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Transvestism and transsexuality in Argentine medical journals, 1971-1982

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Abstract

This article deals with the discourses produced by the Argentine medical field relating to body transformation initiatives on the part of transvestites and transsexuals in Argentina from 1971-1982. Based on the compilation and analysis of a set of articles published in academic medical journals, it examines the meanings that health professionals assigned to these initiatives prior to the legal rulings and national legislation that recognized gender identity as a human right. This analysis helps identify the particular features of those body transformation initiatives during the period studied, as well as the ways in which the medical field in Argentina attached moral, technical and professional meanings to them.

Keywords: medical journals; transvestism; transsexuality; gender; corporeality.

In this article I examine the discourses produced by health professionals on treatments and medical interventions for dissident embodiment of the binary gender norms of the 1970s and 1980s in Argentina. To do so, I analyze a set of articles published in academic medical journals by health professionals in various different specialties who worked in the cities of Buenos Aires and Rosario. This analysis helps us understand two different but interconnected processes. The discourses created by these health professionals indicate the use of available biotechnologies for dissident embodiment of sex-gender norms in the period prior to the consolidation of transvestism and transsexuality as identity and/or political categories. Analysis of these discourses also allows us to examine the meanings that the local medical field assigned to these body transformation initiatives before the first legal rulings authorized official changes to one's name and sex, and national and international legislation recognized gender identity as a human right.

The underlying hypothesis for this study is that discursive productions in the medical field, as seen in medical journals, allow us to trace the process of consolidation of the identity categories of transvestism and transsexuality in a way that is inextricably linked to stable practices of sex-gender embodiment at the time. Productions in the medical field worked synergistically to help fix and stabilize these identity categories, linking them to discourses of compassion, moral aberration and danger to society.

This study forms part of my doctoral dissertation, in which I analyzed modes of social regulation of medical treatments for trans body construction, specifically hormone treatment and surgery, before the passing of the Ley de Identidad de Género (Gender Identity Law, law 26.743) and the reconfigurations that emerged subsequently. I compared four public discourses: medical, legal, activist and parliamentary, from 1966 to 2015. Within the framework of that research, I performed a survey of articles published in academic medical journals during the period 1960-1990. At that time, restrictive legislation criminalized circulation in public by prostitutes, homosexuals, transvestites and transsexuals. In the city of Buenos Aires, this was regulated by the Edictos Policiales (Police Edicts), and in the other provinces by codes listing offenses and violations. I performed my survey in the archive of the Faculty of Medicine Library at the University of Buenos Aires. I searched under the keywords "transvestism," "transsexualism," "transsexuality" and "sex change" in the various search engines. For the purposes of this article, I chose three articles that show different professional positions on dissident embodiment of binary gender norms in the period under study. I focus on productions by health professionals, since from the mid-1990s on, medical discourses played a key role in legal arguments for changing one's registry office data and biomedical technologies for sex-gender embodiment for the transvestite and transsexual population.[1] Thus, it is interesting to explore the meanings the medical field assigned to these populations in the period leading up to that point.

The article is divided into four sections. In order to provide some historical background for the categories of transvestism and transsexuality, in the first section I deal with productions from the field of European and US sexology in the late nineteenth and mid-twentieth century on the concept of "sexual deviation," and I describe the development of surgical technologies for vaginoplasty, phalloplasty and "cross-sex hormone therapies." I then turn to the meanings produced in Argentina in the same period within the framework

of hygienists' and criminologists' discourses. In the third section, I provide an overview of various academic studies dealing with dissident embodiments of gender binarism from 1950 to 1980 in Argentina, so as to trace the particular characteristics of those practices in the period before the categories of transvestism and transsexuality stabilized, first in terms of identity and later on politically. In the fourth and final section, I analyze a series of articles published in academic medical journals about initiatives for dissident embodiment of binary gender norms.

