. 276).

Viewing hermaphrodites or intersexual individuals as “monsters”, is underpinned by the view that such individuals represent a constitutive “error” (Mourão & Guedes, 2006, pp. 192-193) concealing, by means of medical jargon, an error of diagnosis, i.e. how wrong it is that such people should even exist, as an error of nature, even before they are supposed to induce the medical gaze into error. This explains why photographs of hermaphrodites are not only a foundation of scientific knowledge, but are also primarily a portrait that is equivalent to “that of the patient who creates an impression on the senses or the sensory environment of the spectator” (Le Mens, 2009, p. 31). It is through this filter that medical-scientific curiosity in relation to malformation and deformity uses its own terms to appropriate the monstrosities of every species, whose chimeric status primitively envisioned human hermaphrodites of all kinds, with fantastic anatomies, both human and animal. But hermaphrodites nonetheless remain social monsters because, by questioning the difference between the sexes, they convey a form of social menace, as understood by the bourgeois society of the time (Le Mens, 2009, p.10). Foucault recalls in this regard that only with the emergence of a *scientia sexualis*, which began with the anatomical organisation of sexuality, did there begin to be recognition of a moral monstrosity precisely where one ceased to see a monstrosity of nature. The figure of the moral monster appears – a common feature of the work of the Marquis de Sade – i.e. that of the monstrous criminal, in which the most extreme infraction is matched by an aberration of nature, which starts to function as the original cause and framework for understanding that infraction (Foucault, 1999, pp. 68-70).

The fact that the inadmissibility of the existence of true hermaphroditism remains intact, even in cases that some national physicians very reluctantly classify as being true, amongst the very rare equivalent cases at the world level – followed by rapid denial of such situations, in practice, through their surgical rectification – is confirmed by António Carneiro de Moura and Ludgero Pinto Basto in relation to Joaquim António T., aged 19 (Figure 3). Referred by doctors, who detected this case in his home town in the rural Alentejo, after complaining of urethral haemorrhages over a four-year period, the state-of-the-art radiological and endoscopic examinations undertaken at Santa Maria Hospital revealed the existence of a prostate gland, a functioning left testicle that produced spermatozoa, and, simultaneously, the absence of a vaginal orifice and exteriorized menstruation through the urethra, gynecomastia and the presence of a fully-formed uterus, ovary and fallopian tube, but only on the right side, which the post-operative histological examination revealed included follicular cysts and heterologous endometriosis that is an exclusive characteristic of the female reproductive tract. The female organs were excised

via a median infra-umbilical laparotomy, in a full hysterectomy (Basto & Moura, 1945, 276), but leaving untouched the voluminous breasts evident in the photographs. The young man then returned to heterosexual activity, “having practiced intercourse successfully” (Basto & Moura, 1945, p. 278).

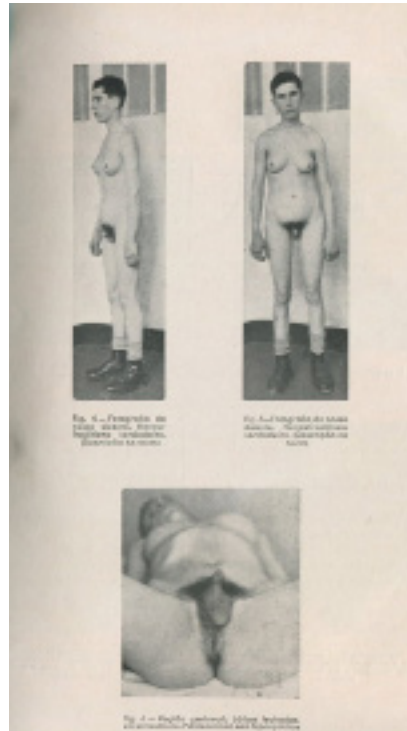


Figure 3: Case of Joaquim António T., studied by António Carneiro de Moura and Ludgero Pinto Basto in 1944  
Source: Moura & Basto (1944)

We are unaware of the reasons for this choice, nor who assumed responsibility for these events. But it is clear that the medical attitude suggested no complacency in relation to what they considered to be the weaker, adopting a kind of “techno-gender” approach, which is anything but dramatic:

*gender* is a necessary notion for the emergence and development of a series of pharmacoprophic techniques of standardisation and transformation of the living being – such as photography of “deviants”, cell identification, hormonal analysis and therapy, chromosome reading, or transsexual and intersexual surgery. It is therefore more correct, in onto-topological terms, to speak of ‘technogender’ if we want to account for the set of photographic, biotechnological, surgical, pharmacological, cinematographic or cybernetic techniques that performatively constitute the materiality of the sexes. (Preciado, 2008, p. 86)

The conclusion reached by Anne Fausto-Sterling, who came to propose the existence of five distinct genders (Fausto-Sterling, 2012, p. 103), can therefore only be considered definitive in this respect: “in tracking the history of medical analyses of intersexuality,

one learns more generally how the social history of gender itself has varied. In the process, we can learn that there is nothing natural or inevitable about current medical treatment of intersexes” (Fausto-Sterling, 2012, p. 54). Even so, *et pour cause*, in view of the transfer of the surgical correction of hermaphroditism and intersexuality, viewed as being dysfunctional, from the domain of pure authoritarian medical paternalism to the satisfaction of therapeutic requests made by a clientele of citizens who unquestionably hold rights (Santos, 2013, p. 4), it is legitimate to question the technological optimism that seems to be transferring as an equal:

remarkably, the medical-technological approach reigns in intersex medicine despite the fact that intersex experts readily confess that intersexuality is not primarily a medical problem but is instead a social problem. Intersexual experts presume that, but technologically bringing intersexuals to the anatomical categories of ‘male’ and ‘female’, these individuals will cease to be intersexed – that the social problem will be forestalled or eliminated. (Dreger, 1998, p. 186)

Inspired by Nadar’s photographs, Beatriz / Paul Preciado is right in saying that the invention of photography in the 19<sup>th</sup> century played a crucial role in the production of the new sexual subject and its visual truth, to the extent that it conferred, for the first time, a value of visual realism to the technical production of the body, that had previously been handled by anatomical drawing and pornographic illustration (Preciado, 2008, p. 87):

the sexual organs are exposed to the photographic gaze by an external hand. The image shows its own discursive production process. It shares the codes of pornographic representation which emerged at this time. The doctor’s hand simultaneously conceals and reveals the sexual organs, establishing a power relationship between the subject and the object of the representation. (...) In this case the truth of sex acquires the character of a visual revelation, a process in which photography participates as an ontological catalyst, that makes explicit a reality that otherwise couldn’t be shown. (Preciado, 2008, p. 87)

The aggressiveness of the clinician’s intrusive and shameless hands in Nadar’s photographic session not only explains the organization of the images, in a progressive order, following the medical examination (Le Mens, 2009, p. 19), but is also confirmed by the medical authority, since the hands also appear in the drawings, and therefore do not constitute a mere photographic artefact (Dreger, 1998, p. 48). This approach is repeated by the hands of the Portuguese doctors, José Bacalhau (1946, pp. 61-62, 65-67), Pires de Lima (1930, pp. 102-134) and Amândio Tavares (1930, Estampa II, extra-text) (1945, pp. 3-4), Carneiro de Moura and Pinto Basto (1945, p. 271) who grasp, hold, raise, and pull back the organs of the hermaphrodites they intend to demonstrate, and even pull open their orifices, as described by Herculine Barbin (Le Mens, 2009, p.23), offering them to the camera’s obscene lens which pitilessly scrutinises them, with a voyeuristic gaze that, we must admit, is common to both the medical gaze and to popular culture and the

visual arts, which photography addresses in an identical manner. It is therefore impossible to dissociate the photographic record of hermaphrodites, which produced detailed images of the genital organs and secondary sexual characters, which supposedly revealed the general morphology of male and female, from the conviction that medical knowledge maintained until the 1930s – and judging by the present study, we would say that this outlook continued to prevail in Portugal until the mid-1940s – in relation to their ability to determine what they believe to be the “true sex” of a hermaphroditic person from the perspective of what was considered to be an anomaly/anomalies or shortcoming(s) of urogenital conformation. Le Mens tells us that in practice this determination was difficult and even impossible in many cases until the advent of modern ascetic surgery, which reveals the interior of the living human body and enables use of microscopic histological examination of the gonads (Le Mens, 2009, pp. 12-13).

