The construction of scientific knowledge regarding female 'sexual inversion': Italian and British sexology compared, c. 1870-1920
Beccalossi, Chiara

The copyright of this thesis rests with the author and no quotation from it or information derived from it may be published without the prior written consent of the author

For additional information about this publication click this link.
http://qmro.qmul.ac.uk/jspui/handle/123456789/1476

Information about this research object was correct at the time of download; we occasionally make corrections to records, please therefore check the published record when citing. For more information contact scholarlycommunications@qmul.ac.uk
The Construction of Scientific Knowledge Regarding Female 'Sexual Inversion': Italian and British Sexology Compared, c. 1870-1920

Chiara Beccalossi

Thesis submitted in fulfilment of the requirements for the degree of PhD at Queen Mary, University of London
I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

Ciaran Becclossan
Abstract

This thesis uses medical and psychiatric records to explore how physicians analysed ‘female sexual inversion’ in Italy and Britain, c.1870 to 1920. It investigates why sexology emerged when it did and considers the role national, political and cultural debates played in shaping sexological research. I argue that sexology both upheld and challenged national cultural norms and sought to address various broader problems that shadowed social and political debate in these societies. For Italy, detailed case histories of female inverts are presented. In Britain, however, female homosexuality was observed within other medical concerns because physicians were reluctant to study sexual inversion until at least the late 1890s. In each national context close attention is paid to ‘typical’ locations of female homosexuality, for example asylums, brothels and schools, and to particular figures and relationships; the ‘tribade-prostitute’, the ‘fiamma’, and the so-called nymphomaniac.

Italian and British sexologists had different approaches to the study of these women-only environments, in which female homosexuality was supposedly widespread. By comparing the debates around female sexual inversion it is possible to chart important and illuminating differences of language, status and politics. I will highlight the proliferation of these studies in Italy and the relatively marginal status of British sexologists. Moreover, in Italy criminal anthropology was critical in shaping sexological studies, while in Britain, political motivations linked to laws against ‘sodomy’ were crucial. In the central chapters, the works of Cesare Lombroso and Pasquale Penta in Italy, and Henry Havelock Ellis and William Blair Bell in Britain, are crucial. Alongside texts explicitly discussing ‘female sexual inversion’ as a psychiatric disease, the thesis also examines other medical concerns related to female sexuality. Questions of sexuality and homosexuality were important to wider discussions about women’s role in society, female education, prostitution, and broader debates about progress, civilisation and national well-being.
# Table of Contents

Acknowledgements ........................................................................................................... 2
Abbreviations .................................................................................................................... 5
Note on Text ..................................................................................................................... 6

Part I .................................................................................................................................. 9
Chapter 1 - Introduction .................................................................................................... 9
Chapter 2 - Sexuality in Post-Risorgimento Italy and Victorian Britain ...................... 37

Part II .................................................................................................................................. 69
Chapter 3 - Italy: Sexual Inversion as a Fashionable Pathology ........................................ 71
Chapter 4 - Circumlocutions of British Medical Discourses: *What is the Lesbian Passion* .......................................................................................................................... 126

Part III .................................................................................................................................. 181
Chapter 5 - Cesare Lombroso, Criminal Anthropology and the 'Cult of Normality' ......... 182
Chapter 6 - Pasquale Penta: the Neapolitan 'first class sexologist' ..................................... 223
Chapter 7 - Havelock Ellis and Sex Psychology ............................................................. 263
Chapter 8 - William Blair-Bell and Gynaecology .......................................................... 315

Chapter 9 - Conclusion .................................................................................................... 337
Appendix 1 - Original Italian Texts ................................................................................... 355
Bibliography ..................................................................................................................... 367
Acknowledgements

This PhD would not have been possible without a Westfield Trust Scholarship. I cannot say how grateful I am to Queen Mary University of London for giving me this opportunity. I am also thankful to the Central Research Fund of the Institute of Historical Research for financial assistance, which enabled me to undertake research in Italy during my second year.