The rise and consolidation of the medical categories of transvestism and transsexuality

The invention of transvestism and transsexuality as medical categories is the result of the shift from a strategy of legal repression of non-heterosexual and non-procreative sexual practices towards investigating, understanding, fixing and regulating them. The category of sexual inversion became the basis for a series of interventions that were not so much punitive as corrective (Russo, 2013). In 1886, the German psychiatrist Richard von Krafft-Ebing wrote his *Psychopathia sexualis*. In it, he established a taxonomy of the different examples of what he believed to be sexual deviations. His framework does not contain the current conceptual separation between the categories of sex, gender and sexual orientation. The idea of a natural sexuality – which was heterosexual, orientated towards procreation and directly related to characteristics identified as masculine and feminine – provided the model against which levels of deviance could be measured. Any behavior that departed from that norm was seen as pathological and then characterized according to its origin: innate or acquired. Krafft-Ebing saw the desire to live under a different gender to that assigned at birth as a paranoid delusion (Krafft-Ebing, 2006; Leite Jr., 2008). In 1913, Henry Havelock Ellis, a British physician and psychologist, coined the term "sexo-aesthetic inversion," and in 1920, the term "eonism" to refer to individuals who identify with the "opposite sex" not only in their use of clothing but also in their tastes and emotional characteristics. Ellis thought that eonism was a phenomenon that should not be mistaken for homosexuality.

In the early twentieth century, the German physician Magnus Hirschfeld developed a theory of the "intermediate sexual states." He defined ideal forms of masculinity and femininity based on four variables: "sexual organs," "other physical characteristics," "sexual impulse" and "other emotional characteristics." He declared that masculinity and femininity never match those models, but instead develop in ways that mingle different aspects of those four dimensions. In 1910 he wrote *Transvestites: the erotic drive to cross-dress,* in which he created an independent category to refer to people whose intermediate sexual state lay in the realm of emotional characteristics. In his characterization of transvestism, the use of "clothes of the opposite sex" was explained as an end in itself, in other words, as a particular form of subjectivity and not as an expression of sexual fetishism (Hirschfeld, 2006; Leite Jr., 2008).

Following on from these concepts, the term "psychic transsexual" was coined in 1923 by Hirschfeld and revived in 1949 by the American physician David Cauldwell (2006). In his text *Psychopathia transexualis*, he described it as a hereditary organic predisposition that,

when combined with a dysfunctional upbringing, could lead to a variety of psychological effects, including the belief that one belongs to the "other sex." Bernice Hausman (1995) argues that the birth of transsexuality as a medical identity category associated with different medicalized processes of body construction can be read as the result of the advance of endocrinology and improved surgical techniques, and also of transformations taking place in the regulation of sexuality. In Hausman's account, the development of biomedical technologies for sex-gender embodiment played a significant role. The first "sex-change surgeries" took place in the 1930s and were aimed at recreating female genitalia. They used surgical techniques developed in the late nineteenth century for normalizing babies born with bodies that were ambiguous or not classifiable according to the binary sexual model (Meyerowitz, 2002). The first vaginoplasty was performed in Germany in 1931 on Lili Elbe, who died after the operation (Billings, Urban, 1998). Phalloplasties used penile reconstruction techniques performed on soldiers mutilated in the First World War. The British surgeon Harold Gillies was the first to operate on people who did not present clinical profiles of genital ambiguity or amputations. In the 1940s, the technique became more complex with the incorporation of penile prostheses and synthetic testicles (Castel, 2001). In 1952, the Danish surgeon Christian Hamburger performed one of the first successful vaginoplasties on an adult. After media coverage of the surgery, Hamburger received requests for consults from various parts of the world, among them the United States. He referred these patients to the German endocrinologist Harry Benjamin (1966), who was based in the United States. Benjamin began prescribing hormone treatment and developing his own theory about transsexuality.

As for hormone treatments, beginning in the 1930s, various professionals worked to build relationships between endocrinology, anatomy and pyschism, drawing on the work of Austrian physiologist Eugen Steinach in the early twentieth century. They developed hormone treatments aimed at "curing" sexual deviations. The English endocrinologist Michael Dillon was the first to develop what are now called "cross-sex hormone therapy" for cases of "feminine sexual inversion," which he considered innate (Rubin, 2003). Although he did not manage to identify the organic causes of this inversion, he theorized that it occurred in cases of sexual ambiguity and that the appropriate treatment was to modify secondary sexual characteristics, meaning those that did not involve genitalia.

