

Ablatio Penis: Normal Male Infant Sex-Reassigned as a Girl

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Forty-five cases of genetic males were assigned and habilitated as females, 43 because of a congenitally defective penis (micropenis with or without hypospadias), and two because of infantile ablatio penis. One of the latter has an identical twin brother as a control. Now 9 years old, she has differentiated a female gender identity in marked contrast to the male gender identity of her brother. Some of the other patients are now adolescent or adult in age. They demonstrate that the twin can expect to be feminine in erotic expression and sexual life. Maintained on estrogen therapy, she will have normal feminine physique and a sexually attractive appearance. She will be able to establish motherhood by adoption.

KEY WORDS: ablatio penis; phallic amputation; sex reassignment; gender identity; social learning.

FEMALE SEX ASSIGNMENT OF GENETIC MALES

In the files of the Psychohormonal Research Unit at Johns Hopkins Hospital there are 45 cases of genetic males (exclusive of the testicular-feminizing, androgen insensitivity syndrome) assigned and reared as females. In two instances, the baby was born as an entirely normal male, but suffered complete ablation of the penis as a result of a circumcision accident resulting from the use of a cauterizing needle instead of a blade.

In ten instances, the baby was born appearing normal except for a micropenis of clitorine dimensions. The testes were either descended or palpable in the inguinal canal. The penis was not hypospadiac, but had a fused urethra. It was,

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however, too small an organ to grow big enough to hold in order to stand to urinate, and to penetrate a vagina for intercourse in adult life.

In 33 instances, the baby was born with a micropenis that was both hypospadiac and of clitorine dimensions. In nine cases, the testes could be readily palpated, even if abnormally small. In the remaining 24 cases, the testes were either undescended or high in the inguinal canals. In all 33 cases the urethra opened into a urogenital sinus at the base of the penis.

These 45 cases currently range in age from infancy through adulthood, including adulthood as married women. They are kept in continuous long-term follow-up. With few exceptions, it is possible to match each case with another concordant for diagnosis and appearance at birth, but discordant for rearing, namely as a male.

The sum-total of evidence from these cases (augmented by parallel instances of matched pairs of female hermaphrodites) demonstrates that gender identity is sufficiently incompletely differentiated at birth as to permit successful assignment of a genetic male as a girl. Gender identity then differentiates in keeping with the experiences of rearing.

The rationale for such a program is simple: it is possible, with surgery and hormonal therapy, to habilitate a baby with a grossly defective penis more effectively as a girl than a boy. Under hormonal replacement therapy at the time of puberty, the body develops as female. Vaginoplasty permits a normal sex life, whereas phalloplasty would not. Moreover, vaginoplasty requires only two surgical admissions, as against as many as a dozen or more for phalloplasty. Orgasmic response is not lost. Motherhood is achieved by adoption. The individual does not feel like a freak.

Parents always need special education and counseling when a newborn baby needs corrective surgery of the sex organs (Money, 1968; Money *et al.*, 1969). This rule applies equally to a genetic female who needs feminizing surgery because she was born with an empty scrotum and a penis complete with penile urethra as it does to a genetic male requiring surgical feminization because he was born without an adequate penis. Given the information and guidance that allows them to endorse the recommendation of the experts regarding their baby, parents become able to rear the child consistently as a boy or a girl, respectively, avoiding ambiguity and uncertainty of gender. The following case example gives particularly good insight into the success of one family in negotiating a forced reassignment of their twin son as a daughter.

CASE EXAMPLE²

The extreme unusualness of this case of sex reassignment in infancy lies in the fact that the child was born a normal male and an identical twin, without

² Adapted with permission from pp. 118-123 in Money, J., and Ehrhardt, A., *Man and Woman, Boy and Girl: Differentiation and Dimorphism of Gender Identity from Conception to Maturity*, Johns Hopkins Press, Baltimore, 1972.

genital malformation or sexual ambiguity. The idea of sex reassignment would never have been entertained were it not for surgical mishap at the age of 7 months in which the penis was ablated flush with the abdominal wall. The mishap occurred when a circumcision was being performed by means of electrocautery. The electrical current was too powerful and burned the entire tissue of the penis, which necrosed and sloughed off.

The parents were young people of rural background and grade-school education. They were understandably desperate to know what could be done and suffered through a rather long saga of finding no answer. Then a consultant plastic surgeon, familiar with the principles of sex reassignment, recommended reassignment as a girl. The parents agonized their way to a decision. They were helped by the chance of seeing a television show in which I interviewed an adult, sex-reassigned male-to-female transexual. They implemented their decision with a change of name, clothing, and hair style when the baby was 17 months old. Four months later, the surgical first step of genital reconstruction as a female was undertaken, the second step, vaginoplasty, being delayed until the body is full grown. Pubertal growth and feminization will be regulated by means of hormonal replacement therapy with estrogen.