We may wonder whether this gaze – that in the search for the subject’s true identity, descends from the face to the genitalia – may have also somehow transmitted a spirit of exploration that, today, analyses even greater depths – genetic, neuronal, which penetrate the skin and mucous membranes. The surviving records of that old medical obstinacy, in addition to its undeniable documentary and museological value, should be useful in order to enable us to discern how much of the past has really been overcome by the current outlook that will frame our views in the future. ✍

Translated by Martin Dale (Formigueiro Lda)

#### BIBLIOGRAPHIC REFERENCES

- Aguiar, A. A. de (1928). Pseudo-hermafroditismo feminino: caso português do século XVII. *Arquivo de Medicina Legal*, Vol. II, 4, 432-436.
- Athias, M. (1937). Problemas actuais de endocrinologia sexual. *Actualidades Biológicas*, X, 99-159.
- Bacalhau, J. (1946). Duas palavras de advertência sobre erros de diagnóstico do sexo. *Arquivo de Propedêutica Cirúrgica*, IV, 47-70.
- Barbin, A. H. (1978). *Herculine Barbin dite Alexina B. Présenté par Michel Foucault*. Paris: Gallimard Editions.
- Basto, L. P. (1949). Uma prova para o diagnóstico do sexo no Pseudo-hermafroditismo em idade pré-puberal. *Boletim de Endocrinologia e Clínica*, II, 4.
- Basto, L. P. & Moura, A. C. (1945). Hermafroditismo verdadeiro. *Amatus Lusitanus*, IV(4), 263-281.
- Borges, R.; Versos, R.; Louro, N.; Massó, P.; Vila, F.; Osório, L.; Cavadas, V.; Carvalho, A.; Gandra, H.; Monteiro, M.; Fuente, J. La & Marcelo, F. (2006). Pseudohermafroditismo masculino. Reatribuição de género por deficiência de 17-hidroxiesteroide deshidrogenase. *Revista Internacional de Andrologia*, 4, 39-41.
- Bullough, Vern L. (1994). *Science in the Bedroom*. New York: Basic Books.
- Butler, J. (1999). *Gender Trouble*. New York: Routledge.
- Castel, P.-H. (2003). *La métamorphose impensable. Essai sur le transsexualisme et l'identité personnelle*. Paris: Gallimard.

- Chaves, P. (1925). Hermafroditismo. *Gazeta da Relação de Lisboa – Revista Crítica dos Tribunais*, 18, 273-274.
- Crary, J. (2001). *Suspensions of Perception. Attention, Spectacle, and Modern Culture*. Cambridge: The MIT Press.
- D'Alte, J. A. M. (1945). Diagnóstico de um pseudo-hermafrodito masculino humano antes do baptismo. *Folia Anatomica Universitatis Conimbricensis*, XX(I), 1-7.
- Davidson, A. L. (2001). *The Emergence of Sexuality*. Cambridge: Harvard University Press.
- Dreger, A. D. (1998). *Hermaphrodites and the Medical Invention of Sex*. Cambridge and London: Harvard University Press.
- Fausto-Sterling, A. (2012). *Corps en tous genres. La dualité des sexes à l'épreuve de la science*. Paris: Éditions La Découverte.
- Figueira, C. M. (1864). Observação de um caso de hermafroditismo masculino colhida no Hospital de S. José. *Gazeta Médica de Lisboa*, 200-211, 235-242.
- Fonseca, A. (1970-1971). Determinação psicológica do sexo e seus desvios. Aspectos psiquiátricos do intersexo. *Trabalhos do Laboratório de Anatomia e Patologia Geral do Porto*, XXVIII, 65-75.
- Fontes, V. (1937). Contribuição para o estudo da precocidade sexual. *Arquivo de Anatomia e Antropologia*, 18, 113-174.
- Fontes, V. (1926). Notas sobre um caso de anomalia dos órgãos sexuais externos. *Arquivo de Anatomia e Antropologia*, X, 303-314.
- Foucault, M. (1999). *Les anormaux*. Paris: Gallimard / Le Seuil.
- Foucault, M. (1994a). Le mystérieux hermaphrodite. In *Dits et Écrits 1954-1988. III – 1976-1979* (pp. 624-625). Paris: Éditions Gallimard.
- Foucault, M. (1994b). Le vrai sexe. In *Dits et Écrits 1954-1988. IV – 1980-1988* (pp. 115-12). Paris: Éditions Gallimard.
- García, F. V. & Cleminson, R. (2012). *Los hermafroditas. Medicina e identidade sexual en España (1850-1950)*. Granada: Editorial Comares.
- Guinzburg, C. (1979). *Spie. Radici di un paradigma indiziario*. In A. Gargani (Ed.), *Crisi della ragione* (pp. 57-106). Turin: Einaudi.
- Laqueur, T. (1992). *La fabrique du sexe*. Paris: Gallimard.
- Le Mens, M. & Nancy, J.-L. (2009). *L'hermaphrodite de Nadar*. Nantes: Éditions Créaphis.
- Lima, J. A. P. (1939). Hermafroditismo e inter-sexualidade. Leaflet contained within *A Medicina Contemporânea*, 44, 3-19.
- Lima, J. A. P. (1937a). Hipospadias e erros de sexo (Communication to the Second Meeting of the Portuguese Anatomical Society, Porto, September 1934). *Arquivo de Anatomia e Antropologia*, 18, 43-48.
- Lima, J. A. P. (1937b). Hipospadias e erros de sexo (Communication to the Second Meeting of the Portuguese Anatomical Society, Porto, September 1934). *Arquivo da Repartição de Antropologia Criminal, Psicologia Experimental e Identificação Civil do Pôrto*, f. 2, III
- Lima, J. A. P. (1933). Novos casos de inter-sexualidade. *A Medicina Contemporânea*.
- Lima, J. A. P. de (1930). *Vícios de conformação do sistema uro-genital*. Porto: Araújo & Sobrinho, Suc.<sup>res</sup>.