Based on this accumulation of knowledge and clinical practice, Harry Benjamin developed the theoretical bases for the diagnosis and clinical treatment of modern transsexualism. Benjamin's notions are based on the behavioral theories about gender developed by a New Zealand physician, John Money, based on his surgeries in the 1950s on boys and girls with sexually ambiguous features (Fausto-Sterling, 2006; Kessler, 1990; Preciado, 2008). Money thought that psychological sex, or gender, constituted a malleable dimension of sex up to the age of eighteen months. After that point, gender crystallized and became as immutable as one's biology. Money's treatment protocols consisted in determining and assigning the correct sex. This required, in principle, discovering the "true sex" by genetic and hormonal studies, and then operating on bodies to make them functional for penetrative heterosexual intercourse (Fausto-Sterling, 2006; Kessler, 1990). These theories were based on an idea of sex that was pluridimensional: chromosomal,

gonadal, hormonal and psychological (Rohden, 2014). In 1966, Benjamin published *The transsexual phenomenon*, and in 1979, the *Standards of care for gender identity disorders* (SOC), published by the Harry Benjamin International Gender Dysphoria Association (HBGDA) (Coleman et al., 2012). In the latter he established a standardized method for diagnosing and treating transsexuality. This was used in the care protocols adopted by the Gender Identity Clinic at Johns Hopkins University Hospital in Baltimore and replicated subsequently around the world. The diagnostic categories and protocols allowed surgeons to perform such operations, since the clinical criteria prevented them from being accused of performing mutilating surgeries (Meyerowitz, 2002). The diagnostic process sought to rule out the presence of other types of condition, such as schizophrenia or psychosis, and to corroborate three phenomena: the feeling of belonging to another gender, early and persistent use of clothes for the opposite sex to the one assigned at birth with no erotic meaning, and scorn of homosexual sexual behavior (Bento, 2006). After the diagnostic process, treatment consisted of three successive stages: psychological, hormonal, and finally surgery.

From the late twentieth century on, these developments were articulated in medical directives for normalizing and correcting bodies fixed in protocols and diagnostic nomenclatures available world-wide. In the late 1970s and early 1980s, the diagnosis of "transsexualism" was included in classification manuals for mental illnesses and disorders that were used around the world: the American Psychiatric Association's *Diagnostic and statistical manual of mental disorders* (DSM) and the World Health Organization's *International classification of diseases* (ICD). This represented the institutionalization of these concepts within the global medical community. ICD 9 of 1978 eliminated homosexuality as a mental disorder, but included the diagnosis of "transsexualism" within the section on "sexual deviations." In 1992, ICD 10 was published. There, "transsexualism" along with "non-fetishistic transvestism" and "childhood gender identity disorder" were placed within the broader category of "gender identity disorder." DSM 3, published in 1980, also eliminated homosexuality and created a new category: "gender identity disorder." That included the diagnosis of "transsexualism" (Di Segni, 2013). The regulation of transsexuality (Bento, 2006) and its disciplinary, normalizing but also productive nature, led to the rise of transsexuality as an identity and social category. The medical categories began to circulate in the social field and started to be productively appropriated by subjects.

Bearing in mind these antecedents created by the medical field in Europe and the United States, I will now turn to the production of meanings in Argentina in the early twentieth century around sexualities and desires for dissident embodiment of binary gender norms within the framework of hygienist and criminological discourses.

The beginnings of medical regulation of sexuality in Argentina: hygienics and criminology

The institutionalization of medical practice in Argentina was linked to the conformation of a unified nation and a centralized state in the second half of the nineteenth century.[2] This civilizing project was influenced by European positivism, a school of thought that

privileged scientific, objective, rational management of public affairs, especially the social question (Dovio, 2012, p.2). As Ciancio and Gabrielle (2012) have pointed out, in Argentina, unlike in the European context, political and social needs rather than scientific interests encouraged the development of positivist thought. The governing elite needed to unify the territory in political and institutional terms, and instill a sense of nationalism and shared belonging. But the ideal citizenship did not match the poor immigrant population crammed into slums and hostels near the port (Dovio, 2012, p.3). Among the "adverse effects" of the process of modernization were urban overcrowding, crime, prostitution[3] and the continual dissemination of homoerotic practices. Thus, the nascent order was seen as threatened not only by organized workers but also by any lifestyle that called into question the model family as nuclear, conjugal, monogamous and heterosexual.

Hygienics, criminology and moral reform set up a triad that played a central role in managing public affairs in the early days of Argentina's nation state. "Sexual inversion" was read there as a degenerative disease that posed a threat of contagion, especially in those spaces devoted to the formation of new Argentine citizens: schools and the army (Salessi, 1995).