I have been very fortunate to have Prof. Julian Jackson and Prof. Daniel Pick as supervisors. Thanks for encouraging me, and for all the times you have been present when I needed advice. This has meant a lot.

Daniel, who has been my supervisor since the first year, thank you for believing me and pushing me to do my best. I did not think I would finish in three years, so thank you for making me so work hard! Thank you also for encouraging me and making me push my arguments that bit further! I could not ask for a better supervisor.

Julian, who has joined in my supervision, thank for your enthusiasm and for having seen things in my PhD when I could not! Thank for inspiring me with your Inaugural Lecture at QM 2005 ‘Sex, Politics and Morality in France 1954-1982’; I never thought I would get emotional listening to a lecture.

Dr. Martin Thom deserves special thanks for his invaluable editing of the final version of this thesis, although any faults remain my own.
I am very grateful to Queen Mary for giving me the opportunity to improve my skills.
Thank you to Prof. Miri Rubin and Dr. Richard Bourke for comments on previous
versions of chapters 7 and 8. Prof. Donald Sassoon also deserves thanks for the
refreshing conversations in Italian and for offering me tips when teaching. To Asma
Ahmad, Derek Clear, Matthew Grant and Tracey Loughran, thank you for your
friendship and sympathy. Reto Speck deserves mention for helping me when I battled
with German articles.

Dr. Ivan Crozier and Dr. Sean Brady, thank you for your enthusiasm towards my
research, for the intellectual stimuli, for sharing your passion in the field, and your
friendship. I felt less alone. Prof. Peter Cryle and Prof. Lisa Downing, thanks for
engaging with my research, first at the workshop in Prato in 2006, and later at other
meetings, where your lively interest in my work and challenges were most appreciated
and enjoyable. I have no doubt that the attention you showed me has had a significant
impact during my final year. I am grateful to Lesley Hall for drawing my attention to
the work of William Blair-Bell on which chapter 8 is based.

My research in Italy in the fragmented Italian archives has been facilitated by the staff
of a number of libraries. I cannot list all the people and institutions, but special mention
must be made of the suggestive Biblioteca Scientifica ‘Carlo Livi’ in Reggio Emilia, I
felt there as though I was entering a nineteenth-century asylum, with the good fortune to
enter and leave at will. The Centro di Studi e di Documentazione di Storia della
 Psichiatria e dell’Emarginazione Sociale ‘Gian Franco Minguzzi’, Biblioteca
 Archiginnasio, the Biblioteca della Società Medica Chirurgica, in Bologna were all
invaluable. The Biblioteca Alessandrina, the Biblioteca Nazionale and especially the
Biblioteca dei Lincei and S. Maria della Pietà in Rome; the Biblioteca Nazionale in Florence, the Biblioteca Nazionale and Biblioteca Universitaria in Naples were all also indispensable resources for this project. In Naples I found the friendliest people. Thank to the archivist Lucia Pollio for taking a day off to guide me through the archive of the former psychiatric clinic Leonardo Bianchi. I was amazed by the richness of this archive and sad to see it forced to close to researchers due to a lack of funding. Thanks to the psychiatrist Francesco Catapano for helping in the puzzling search of the history of Neapolitan psychiatry. I am also grateful to Antonio Penta, grandson of Pasquale Penta on whom chapter 6 is based, for sharing his family history with me.

My enduring Italian friendships have always made my trips to Italy more pleasant: Caterina, Gabriella, Ilaria, Luca, Raul and especially Patrizia for putting me up every time I needed to come to Bologna. All of you have demonstrated to me what true friendship is. My friends in London, Alex, Alessia, Carrie, Gemma, Neil, Miguel and Zoe have been especially supportive.

Thank you to my parents and my sister Katia for your constant presence and encouragement.

But it is to Natalie that I owe the most. Thank you for your steady support and patience, for listening to points about my work over and over again, for hearing my practice papers, and for proof reading parts of my work when you deserved to rest. You have helped make my arguments clearer, first to myself and then to others. Luckily for you this should be the only PhD I ever do in my life! Above all, thank you for making me laugh when I thought my brain might explode. It is to you that I dedicate my PhD.
Abbreviations

**AP**
Archivio di psichiatria, antropologia criminale e scienze penali.¹

**APS**
Archivio delle psicopatie sessuali.

**RSF**
Rivista sperimentale di freniatria e di medicina legale in relazione con l'antropologia e le scienze giuridiche e sociali.