- Lima, J. A. P. e Tavares, A. (1930). Deux cas de pseudo-hermaphroditisme masculin. *Folia Anatomica Conimbrigensis*, V(9), 1-17.
- McRuer, Robert (2006), *Crip Theory. Cultural Signs of Queerness and Disability*. New York & London: New York University Press.
- Mira, M. F. de (1933). Porque nascemos homem ou mulher? *Actualidades Biológicas*, V, 208-239.
- Moura, A. C. e Basto, L. P. (1945). Hermafroditismo verdadeiro. *Amatus Lusitanus – Revista de Medicina e Cirurgia*, IV, 263-284.
- Mourão, J. A. & Guedes, M. E. (2006), Os monstros no naturalismo. In A. L. Pereira & J. R. Pita (coords.), *Miguel Bombarda (1851-1910) e as singularidades de uma época* (pp. 189-196). Coimbra: Imprensa da Universidade de Coimbra.
- Pimentel, J. C. (1996). *A documentação pela imagem em medicina. História da sua utilização em Lisboa*. Lisbon: Universitária Editora.
- Pinto, M. E. S. (1915). *Alguns Casos de Pseudo-Hermafroditismo*. Lisbon: Instituto de Medicina Legal.
- Preciado, B. (2008). *Testo yonqui*. Madrid: Espasa Calpe.
- Santos, A. L. F. (2012). *Um sexo que são vários. A (im)possibilidade do intersexo como categoria humana*. Master's thesis. Universidade de Coimbra, Coimbra, Portugal. Retrieved from: <https://estudogeral.sib.uc.pt/handle/10316/20210>
- Santos, A. L. F. (2013), “Para lá do binarismo? O intersexo como desafio epistemológico e político”, *Revista Crítica de Ciências Sociais*, 102, 3-20.
- Stafford, B. M. (1992). *Body Criticism. Imaging the Unseen in Enlightenment Art and Medicine*. Cambridge & London: The MIT Press.
- Stein, E. (1999). *The Mismeasure of Desire*. Oxford: Oxford University Press.
- Vieira, L. (1906). O hermaphroditismo. *Movimento Médico – Revista Quinzenal de Medicina e Cirurgia*, 20, 321-323.

## BIOGRAPHICAL NOTE

António Fernando Cascais is an Assistant Professor at the Universidade Nova de Lisboa. He was the Principal Investigator (PI) of the FCT R&D Projects: “History of Visual Culture of Medicine in Portugal” and “Models and Practices of Communication of Science in Portugal”. He was the editor of the following books: *Hospital Miguel Bombarda 1968 - Fotografias de José Fontes* (Documenta, 2016), *Cinema e Cultura Queer / Queer Film and Culture* (Lisboa, 2014), *Olhares sobre a Cultura Visual da Medicina em Portugal* (Unyleya, 2014), *Indisciplinar a teoria* (Fenda, 2004), *A sida por um fio* (Vega, 1997).

E-mail: [afcascais1@gmail.com](mailto:afcascais1@gmail.com)

António Fernando Cascais, Rua das Praças, 13B, cave, 1200-765 Lisbon, Portugal

\* Submitted: 15-08-2016

\* Accepted: 30-09-2017