Medical discourse was installed as an epistemological grid for producing knowledge about social issues through the dichotomies health-sick, normal-abnormal and harmless-dangerous (Nouzeilles, 2000). It also undergirded the development of a biological notion of belonging to the nation. The idea of a degenerative disease – whether moral or physical – was later attached to eugenic formulations that entered the country in the 1930s (Miranda, 2011). Under eugenic ideas, reproduction came to be seen as a state interest. From then on, control of sexuality deepened; whereas originally it had focused on prostitution and homosexuality, from the 1930s on it was extended to heterosexual couples.

Three important figures in hygienist and criminological positivism in Argentina at the turn of the century were José María Ramos Mejía,[4] Eusebio Gómez and Francisco De Veyga. In his book *Multitudes argentinas* (Argentine multitudes), of 1899, Ramos Mejía coined the notion of a "sexual invert" or "guarango" to refer to men who adopted a wide spectrum of habits and customs seen as feminine, which could be corrected through education. In 1902, the journal *Archivos de Criminología, Psiquiatría y Ciencias Afines* (Archives of Criminology, Psychiatry and Related Sciences) was founded under the direction of José Ingenieros. Ramos Mejía and De Veyga collaborated on pieces for this publication. In 1910, Ingenieros published his article "Patología de las funciones psicosexuales" (Pathology of the psychosexual functions), in which he established a rigorous and extensive classification of sexual perversions, based on the idea that any emotion, feeling or sexual tendency not linked to the biological purpose of reproduction was pathological.

Within this framework, Francisco De Veyga (1902, 1903) studied "sexual inversion." De Veyga was a professor of forensic medicine and taught criminal anthropology in the Forensic Medicine department at the University of Buenos Aires in the late nineteenth century. When he took the job, the Servicio de Observación de Alienados del Depósito de Contraventores (Observation Service for the Insane in the Offenders Holding Area), run by the Federal Police, served as an extension to the Forensic Medicine department. The goal was to investigate and understand the psychic state of offenders, who could visit the

Observation Service for health reasons and not only after being taken into custody by the police (Ciancio, Gabriele, 2012). Among De Veyga's articles we find one on "congenital sexual inversion" and another on "acquired sexual inversion," published in the *Archivos de Criminología, Psiquiatría y Ciencias Afines* in 1902 and 1903 respectively. The articles take the form of expert reports, investigations and diagnoses presented by physicians to the judges. This shows the type of amalgam between science and law at the time. But De Veyga was particularly interested in understanding the histories and life-trajectories that led to such identities, by examining various sources, including oral, photographic and written material. Based on the life stories of Manón, Aída, Rosita del Plata, Aurora and Bella Otero, he broke transvestism down into different types of inversion, congenital or acquired. He specified three types of acquired inversion: professional, by suggestion or due to mental decline (Mendiara, 2002, p.73). In each of the cases described and analyzed by De Veyga, he appears seriously preoccupied with simulation, deception and lying.

These meanings were the foundation for the subsequent prosecution and criminalization of "sexual inversion" thanks to the incorporation, in 1932, of articles 2F and 2H of the Police Edicts. These referred to "exhibiting oneself in the public street or public places dressed or disguised in clothing of the opposite sex" and "inciting or offering carnal intercourse" respectively (Gentili, 1995). The Police Edicts of the city of Buenos Aires constituted an urban regulatory code that set penalties and fines for conduct affecting urban life that was not specified in the penal code. Since these involved minor penalties, they were not crimes but misdemeanors or violations. The police force was in charge of creating, judging and applying police regulations (Gentili, 1995). The Edicts can be traced back to the Bandos Policiales (Police Proclamations) of the Viceroyalty of the River Plate, which were designed to prevent crimes and corruption of good behavior (Gentili, 1995). As Leticia Sabsay points out (2011), they were meant to regulate actions in public space. However, that notion of public space was used euphemistically to introduce regulation of social morals. Edicts and codes of violations operated as subjectivizing machines, shaping, delimiting and fixing particular segregated subjectivities in the moral order of the time (Sabsay, 2011). Along with police raids, they constituted the most obvious practices of institutionalized "moral violence," the goal of which was to persecute and control sexual dissidence. Starting in the late 1940s, the provinces began creating their own codes, and they included rhetoric that also penalized homosexuality, transvestism and prostitution (Simonetto, 2016).