**RMPF**
Rivista mensile di psichiatria forense, antropologia criminale e scienze affini.

**JMS**
The Journal of Mental Science.

**BMJ**
British Medical Journal

**BL**
Papers and Manuscripts, British Library

¹ In 1882 it became Archivio di psichiatria, scienze penali ed antropologia criminale and in 1904 the name changed again to Archivio di psichiatria, neuropatologia, antropologia criminale e medicine legale.
Note on Text

This work draws mainly on specialised medical literature between c. 1870 and 1920. Texts published before 1870 have also been considered when editions continued to be used throughout the nineteenth century and have been influential in the Italian or the British context. Different editions of the same work, such as Cesare Lombroso’s *L'uomo delinquente* and Henry Havelock Ellis’s *Sexual Inversion*, have also been considered because medical writers enlarged their research on the basis of new scientific insights, so different editions reveal developments within a discipline. A number of specialised journals have proved particularly useful in the reconstruction of sexological debates: the Italian *Archivio di psichiatria, scienze penali e antropologia criminale* [Archive of Psychiatry, Penal Sciences and Criminal Anthropology] first published in 1880; the *Archivio delle psicopatie sessuali* [Archive of Sexual Psychopathies] published in 1896 and then continued as *Rivista mensile di psichiatria forense, antropologia criminale e scienze affini* [Monthly Journal of Forensic Psychiatry, Criminal Anthropology and Related Sciences] published from 1898 and 1904; and the British *Journal of Mental Science*, first published in 1857. I have not capitalised Italian original titles of books and articles as used in the English style, instead following the Italian original style of referencing works. Translations from the original Italian are mine unless specified in the footnotes. Key quotations are provided in the original Italian in the Appendix.

Apart from ‘sexual inversion’, my thesis employs terms such as ‘pederasty’, ‘sodomy’, ‘urning’ ‘tribade’ and ‘sapphist’. I have used such terms in an attempt to remain faithful to the language of the authors. Occasionally, sexual inversion referred more to what we might call today transgender, but broadly speaking this term indicated same-sex desires
or practices. ‘Urning’ was used as an alternative to sexual invert, especially during the early years of sexological enquiry. ‘Homosexual’ was used more towards the end of the nineteenth century, and increasingly in the twentieth century. ‘Sapphic’ and ‘lesbian love’ were used to refer to female same-sex desires. When these terms were not used by the various doctors analysed here, I have avoided using the terms ‘homosexuality’ and ‘lesbianism’ because today they imply political values within the gay and lesbian community and debates around the politics of sexual identity that this thesis is not concerned with.

I use the term ‘sexology’ to refer to medical theories and observations engaging with the ‘science of sexuality’. ‘Sexology’ is a retrospective term used by twentieth century historians, largely for convenience. Although the term can be found in texts published in the second half of the nineteenth century, its use is rare and does not always match modern definitions. For example, its use can be traced at least to the 1860s, when the American feminist Elizabeth Willard entitled a book Sexology. 2 Willard’s understanding of the term, however, referred more to the relationship between sexes rather than to the ‘scientia sexualis’. She argued that there were essential differences between men and women, that these were part of ‘natural sexual law’, and that armed with ‘true scientific knowledge’, men and women might bring the relations between the sexes into harmony. Willard shared with subsequent medical writers the belief that the organisation of sexual relations had become an important scientific project. 3 By the early 1900s, individuals in various fields — including anthropology, biology, psychiatry and various branches of medicine — had all contributed to the emergence of a specialised medical branch,

---

2 E. Willard, Sexology as the Philosophy of Life (1867), 11-16.
sexology. This thesis is predominantly concerned with information produced within the medical community, although it has not always been possible to restrict my enquiry to medical sources. Indeed, in the second half of the nineteenth century there were also radical thinkers and feminists such as Willard engaging with the investigation of sexual knowledge.