At the time of surgery, when I saw the parents in person for the first time in the psychohormonal research unit at Johns Hopkins, I gave them advice and counseling on the future prognosis and management of their new daughter, based on experience with similar reassignments in hermaphroditic babies. In particular, they were given confidence that their child can be expected to differentiate a female gender identity, in agreement with her sex of rearing. They were broadly informed about the future medical program for their child and how to integrate it with her sex education as she grows older. They were guided in how to give the child information about herself to the extent that the need arises in the future; and they were helped with what to explain to friends and relatives, including their other child. Eventually, they would inform their daughter that she would become a mother by adoption, one day, when she married and wanted to have a family.

During the follow-up time of nearly 9 years since surgery, the parents have kept in close contact with me, making visits on an annual basis to get psychological support and guidance. The mother's observations and reports have provided an insight into changes in her rearing practices toward the sex-reassigned child, and into the different way that she rears this child as compared with the twin brother.

The first items of change were clothes and hairdo. The mother reported: "I started dressing her not in dresses but, you know, in little pink slacks and frilly blouses . . . and letting her hair grow." A year and 6 months later, the mother wrote that she had made a special effort at keeping her girl in dresses, almost exclusively, changing any item of clothes into something that was clearly feminine. "I even made all her nightwear into granny gowns and she wears bracelets and hair ribbons." The effects of emphasizing feminine clothing

became clearly noticeable in the girl's attitude toward clothes and hairdo another year later, when she was observed to have a clear preference for dresses over slacks and to take pride in her long hair.

Her sense of neatness is related to being dressed nicely. The mother stated that her daughter by 4½ years of age was much neater than her brother, and in contrast with him, disliked to be dirty: "She likes for me to wipe her face. She doesn't like to be dirty, and yet my son is quite different. I can't wash his face for anything. . . . She seems to be daintier. Maybe it's because I encourage it." Elsewhere in this same recorded interview, the mother said: "One thing that really amazes me is that she is so feminine. I've never seen a little girl so neat and tidy as she can be when she wants to be She is very proud of herself, when she put on a new dress, or I set her hair. She just loves to have her hair set; she could sit under the drier all day long to have her hair set. She just loves it."

There is a whole pattern of dimorphism of rearing girls and boys with respect to genitalia, sex, and reproduction. Boys and girls learn differently how to urinate — boys to stand up and girls to sit down. This child had not, of course, been able to stand when the penis was ablated at age 7 months. When, at the age of 2, she tried standing up, as many girls do, her mother made a special point of teaching her how little girls go to the bathroom. In this case it needed perhaps more training than usual, because after surgery the girl's urethral opening was so positioned that the urine sometimes would overshoot the seat of the toilet. At follow-up, when the girl was 5 years and 9 months old, her mother reported that she had learned to sit down and, with slight pressure from the fingers, direct the urinary stream downward. Sometimes she still tried copying her brother, usually making "an awful mess," according to her mother.

The family was relatively open in regard to matters of sex and reproduction, so that one can study particularly well the differences in treating a girl and a boy regarding sex and their future adult reproductive role. When the twins were 4½ years old, the mother gave a good example of how parents react to boys' versus girls' genital play. Talking about the boy, the mother reported: "... in the summer time, one time I caught him — he went out and he took a leak in my flower garden in the front yard, you know. He was quite happy with himself. And I just didn't say anything. I just couldn't. I started laughing and I told daddy about it. . . ." The corresponding comment about the girl ran thus: "I've never had a problem with her. She did once when she was little, she took off her panties and threw them over the fence. And she didn't have no panties on. But I just, I gave her a little swat on the rear, and I told her that nice little girls didn't do that, and she should keep her pants on. . . . And she didn't take them off after that."

Once the children asked what their mother's breasts were for. She explained that when mommies have babies, they give milk with their breasts, so that the baby is fed with the mother's milk. The boy answered that he wanted to be a mommy. His mother explained that he could only be a daddy — "and grow

muscles so he could take care of mommy and baby, and go to work in a car like daddy does. I finally convinced him he might have just as much fun as a mommy does. . . . I've explained to each what their function will be as a grown-up, where babies grow, and that a daddy has to have a wife to have a baby and vice versa."

When the girl once came across one of her mother's supply of sanitary pads, she was given an appropriate explanation about menstrual care and the fact that it is part of the female's role.

The mother of these two children was particularly good in pointing out the specifics of the female and male adult reproductive roles to her daughter and her son. When an incident happened that could be interpreted as penis envy in the girl and baby or pregnancy envy in the boy, she successfully offered explanations geared to the specific advantage of being a female on the one hand, and a male on the other. The incident happened some time when the children were 5 years of age. Both children were taking a bath together and the boy was bragging about his penis which was erect. The mother described the situation as follows: ". . . he managed to get a hard on, and he was standing there and saying, look what I got, look what I got, proud as a peacock and she (his sister) got so mad she slapped him — she didn't like it — right on his little penis. I think, she was a little jealous. So then I went and I told her you wait and see, women can have babies and boys can't." When the girl had been reassured about the advantage of being female and having babies, the boy was disappointed and jealous. His mother hastened to reassure him that "little boys could have babies, too," and she explained that the father was the one who had to provide the sperm or "seed" as she put it.