Solidifying identity categories: tensions between the medical and social fields

The investigations dealing with processes of dissident subjectivization with regard to binary gender norms in the period prior to the 1990s problematized the operation of homogenization of experiences and trajectories that underlay the taxonomies created by the medical field (Simonetto, 2018). Different studies have analyzed the various dissimilar practices of subjectivation and dissident embodiment of binary gender norms and obligatory heterosexuality that did not match the categories created by the medical field. The work of Gabriela Cano (abr. 2009) on Amelio Robles in the context of the Mexican Revolution sheds light on processes of masculine identity construction in bodies assigned

at birth to the feminine gender that did not resort to medical technologies or categories, but performed masculinity based on pose, gestures, tone of voice and clothing. Cano also deals with non-disruptive processes of social and family integration and forms of state recognition through medical and legal validation rules. The works of Bao (1993), Acha and Ben (2004-2005), Insausti (2011) and Simonetto (2018) deal with sexual encounters between men of various ages and social classes, both in public and private spaces, from the 1950s to the 1980s in Buenos Aires, and feminine performances that took place in those encounters. These studies affirm that even in repressive social contexts, a homosexual code was developed with specific meeting places, tastes and customs. In these studies, dissident uses of the body, gestures and clothing that challenged binary gender norms did not respond to the current notion of gender identity. The feminine performances of the "locas" (queens) of the 1960s and 1970s analyzed by Joaquín Insausti (2011) are a good example of that. According to Insausti, queens were not recognized as men but they did not fully identify with femininity either, even though they recreated it parodically. A queen's embodiment of sex-gender included body hair, female clothing, make up, wigs, padded brassieres, pouts and feminine gestures and expressions. The goal of this parodic performance of femininity was sexual encounters with masculine-identified males, not the stable construction of a feminine identity. For Insausti (2011), the development of an urban gay subculture in Latin America beginning in the 1980s that strove to emulate European and US models led to profound shifts in identity and relationship configurations, rendering the queen's identity no longer viable. It was in the framework of that set of social transformations that transvestite identity emerged in Argentina, first as an identity category, and later as a political one.

According to Soledad Cutuli (2013), access to biomedical body construction technologies – silicone implants and hormones – was decisive in that process. The term "transvestite" began circulating in Argentina beginning in the 1960s. Early on, it was linked to the Buenos Aires theater underworld, in shows featuring stars who adopted a feminine identity for their performances. Once silicone implants and hormones began circulating in artistic spaces, some of those stars adopted the category of transvestites in their daily life. Cutuli argues that the development and access to biomedical technologies in working-class sectors was central to the affirmation of transvestism and transsexuality as identity categories that differed from the identity of queens or later, that of gays or homosexuals. The Brazilian anthropologist Bruno Cesar Barbosa (2013, 2015), writing about the differences between transvestite and transsexual identities, observes that in different contexts or situations the same people could take on one identity or the other, since there was a continuity of experiences of the body and identity between both categories. From the point of view of the medical field, transsexuality was defined as measured and modest, unlike the exuberant body models linked to the theater and brothel scene where transvestite identity unfolded. According to Barbosa, those who identified as transsexuals usually dominated medical terms and narratives; we should bear in mind that in order to understand the lexicon of the medical field one had to have had prior access to education and other symbolic and cultural benefits. These narratives were appropriated to explain desires and feelings, and also served as a map for sex-gender embodiment.

Following the modernization hypothesis developed by Insausti (2011), the analysis of discursive products of the medical field, as seen in academic medical journals, allows us to trace the process of consolidation of the identity categories of transvestism and transsexuality as inextricably linked to permanent sex-gender embodiment practices. The productions of the medical field promoted their fixation and stabilization. It is useful, therefore, to analyze what knowledges and meanings were created by health professionals around embodiment initiatives by transvestites and transsexuals prior to the consolidation and stabilization of those identity categories. The proposed analysis is aimed at identifying the ways in which moral, technical and professional meanings interwove around such initiatives.