As my thesis will show, psychiatry was especially engaged with sexological studies. 'Psychiatrist' is another retrospective term used by historians for convenience, although towards the end of the nineteenth century doctors occasionally adopted the term to define themselves both in Italy and Britain. Nineteenth-century doctors who worked with the mentally ill usually referred to themselves as 'alienists' or 'medical officers of asylum' while non-medical writers might call them 'mad-doctors'. I have not used the latter term, while I have generally employed 'psychiatrist' and occasionally other terms such as 'alienist' to avoid repetition.
Part I

Chapter 1

Introduction

This thesis examines the ways in which female same-sex desires were represented in a wide range of Italian and British medical writings from c.1870 to 1920. Firstly, this research aims to provide an alternative narrative to current historical accounts which claim that at the end of the nineteenth century, the 'homosexual type' which emerged from sexology represented an epistemological rupture in ways of conceiving sexuality in the Western world. Through a comparative approach to medical history, this thesis argues that the category of 'sexual invert' was positioned alongside other medical representations of same-sex desires, such as the tribade-prostitute, *fiamma* or ideas of gender inversion attached to those who engaged in same-sex practices. By mapping ideas of female same-sex desires within Italian and British medical discourses, I suggest that sexological writings about same-sex desires are better understood when investigated in terms of historical continuity rather than rupture. Secondly, this thesis argues that sexology reflected diverse professional and political interests in approaching 'sexual perversions' and challenged cultural models about 'normal' and 'abnormal' sexual conduct.

In their attempts to constrain and comprehend reality, eighteenth-century naturalists such as Carolus Linnaeus and Comte De Buffon had developed intricate botanical and
zoological taxonomies to understand the world around them. Inspired by this enterprise, late eighteenth- and early nineteenth-century physicians had begun to classify diseases (called nosology) initially doing so on the basis of symptoms. Accordingly in *Della pazzia in genere, e in specie* [On Insanity, in Genera and Species] (1793) the father of Italian psychiatry Vincenzo Chiarugi had divided mental illness into three types: melancholia, mania and amentia. Due to the gap between perceptual and intellectual functions, the maniac lacked insight and was at the mercy of his instincts, as shown by his tendency to eat inedible things and to engage in abnormal sexual practices. Chiarugi had discussed erotomania, nymphomania, and satyriasis. In his classification of mental diseases, love was critical for the outcome of madness. Melancholia, according to Chiarugi, was an error of judgement or in the patient’s capacity to use their reason, which was restricted to one or a few pertinent objects. It was, so to speak, a fixation on one idea. Among the many kinds of melancholia he had drawn attention to ‘Scythian melancholia’:

Scythian melancholia, according to Hippocrates, should be considered another cause of the second species discussed above. As Hippocrates tells us, these nomads because of their continual riding without stirrups become eunuchs (that is, incapable of procreating), performing feminine duties, and in everything appearing and speaking like women. Nor is there sadness or serious displeasure in them, for when they go to their wives later on, so Hippocrates continues, and find themselves incapable of coitus, they remain silent, thinking that nothing is wrong. But when after trying in vain for the second or third time and beyond, they still can make no progress, they come to think that they must have offended God and throw the blame on Him.

---

4 Carolus Linnaeus (1707-1778) was a Swedish botanist who framed principles for defining genera and species of organisms, and for this reason he is considered the founder of modern systems of taxonomy. Georges-Louis Leclerc, Comte De Buffon (1707-1788) was a French naturalist who proposed identifying species through their reproductive histories, whereby two animals were reckoned to belong to the same species if they were able to produce fertile offspring.


