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## Review of: Bodies in Doubt: An American History of Intersex

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*Bodies in Doubt: An American History of Intersex.* By Elizabeth Reis. (Baltimore, Md., Johns Hopkins University Press, 2009. xvii + 216 pp. \$55)

People whose bodies are not unambiguously either male or female have lived in America since at least the early years of European colonization. Until now, however, these people and the legal and medical debates that surrounded them have remained invisible to most historians. Elizabeth Reis has carefully examined legal and medical literature from the colonial era to the present to explain how perceptions and treatment of intersex people have changed over time.

Reis argues that prevailing gender ideology and societal attitudes toward same-sex behavior have profoundly influenced the medical treatment of people with ambiguous genitalia. In 1629, for example, the court in Virginia could not decide which sex predominated in the body of Thomas/Thomasine Hall. The court required Hall to wear a costume composed of a mixture of men's and women's clothing. Reis suggests that the court imposed this costume on Hall to make everybody aware of Hall's bodily anomalies, thereby preventing Hall from seducing unsuspecting people of the same sex.

In the nineteenth century, the professionalization of medicine and changes in medical technology also influenced the treatment of people with intersex conditions. By the early twentieth century, most physicians agreed that only they, not parents or the patients themselves, were qualified to determine the gender of patients with ambiguous genitals. They also increasingly endorsed surgery to increase the possibility of successful heterosexual relationships and to decrease the possibility of homosexual sex.

The ideas of psychologist John Money had a tremendous impact on physicians' treatment of patients with ambiguous genitalia in the second half of the twentieth century. Money insisted that gender could be created to match a person's genitalia. Physicians influenced by Money's ideas decided to "make" infant patients either male or female based on the ease of surgery. As a result, through surgery and aggressive hormone therapy during childhood, doctors

left many people who might have come to think of themselves as boys and men with apparently female bodies. Some psychologists and physicians disagreed with Money, but no one successfully challenged his ideas until the 1990s, when an intersex rights movement coalesced. This movement demanded an end to medically unnecessary surgery on infants.

In the epilogue, Reis ventures into the controversy over the term “intersex.” Some parents of children born with ambiguous genitals are uncomfortable with the term. Recently, many physicians have begun to refer to a number of conditions as “disorders of sex development” (DSD). Reis suggests that the DSD acronym should be retained but that it should stand for “divergence of sex development.”

Because this study spans four centuries, it does not completely analyze all of the medical discourse relating to intersex, but it does clearly and effectively describe and explain the evolution of this discourse over the centuries. Reis’s book is a thoughtful, engaging, and important addition to the growing body of scholarship that explores the interrelated histories of medicine, sex, and gender.

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