Transvestism and transsexuality in Argentinian medical journals

From the mid-twentieth century on in Argentina, forensic medicine and clinical sexology came to constitute the primary spaces for production of knowledges about sex-gender dissidences. Beginning in the 1970s, the incipient development of clinical expertise was unveiled within the framework of legal and police regulations that criminalized the practice of prostitution, dressing in "clothes of the opposite sex," and medical interventions performed by health professionals that led to sterilization. Within that framework, in 1971, the surgeon Arnaldo Yódice[5] wrote in *El Día Médico: Periódico Científico e Informativo Ilustrado* an article titled "Aguafuerte quirúrgica" (Surgical etching). There he related, in the form of a diary, his experience of a "request to remove male genitalia" from a person who, according to his story, initially appeared to be a young woman. The doctor recounts the facts with "amazement" and "stupefaction" and then expresses his interest in deciphering the motives for the request.

> We were not able to discern the origin of this aberration, the psycho-biological consequence of an error of nature. For these poor beings, deviant in sensory matters, whose mentality is close to unconscious, seek to cure their malady by mutilating the attributes of their sex. How is such a monstrous thing possible? That was the question we posed ourselves. … Poor creatures! It is not their fault. Biology has played a dirty trick on them (Yódice, 1971, p.295).

The doctor refused to grant the request since he saw it as an "aberration" and "monstrous," the result of a loss of a sense of reality. The tone of moral condemnation is mingled in his article with a compassionate, exculpatory gaze. By mobilizing a series of compassionate meanings, the physician tones down his accusatory, stigmatizing reaction to the request, mirroring developments among the first exponents of European sexology.

Yódice's account says that individuals were showing up in doctor's offices requesting treatment. These requests were not always associated with criminality by the medical field. Yódice interpreted them through the idea of self-delusion and pathology. He believed that such a demand could only be the result of a loss of a sense of reality. The same surgeries that thirty years later would be performed in various public medical facilities throughout the country were seen by Yódice as mutilations.

In 1981, the journal *La Semana Médica*[6] published an article titled "Aplicación del urocitograma en el estudio endocrino de casos de travestismo y transexualismo" (Application of urine cytology in endocrine studies in cases of transvestism and transsexualism). The author was Leo Lencioni, head of the Forensic Medicine Department at the National University in Rosario and head of the forensic medical team in the provincial courts in that city. Lencioni had developed the "urine cytology" technique to identify differential hormonal values according to sex by studying deposits in urine. In the article, he explained the uses of this technique for providing specific knowledge about the hormone levels of people who presented "sexual deviations." His goal was to develop and establish a tool for experts. Forensic medicine's access to its object of study was via the institution of the police force, and its function was to provide knowledge that was useful for the goals of that institution: preventing and controlling behaviors that were criminal and harmful to public morals. To access his "study cases," Lenioni (1981, p.511) drew on his experience as a forensic doctor in the legal system:

> In the medical facility of the Rosario provincial courts, which belong to the second circuit court, as part of this study we examined a transsexual and four transvestites. The former was a man of 22 years of age who had undergone an operation abroad that consisted in amputation of the penis and creation of a neovagina. He was referred to the medical service by a civil judge since he had filed an application to change the sex and name on his identity documents, which was ultimately not granted. As for the transvestites, they were seen because they were charged with disorderly conduct and were referred for psychiatric evaluation.

From Lencioni's account it can be deduced that, given the local ban, transvestites and transsexuals were beginning to seek out surgical interventions either from clandestine providers to else in neighboring countries where the operations were legal. Based on the interrogations he performed, Lencioni (1981, p.511) found that in all cases, "they had for quite some time been taking high doses of intramuscular estrogen injections, which had induced considerable ginecomastia." Based on these self-administered embodiment practices, he came up with the category of "men with sexual deviations who voluntarily take estrogens" and analyzed the cases based on five variables: age, gynecomastia – breast enlargement – (intense or moderate), genital development (hypogonadic, normal or artificial vagina), hormone levels in the urine and observations ("homosexual transvestism" or "transsexualism"). Clearly, Lencioni developed a specific set of clinical knowledge about "sexual deviation" using tools from the legal system to provide information not only about psychological dimensions but also physiological data for his own criminological use.