6 V. Chiarugi, *Della pazzia in genere*, vol. 2, 143-144.


8 Ibid., 2-3.
They take to wearing women's clothing, and on that account they openly declare themselves emasculated. As they live tranquilly and contentedly in their mistaken opinions, they must be said to suffer from Linnaeus' vesania [madness] rather than from the melancholia of the ancients.9

The medical passion for taxonomies persisted throughout the nineteenth century and can be traced in literature on both sides of the Channel and of the Atlantic. Almost one hundred years after Chiarugi, William A. Hammond, President of the American Neurological Association and Professor of Diseases of the Mind and Nervous System in the New York Graduate Medical School, devoted an article, published in 1882, to the 'Disease of the Scythians', otherwise called 'Morbus Feminarum'.10 Hammond offered an historical overview of the medical attention to this unusual condition in which the main feature was 'the loss of the physiological and moral attributes of man'.11 Men adopted manners and customs typical of women, and men and women affected by the 'disease of the Scythians', believed themselves to have undergone a change of sex.12 These subjects were 'actuated' by a 'morbid impulse' and, as physicians had recently noticed, in men this illness could be at the same time the result or effect of 'pederasty'.13

To scholars familiar with the late-nineteenth century concept of 'sexual inversion' it is not difficult to detect a degree of similarity between Scythian melancholia, or what Hammond called 'Disease of the Scythians', and the later notion of same-sex desires incorporated in the concept of 'sexual inversion'. The latter contained the main idea of

---

9 Ibid., vol. 3, 28-29. Original emphasis except in the last sentence. 'Vesani' were deprived of reason, so according to Chiarugi, people suffering from 'melanconia degli Sciti' were suffering from madness.
12 Ibid., 339, 352.
gender inversion: homosexual men were considered effeminate and homosexual women virile. Inborn or acquired effeminacy or masculinity explained why a man desired another man and a woman desired another woman. Men affected by Chiarugi’s Scythian melancholia became effeminate and lost their sexual desire for women. However, an inborn taint of same-sex desire was crucial to the late nineteenth-century concept of homosexuality, even if sexologists in this period also acknowledged acquired sexual inversion. Nevertheless, Hammond’s history of the medical diagnosis of the ‘Morbus Feminarum’, culminating in Ambroise Tardieu, Richard von Krafft-Ebing and Moreau de Tours, might suggest more than a similarity, perhaps a genealogy, between the ‘Disease of the Scythians’ and sexual inversion.

The term ‘sexual inversion’ is known to have its origin in works by Wilhelm Griesinger and Carl Friedrich Otto Westphal. In 1868 Griesinger, a leading German psychiatrist who supported the view that nervous diseases were brain lesions, had defined the sexual desire for one’s own sex as a constitutional nervous disease. Westphal, Griesinger’s successor at the Charité Hospital’s psychiatric clinic in Berlin, employed many of Griesinger’s ideas about lesions of the brain, and in 1869 he published two case histories, the most important focussing on ‘Miss N.’, a woman who from the age of eight had exhibited a desire to kiss other girls and a craving to dress as a boy. These characteristics, as well as her habit of masturbation and her aversion to men, epitomised Westphal’s conträre Sexualempfindung [contrary sexual feeling]. Westphal insisted that Miss N.’s case revealed a psychopathic condition, but in the absence of other

13 Ibid., 351-52.
14 Wilhelm Griesinger (1817-1868) and Carl Friedrich Otto Westphal (1833-1890) were German leading psychiatrists.
pathological signs, he could not prove that the contrary sexual feeling existed as a completely isolated pathological phenomenon.

1. The Emergence of the Medical Category of Homosexuality

Westphal's text was recognised as pivotal in the discussion of homosexuality by late nineteenth-century physicians and by twentieth-century historians because it posed the question of the pathology of same-sex desires. In 1976, Michel Foucault, drawing attention to Westphal's article on 'contrary sexual feeling', observed that around 1870 there was a shift in medical discourses: the study of sexual perversions had begun to focus on the psychological type rather than on the criminal act of sodomy.

