

extent this may be attributable to the very different situation in Scandinavia: Ottesen-Jensen ("Ottar" to her friends and colleagues) was operating in smaller and far more socially homogenous countries than the UK or the USA, lacking in particular the powerful Roman Catholic lobby against which both Stopes and Sanger had to struggle. There is also, of course, a belief that the Nordic countries were far more sexually enlightened far earlier than the countries to the south, an image which this account does not entirely bear out. Leftists and female reform groups may have been discussing sexual issues with a freedom seldom found in comparable Britain or American circles, none the less Ottesen-Jensen discovered that openly advocating ideas which were part of the sexology of the time caused her to be spat on while riding the streetcar in Bergen. The Lutheran State Church and dissenting Protestant sects opposed birth control while pronatalist conservatives argued that a populous nation was a strong nation. In her work as a radical journalist and peripatetic lecturer Ottesen-Jensen uncovered a massive amount of sexual ignorance and suffering in supposedly enlightened Scandinavia.

Linder's book has retrieved an enormous amount of information, so much so that at times the reader is in danger of being bogged down in minutiae, and some passages read as if too literally translated from a Scandinavian original. The chapters on the internal machinations of the International Planned Parenthood Federation, while illuminating the rather different ideas about the role it should play among the European stalwarts of the birth control movement and those of the USA, perhaps do not entirely succeed in blending organizational and personal history. In spite of the amount of detail, there are a number of gaps. Much of Ottesen-Jensen's personal life remains shrouded in mystery. Her autobiography, written when she was nearly eighty, evaded such painful topics as the tragic history of her sister Magnhild, whose bearing of an illegitimate child, exile from the family, and consequent mental derangement had been influential in Ottesen-Jensen's break with the

beliefs of her clergyman father, and the difficulties of her personal life (it would appear that the archival record is also uncommunicative on this latter subject).

Before the First World War she entered a common-law marriage with the Swedish pacifist and socialist Albert Jensen, bearing him a child who died shortly after birth. In 1931 they finally married, following his divorce from the wife from whom he had been separated since 1904, but in 1935 she discovered that he was having an affair with a younger woman living in their household, and in spite of her pleas for a reconciliation, they separated in 1937. She later generously argued to sympathetic friends 'How could anyone be expected to stay married to a wife who was never at home?', referring to her active career as a lecturer and educator.

Apart from an early engagement, apparently terminated after the accident during her dental training which seriously damaged her hands, no other sexual or romantic relationships are mentioned, though many friendships are. Her own account emphasized passionate idealism and a desire to serve, rather than any personal needs influencing her choice of career, but perhaps this concealed any contradictions perceived between life and mission. Linder's title positions Ottesen-Jensen as "Crusader", suggesting a commitment to a cause transcending personal gratification, but perhaps, ironically, this dedicated fighter for sex education found pleasures and satisfactions other than the sexual were more important to her.

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**Alice Domurat Dreger, *Hermaphrodites and the medical invention of sex*, Cambridge, Mass., Harvard University Press, 1998, pp. xiii, 268, illus., £23.50 (0-674-08927-8).**

One would have expected the boom in historical studies of sexuality and gender to have begun with explorations of

hermaphroditism, a phenomenon that has compelled doctors over the centuries to articulate—and act in accordance with—their ideas and ideals of masculinity and femininity. Inexplicably, however, scholars, until now, have shown only lukewarm interest in the subject. Alice Dreger's perceptive, erudite and superbly-written book begins to make up for that neglect. Concentrating on late-nineteenth- and early-twentieth-century Britain and France, Dreger analyses how defining and “managing” hermaphroditism were crucial to the destabilization as well as a simultaneous—and only seemingly paradoxical—reinforcement of the sexual division of humanity into male and female. In a surprisingly well-integrated epilogue of the book, she establishes that present-day treatment of hermaphrodites in America, in spite of phenomenal advancements in surgical technologies and theoretical understanding of sexual physiology, continues to be guided by ideas about the nature and meaning of sex that would not have seemed unfamiliar to *fin-de-siècle* doctors.

Basing her analysis on a large tranche of clinical reports published in France and Britain between 1860 and 1915, Dreger shows how doctors evolved progressively stricter criteria that eventually contained the cultural threat of the hermaphrodite's supposed dual gender by establishing that the vast majority of people with ambiguous genitalia were, in truth, almost always either male or female. This feat was achieved by defining “true” sex as the sex of the gonadal tissue—since most hermaphrodites possessed only testicles or ovaries, they became *pseudohermaphrodites*, regardless of their external appearance or genital morphology. The exclusive division of the human species into males and females was thus rescued—conceptually, at any rate. In practice, nineteenth- and early-twentieth-century doctors repeatedly noted that individual men and women were hardly ever as fully masculine or feminine as the norms dictated, observations at least partly explained by the embryological fact that all humans began life as an embryo of indeterminate sex and by the phylogenetic likelihood, supported by no less a biologist

than Charles Darwin, that the human species had developed from hermaphroditic ancestors. Culturally, the emergence of feminist movements and homosexual emancipationists suggested to doctors that *fin-de-siècle* woman was becoming more masculine and man was becoming more effeminate. As the boundaries of gender were blurred at the level of “normal” individuals and cultures, the hermaphrodite became only a man or woman under the skin.

Dreger's study is a little skimpy on the broader non-medical contexts and intriguing nuances of this story. She mentions feminist movements, for example, and clearly appreciates their cultural relevance to medical preoccupations with hermaphroditism; the connection, however, remains rather diffuse because she does not explore anti-feminist tracts of the time that quite explicitly reduced feminist demands into expressions of biological masculinization, and medical analyses of feminism that revolved around the suspected prevalence of lesbianism (=biological virilization) among feminists. Dreger's analysis of male homosexuality is more detailed but, even there, one wants to hear more about how a hermaphroditic identity was actively courted by influential sections of emancipationists and used in the service of their cause.

The turn of the century, in short, was characterized by widespread perceptions of the loss of sexual boundaries and by simultaneous efforts to reinforce them—or, sometimes, to attenuate them further—with theories, critiques and exhortations, not all of which were medical but the vast majority of which used the *languages* of the bio-medical sciences. Although numerous interesting parts of this convoluted story remain to be told, Alice Dreger must be thanked for exploring one vital, complicated and hitherto neglected section with such clarity and thoroughness.

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