One year later, the same journal that published Lencioni's text published "La situación del médico frente al tratamiento hormonal de travestis y transexuales. Consideraciones jurídicas, medicolegales y deontológicas" (The physician's situation regarding hormone treatment for transvestites and transsexuals. Judicial, medicolegal and deontological considerations) by Doctor Luis Alberto Kvitko. The article dealt with the "treatment provided by medical professionals, who prescribe hormone treatments for these 'truly sick people'" (Kvitko, 1982, p.350). He defined transvestites and transsexuals as "individuals who, although they belong to a given sex, nevertheless harbor the conviction and desire

to belong to the opposite sex [and] seek to make their desire come true by undergoing correction of the sexual appearance of their bodies by pharmacological and surgical methods" (p.351). In his definition of transvestism and transsexuality, Kvitko referred to the possibilities for transforming the body by surgical and hormonal means. He expressed suspicion and mistrust about the application of these biomedical technologies, which he saw as an "obtrusive advance in science and technology" (p.351).

The article stated that individuals were demanding hormone treatments from professionals, some of whom were complying with those requests. The goal of the piece was to establish whether such prescription could constitute a crime based on the regulations in effect at the time. In other words, its objective was to demarcate the field of action for medical practice based on legal, clinical and moral guidelines.

The article began by explaining the regulations in effect at the time it was produced: the Police Edicts and the rules concerning the practice of medicine (the Penal Code and the national law on practicing medicine). It then referred to other scientific studies on the possible health consequences for people of the male sex who took synthetic estrogens. It established that "they can lead to testicular atrophy, as well as depression of spermogenesis" and that taking high doses "can lead to gastrointestinal symptoms such as nausea, vomiting and diarrhea" (Kvitko, 1982, p.354). Based on his summary of legal and clinical arguments, Kvitko (1982, p.356) declared:

> Under no circumstances may transvestites or trans-sexuals be prescribed hormone treatment under the rationale of responding to 'a state of need' since there is no imminent harm, in real and objective terms, that might constitute a threat of danger that is concrete, imminent and current, that has a proven, solid scientific basis.

And he continued:

> Ethics, and medical morality, are at odds with the use of these therapeutic measures, which clearly run counter to the spirit, the meaning, and the rationale behind our deontological guidelines, which are necessary and essential in each and every action taken by a medical professional (Kvitko, 1982, p.356).

The refusal to provide such treatments was based on two arguments. The first was an axiom of medical practice: one should only intervene if there exists a scientifically proven threat to the person's health that constitutes the "state of necessity" that justifies action. The other was of a moral nature: health professionals' practice should match the morals of a given period and context.

Clearly, the forms of knowledge produced around the corporealities of transvestites and transsexuals from 1970-1990 were created mainly within the framework of clinical and forensic medicine. They were aimed at controlling a sector of the population seen as dangerous or pathological. Within that schema, social order and public morality needed to be defended and protected, based on an ideal of natural truth. Even when a compassionate discourse was adopted, there were no permissible levels of bodily intervention if doing so contradicted binary gender norms. The medical, legal and moral ban was actively imposed. The legal guidelines that regulated and limited medical intervention and the moral norms that rendered it incorrect did not imply a blockade on knowledge about those treatments

and interventions. They did, however, prevent them from being made available to people who requested them voluntarily.

Final considerations

In this article I have examined the discourses produced by health professionals in various different fields about medical treatments for dissident sex-gender corporealities that contested binary gender norms in Argentina in the period 1971-1982. To do so, I examined and analyzed a set of articles published in academic medical journals. The underlying hypothesis of this study is that discursive productions from the medical field, articulated in journals of medicine, allow us to trace the process whereby the identity categories of transvestism and transsexuality were consolidated in a way that was inextricably linked to sex-gender embodiment practices that were more or less stable at the time. Synergistically, productions from the medical field led to the fixation and stabilization of those identity categories, by linking them to discourses of compassion, moral aberration and danger to society.