The nineteenth-century homosexual became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology, with an indiscreet anatomy and possibly a mysterious physiology. Nothing that went into his total composition was unaffected by his sexuality. (....) The sodomite had been a temporary aberration; the homosexual was now a species. 17


16 Between 1869 and 1870, the novelist Karl Maria Kertbeny coined the term 'homosexuality.' In the early nineteenth century works on same-sex desires were published now and then, but most historians have argued that these early works did not stimulate any specific growth in the field of sexology. For early works on same-sex desires, see C. F. Michea, 'Des Déviations de l'appétit vénérien', Union Medicale, 1849, vol. 3, 338-39; P. Gutmann, 'On the Way to Scientia Sexualis: "On the relation of the sexual system to the psyche in general and to cretinism in particular" (1826) by Joseph Häussler', History of Psychiatry, 2006, vol. 17, 45-53. For the growth of sexology, homosexuality and Wesphal's text, see G. Hekma, 'A History of Sexology: Social and Historical Aspects of Sexuality', in J. Bremmer (ed.), From Sappho to De Sade (1989), 173-193; G. Hekma, 'A Female Soul in a Male Body: Sexual Inversion as Gender Inversion in Nineteenth Century Sexology', in G. Herdt (ed.) Third Sex, Third Gender (1994) 213-239. The impact of homosexuals such as Karl Heinrich Ulrichs on the development of sexology has also been noted, see V. L. Bullough, 'The Physician and Research into Human Sexual Behavior in Nineteenth-Century Germany', Bulletin for the History of Medicine, 1989, vol. 63, 247-267; J. Hutter, 'The Social Construction of Homosexuals in the Nineteenth Century: The Shift from the Sin to the Influence of Medicine on Criminalizing Sodomy in Germany', Journal of Homosexuality, 1993, vol. 24, 73-93.

Since Foucault first defined 1870 as the ‘date of birth’ of the modern concept of homosexuality, a plethora of studies have sought to offer more precise dating. Copious scholarship has been dedicated to refining Foucault’s analysis and to discovering the details of the appearance of homosexuality, as a sexual medical category. Historians of sexuality have seen the appearance of sexual categories as crucial in the Western world. Sex, it has been explained, took on new social and individual functions, as well as a novel importance in defining the modern self. While historians do not agree on the periodisation of this process, or which cultural, intellectual and social elements were decisive, there is nevertheless a general consensus that some time between the end of the seventeenth century and the beginning of the twentieth century something new happened in the conceptualisation of sexual identities in bourgeois Europe.

Inevitably, history of medicine has contributed to the history of sexuality. Arnold I. Davidson has stressed that in the nineteenth century, sexuality became central to psychiatric discourses. Davidson argues that a new ‘style’ of psychiatric reasoning suddenly emerged in the second half of the nineteenth century and that it literally invented the modern concept of ‘sexuality’, as distinct from ‘sex’, which had previously been understood as an undifferentiated procreative instinct embedded in the biological body. This process, according to Davidson, represented an epistemological rupture in Western thought, such that an anatomical mode of reasoning was replaced by a

---

psychological mode. Instead of being grounded in anatomical abnormalities (of the genitals or brain), sexual perversions were now held to be the result of functional deviations of the sexual instinct. In the ‘new’ psychiatric mode of reasoning, new symptoms related to drives, inner states and consciousness began to be conceptualised. To know a person’s sexuality became a way of knowing that person. According to Davidson ‘perversions and perverts were an invention of psychiatric reasoning’. Homosexuality became a disease of the sexual instinct, and only from the late nineteenth century did it signify an individual’s personal characteristics.

Some historians, however, have criticised Foucault for placing too much emphasis on rupture and discontinuity in history. To be sure, even those scholars criticising the Foucauldian historical account have recognised that something shifted in the way medicine viewed sexuality in the nineteenth century. Sander L. Gilman has shown the extent to which there were continuities in cultural attitudes toward the body and sexuality during the modern period. According to Gilman, the late eighteenth-century representations of sexuality persisted in Victorian times, either in terms of ‘realities’ (recorded sexual practices) or in fantasies about human sexuality. Nevertheless, Gilman acknowledges that ‘unlike the sexual fantasies of the eighteenth century which mix the prospects of pleasure and pain, the focus of the nineteenth century is either overtly or covertly on the pathological.’ Human sexuality became increasingly associated with illness during the nineteenth century and sexual diseases themselves