Of course, girls and boys are not only prepared differently for their future reproductive role as mother and father, but also for their other different roles, such as wife and husband or financial supporter of the family and caretaker of children and house. The mother of these two children gave a good example of how her children were copying aspects of the wife and husband role. The parents were quite open in showing affection to each other in the presence of their children. The mother observed how her son would copy some of his father's behavior: "Like he'll bend over and give her a kiss on the cheek or he'll give her a hug . . . and if he (my husband) gives me a swat on the fanny, he'll go and give her a swat on her fanny, too." The boy was clearly the initiator of affection, copying what he saw in his father's behavior. The girl copied some of her mother's responses — "If she's in an affectionate mood, she'll like it; but very often she'll say, don't do that. . . . If he's been playing some place and comes in the house to where she is helping me . . . then she'll give him a little hug like she's glad to see him."

Regarding domestic activities, such as work in the kitchen and house traditionally seen as part of the female's role, the mother reported that her daughter copies her in trying to help her tidying and cleaning up the kitchen, while the

boy could not care less about it. She encourages her daughter when she helps her in the housework.

Rehearsal of future roles can also be seen in girls' and boys' toy preferences. The girl in this case wanted and received for Christmas dolls, a doll house, and a doll carriage, clearly related to the maternal aspects of the female adult role, while the boy wanted and obtained a garage with cars and gas pumps and tools, part of the rehearsal of the male role. His father, like many men, was very interested in cars and mechanical activities.

According to today's standards, not only boys, but also girls often pursue a career. Regarding school and future plans, the mother formulated her own hopes, when the children were a year and 10 months old, by saying: "Oh well . . . I am leaving it up to them, but I would like for both of them to go to college and university, and have some kind of career. That's what I would like for both of them. . . . As long as they get their high school, at least my daughter. My son, it's almost essential, since he will be earning a living for the rest of his life." This standpoint represents the opinion of many parents who encourage education and career plans to a stronger degree for boys than for girls. By the time the twins were 5 years and 9 months of age, they expressed clearly different goals for the future. According to their mother's report:

I found that my son, he chose very masculine things like a fireman or a policeman or something like that. He wanted to do what daddy does, work where daddy does, and carry a lunch kit, and drive a car. And she didn't want any of those things. I asked her, and she said she wanted to be a doctor or a teacher. And I asked her, well, did she have plans that maybe some day she'd get married, like mommy? She'll get married some day — she wasn't too worried about that. She didn't think about that too much, but she wants to be a doctor. But none of the things that she ever wanted to be were like a policeman or a fireman, and that sort of thing never appealed to her. So I felt that in a way that's a good sign. . . . I think, it's nice if your boy wants to be a policeman or a fireman or something and the girl wants to do girl things like a doctor, or teaching, or something like that, and I've tried to show them that it's very good. . . .

The girl had many tomboyish traits, such as abundant physical energy, a high level of activity, stubbornness, and being often the dominant one in a girls' group. Her mother had tried to modify her tomboyishness: ". . . of course, I've tried to teach her not to be rough . . . she doesn't seem to be as rough as him . . . of course, I discouraged that. I teach her more to be polite and quiet. I always wanted those virtues. I never did manage, but I'm going to try to manage them to — my daughter — to be more quiet and ladylike." From the beginning the girl had been the dominant twin. By the age of 3, her dominance over her brother was, as her mother described it, that of a mother hen. The boy in turn took up for his sister, if anyone threatened her.

The examples of different rearing practices toward girls and boys here presented are by no means a complete sample of the cues and reinforcements parents offer to their children. Most parents give them without conscious effort, routinely. It is unusual to have a mother to be as observant and as good a

reporter as this woman. Her husband by contrast, was less alert in observing and reporting his own actions and behavior toward his daughter and his son, although he also was reinforcing different behavior in each one of his children. He is more typical than his wife in being relatively inarticulate regarding sex differences in rearing. He was more inclined to stress the idea of lack of favoritism in his responses to both children.

The twins are now 9 years old. It was over a year ago, on the occasion of their annual visit to the hospital, that the girl told me of her visit, the preceding year, to the Washington zoo, and of her fascination with the monkeys. Thereupon I resorted to the standard question of which animal she'd want to be if she could change into one. She elected to be a monkey, because a monkey can climb and swing on its arms. "Would you want to be a boy monkey or a girl monkey?" I asked. "A girl one," She replied, and gave as the reason for this choice, "I'm already a girl!"

Concerning the status of her sex organs, the girl knows that she needs to apply finger pressure above the urethral opening to insure complete downward deflection of the urinary stream, and that she can request minor surgery to correct it when she is ready. She has recovered from what in infancy was a terror of white-coated doctors, but is not yet ready for a voluntary hospitalization. She knows also that some girls are born without the baby canal properly opened, for which correction is possible in teenage. Eventually she will inevitably be told about her medical history, which is too well known by relatives for a realistic expectation of permanent secrecy. No one else knows that she is the child whose case they read of in the news media at the time of the accident. Nor would they ever conjecture. Her behavior is so normally that of an active little girl, and so clearly different by contrast from the boyish ways of her twin brother, that it offers nothing to stimulate one's conjectures.

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