Based on the analysis I performed, we can identify three ways of treating and producing meanings in the medical field around dissident body initiatives that subverted binary gender norms: (a) "spontaneous demand", (b) forensic knowledge, and (c) the definition of legal and moral limits to medical practice. The first refers to the surge in requests for genital surgery seen in medical practices. The unexpected appearance of these requests raised questions for health professionals about the link between body, identity and medical techniques, to which the only possible answer was the hypothesis of aberration, monstrosity and pathology, clad in compassionate terms. The second reflected the creation of clinical knowledge about "transvestites" and "transsexuals" arrested by the police for engaging in prostitution, or merely for circulating in public space. Regulations in force at the time criminalized prostitution, transvestism and homosexuality in public spaces, which allowed forensic and police institutions to produce knowledge about such people's lifestyles and self-administered embodiment practices. Such forms of knowledge had one objective: to produce a series of techniques for controlling "sexual deviance," understood as criminal conduct that undermined public morals. The third mode identified, which was created from the viewpoint of forensic medicine, was aimed at establishing limits to the practice of medicine, given the lack of any guidelines legally preventing health professionals from providing "cross-sex" hormonal treatments. Noting the existence of health professionals who were receptive to requests for treatments involving dissident embodiment of binary gender norms, this document was aimed at defining the field of action for medical practitioners based on the legal, clinical and moral guidelines in effect at that point in time.

The publication of these articles shows that in the 1970s and 1980s, individuals were using available biotechnologies to transform their bodies somatically by taking self-administered synthetic hormones, as well as by consulting health professionals in order to request genital surgery. It is clear that the criminalizing, stigmatizing discourses about those bodily requests did not prevent the development of practices of dissident subjective and bodily agency that subverted binary gender norms.

The dynamic that both regulated and led to the process of consolidation of transvestism and transsexuality as medical categories allowed them to become established first as subjective identities and later as political identities. The organizations of transvestite, transsexual and transgender people in Argentina were the ones that created the content of law 26.743, on gender identity, passed in 2012, which allows for changes in registry office listings without any type of medical, legal or administrative authorization, and also for medical treatments necessary to construct a body image that matches one's gender identity. Access to treatments and biomedical technologies was defined as the fundamental constitutive nucleus of the legal concept of the human right to gender identity, on which the law was based. When it was passed, treatments were included as part of the required medical plan, which established coverage by all three branches of the health system.

Implementation of Argentina's Gender Identity Law by health care institutions is a challenge not only in terms of human and specifically medical resources but also in terms of the representations and assessments by health professionals. If we pay attention to those tensions, from a historical perspective, examining the meanings assigned by the medical field to initiatives for dissident embodiment of binary gender norms in the 1970s and 1980s shows that those meanings were productive, encouraging the development of a de-pathologizing view within health care teams, a view based on the principles of human rights and the right to health.

NOTES

[1] The first legal ruling authorizing changes to one's legal name and sex in Argentina was issued in 1997 by the Juzgado de Primera Instancia en lo Civil y Comercial n.8 de Quilmes (Civil and Commercial Trial Court n.8 in Quilmes). Expert witnesses who testified during the trial included a forensic doctor, two psychologists and a psychiatrist. Until law 26.743, on gender identity, was passed in 2012, changes to one's legal name and sex and access to genital surgery required judicial authorization, for which a diagnosis of transsexualism or gender identity disorder by medical and psychiatric experts was a necessary condition (Farji Neer, 2017).

[2] In 1852, the Facultad de Medicina y el Consejo de Higiene Pública (Faculty of Medicine and Board of Public Hygiene) were created (later renamed the Departamento Nacional de Higiene [National Department of Hygiene]). In 1875, the Círculo Médico Argentino (Argentine Medical Circle) was founded and in 1883, the Secretaría de Asistencia Pública (Ministry of Public Assistance) (Nouzeilles, 2000, p.35).

[3] According to Pablo Ben (2012), the soaring demand for paid sex by men stemmed from the demographic explosion, linked to the development of a modern transportation system and mass migration. The rising phenomenon of commercial sex from 1850-1950 was not limited to Buenos Aires but seen in a great many cities around the world.

[4] In 1873 Ramos Mejía founded the Argentine Medical Circle; from 1888-1892 he was a national congressman and from 1893-1898, president of the Departamento Nacional de Higiene (National Hygiene Department). His works *Las neurosis de los hombres célebres* (Neurosis in famous men), *La locura en la historia* (Madness in history) and *Las multitudes argentinas* (The Argentine masses), written between 1878 and 1899, were fundamental to local hygienist theory (Nouzeilles, 2000).

[5] Director of the surgery department at the "Cosme Argerich" Acute Care Hospital, a public hospital in the city of Buenos Aires, from 1944-1966.

6 The journal of the Asociación Médica Argentina (Argentine Medical Association), founded in 1894.

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