---

21 A. I. Davidson, *The Emergence of Sexuality*, 16-22.
23 Ibid., 231
24 Ibid.
became prominent. Gilman has explained that the ‘movement is from the overt sign to the hidden one, from signs of illness as the disease to the stigmata of disease that only hint at the true source, a source most often to be found in the history of the individual and his/her familial background’. 25

Robert Nye has also addressed the inadequacies of historical accounts that favour discursive ruptures in the Foucauldian manner. Nye agrees with Davidson’s big picture of the conceptual changes in psychiatry, but this does not easily fit, for example, the French situation, where the older psychiatric ‘style’ coexisted with the ‘new style’ for many years. Moreover, according to Nye, undue emphasis on the discontinuities obscures much that anticipates ‘modern’ notions of sexuality and ignores the persistence of some of the language and deterministic implications of pathological anatomy. 26

The literary critic Eve Kosofsky Sedwick, highly influential within Queer Studies, has also argued against Foucault’s shift of paradigm as applied to the study of same-sex desires. Sedgwick has criticised Foucault and the social constructionist historians he influenced for drawing too sharp a contrast between earlier sexual categories and a falsely coherent, homogeneous, and unitary notion of homosexuality as we understand it today. Sedgwick also disputes the claim that earlier sexual categories are simply superseded or replaced by later ones. Rather, she suggests, earlier sexual categories continue to reappear within later ones, producing an ineradicable instability in those larger categories, among them the contemporary concept of homosexuality. 27 Sedgwick, when she comments on Foucault’s observations regarding shifts in the manner in which

25 Ibid., 238.
psychiatry theorised sexuality, has for the most part used literary sources, and this weakens her argument since Foucault was engaging with sexological studies. Nevertheless, she has done much to redefine the debate within the history of sexuality.  

2. Hero/Villain Dichotomy

An interest in the emergence of modern sexual categories within medicine has prompted historians to explore developments in ‘scientia sexualis’ and to study its main protagonists. Late nineteenth-century doctors established the field of sexology, drawing on past medical and forensic authorities to justify their enquiry into sexual perversions, and to present it as a plausible enterprise within the wider field of medicine. Sexologists such as Magnus Hirschfeld and Havelock Ellis described themselves as the heroes of reform and assumed that the cause of sexology and that of sexual emancipation were one and the same. Such narratives of progress continued throughout the first half of the twentieth century, with historians interpreting first sexology and subsequently psychoanalysis as intellectual achievements that helped liberate Western thought from the Victorian repressed attitude towards sex.

From the 1960s, however, new historiographical trends took the study of sexology in a fresh direction. In those years revisionist historians of science rejected ‘Whiggish’ narratives that stress scientific enlightenment as the driving force of progress. Furthermore, in the 1960s and 1970s the anti-psychiatry movement drew attention to the

---

capacity of psychiatry to exercise social control, to repress and to discipline. The very existence of mental illness was sometimes denied and attributed to a specific set of social, political, and economic circumstances usually labelled as ‘late capitalism’. Psychiatrists such as Ronald David Laing in Britain, David Cooper and Thomas S. Szasz in the US, and Franco Basaglia in Italy stressed how psychiatry imposes conformity and social order, and marginalises outsiders. In Sex by Prescription (1980), Szasz sketched the ways in which since the rise of science in the seventeenth century, physicians had begun to displace priests as the experts on sexual behaviour, wielding disease instead of sin as their symbol of control. He traced the medicalisation of sex through such historical figures as Jean-Etienne Esquirol, Richard von Krafft-Ebing, and Sigmund Freud.

