

Gender assignment and ideology

Most Canadian urologists over age 45 remember Dr. Vince Colapinto, the Chief of Urology at St. Michael's Hospital in Toronto until his shocking death in 1984. Vince was the urologist's urologist. He was universally respected and admired, the clinician to whom those with seemingly insoluble clinical problems turned. He published the definitive book on urethral disease and developed a new classification of urethral injuries which became widely adopted. He died of fulminant hepatitis B two weeks after a needle prick exposure. This occurred during an operation on a drug user that his brother, a general surgeon at the same hospital, was performing that Vince scrubbed in on. Vaccination for hepatitis B had been introduced about a year prior, but most surgeons, including Vince, had not got around to being vaccinated.

My memory of Vince was rekindled by a recently published book by his son, John Colapinto, entitled 'As Nature Made Him'. This gripping book describes the story of a pair of identical twin boys from Winnipeg, one of whom had his penis destroyed by a botched circumcision as an infant in the late 60s. At that time, conventional wisdom regarding the management of ambiguous genitalia dictated that genotypic males lacking an adequate penis should be raised as females. Thus, the injured boy was raised as a girl from age one. This was based on the concept of 'plasticity of gender orientation'; in other words, that gender was socially determined, not inherently biological, and that individuals would develop normally into whatever gender they were raised as. Unfortunately, there was, at the time, essentially no scientific evidence for this.

The family had the misfortune of falling into the hands of Dr. John Money, a professor of psychology at Johns Hopkins, who was the original proponent of this concept. Money saw these identical twins as a heaven sent opportunity to prove the validity of his concept. Money convinced the parents of the twins to reassign the gender, including pre-adolescent inculcation of a feminine identity in preparation for surgical reconstruction and the administration of female hormones at adolescence. He supervised the child's progress and instructed the local Winnipeg psychologists and care-givers to withhold the truth from the child. This created tragic confusion when, against expectations, the child developed male habits and preferences. She insisted on standing up to urinate. The 'girl' had a masculine physique, and and loved trucks, guns, pants, and fighting. She had no girlfriends, had no interest in feminine activities, and grew up a miserable, ostracized tomboy. Finally, in adolescence, her parents told her the truth; and she instantly abandoned the charade. The events had devastating consequences for everyone involved: the child, the twin brother, and the parents, who put their family into the hands of the expert, and suffered immensely as a result. Money, disguising the truth in his publications, went on to great fame and academic success.

The story is fascinating to urologists at several levels. Colapinto acknowledges the influence of his father. Discussions around the dinner table about urology, particularly intersex problems, sparked his interest in the subject. Those of us trained in the 70's and 80's were taught explicitly that gender determination was a function of upbringing, and that raising genotypic/gonadal males as females could be done with little or no psychological consequences. This concept was naïve in the extreme, and flew in the face not only of centuries of accumulated wisdom, but growing data regarding androgen imprinting of the brain in utero. What was not clear at the time, and is detailed with clarity in the book, is how politics and ideology, rather than science, led to this view being embraced. The idea of the social determination of gender served the feminist movement in particular, which sought to explain differences between the sexes as being simply a function of conditioning and upbringing. The story is a cautionary tale of the way in which clinical medicine can be intellectually compromised by a blind ideology or a political (or academic) agenda.

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Canadian Journal of Urology