Writing at the time when the anti-psychiatric movement was flourishing, Foucault argued that modern ‘sexual liberation’, far from arising in reaction to ‘repression’, is part of a discursive legacy over centuries in the Western world that constituted a ‘mechanism of increasing incitement’ to talk about sex. In his analysis, the ‘explosion’ of discourses on sex culminated in the constitution of a scientia sexualis in the late nineteenth century. In Foucauldian terms, sexuality is not a force within the individual to be liberated or repressed, but an apparatus for constituting and regulating human subjects in particular ways — a system to which sexologists contributed with their expertise. Sexologists mapped what was legitimate, articulated norms, and specified perversions. Thus, the emergence of the scientia sexualis has been interpreted as a

---

32 T. S. Szasz, Sex by Prescription (1980).
medical colonisation, replacing religious and legal authority with a new way of regulating sexual behaviour.\textsuperscript{33} Taking their inspiration from Foucault, many historians have concentrated on the impact that scientific discourses had on the creation of sexual identities. In particular nineteenth-century medical theories of male same-sex desire and behaviours have been a touchstone for historians of sexuality.\textsuperscript{34} Only a limited amount of research, however, has been done on female same-sex desire, and most of this has been influenced by feminist scholarship.

3. Female Sexual Inversion

Women's history has also contributed greatly to a reconsideration of the role of sexologists in the past. As early as 1949, the feminist philosopher Simone de Beauvoir addressed the historical role of science and medicine, paying particular attention to psychoanalysis. She stressed how scientific theories have provided intellectual justification for female subordination.\textsuperscript{35} During the 1970s, feminist historians questioned the concept of value-free and neutral science, and showed how objective findings were tarnished by the scientist's bias. Medical theories of women have been interpreted as attempts to maintain the social status quo.\textsuperscript{36}

\textsuperscript{33} M. Foucault, \textit{The History of Sexuality}; M. Foucault, \textit{Abnormal} (2003) [1999].
\textsuperscript{35} S. de Beauvoir, \textit{The Second Sex} (1993) [1949], 39-54.
\textsuperscript{36} See for example M. Vicinus (ed.), \textit{Suffer and Be Still} (1972). For women's history in Italy and Britain, see A. Rossi-Doria (ed.), \textit{A che punto è la storia delle donne in Italia} (2003); S. Alexander, \textit{Becoming a Woman} (1994). On psychoanalysis and women's history, see Alexander at 225-230.
In the 1980s feminist scholarship also introduced the concept of gender in historical analysis. Masculinity and femininity have come to be seen as cultural products and not as biological realities. Meanwhile social historians of science have introduced the powerful idea that scientific facts are not objectively given, but collectively created. They have suggested that scientists are not discovering reality, but actively creating it. As a result of the conjunction between gender studies and social history, the role of science in naturalising gender roles has led to an extensive Anglo-American historiography on the Victorian intersection of science, medicine and gender. Thus, for example, Ludmilla Jordanova has maintained that scientific knowledge is quite centrally about gender.

Without doubt feminist critique has constituted a preliminary stage of revisionist history and has also contributed to the collapse of a ‘Whiggish’ history of science. Despite the fact that there is no feminist orthodoxy in historical scholarship and there are lively debates on many issues, historical accounts of late nineteenth-century sexology dealing with female same-sex desires have become stereotyped narratives of a supposedly ‘patriarchal conspiracy’ against lesbians. In particular it has been argued that psychiatrists contributed to ‘pathologising’ female same-sex relationships. Historians such as Lillian Faderman, Carroll Smith-Rosenberg, John D’Emilio and Estelle

---

Freedman have suggested that before sexology emerged at the end of the nineteenth century, both men and women were allowed a broad range of physical and emotional relationships with members of their own sex. From the late nineteenth century, however, medical authorities started to stigmatise such relationships.\textsuperscript{42}

Faderman's influential work, \textit{Surpassing the Love of Men} (1981), states that sexologists like Krafft-Ebing and Havelock Ellis played a crucial role in pathologising female friendships. She has argued that homoerotic desires characterised intimate relationships within women's colleges and women's political movements. Nineteenth-century sexology undermined such female friendships, defining them as pathological, and creating an image of the female homosexual as a sick person.\textsuperscript{43} A number of feminist historians in England, following Faderman, have argued that sexologists created a climate of opinion that stigmatised single women and their relationships, and favoured heterosexuality.\textsuperscript{44} While other historians have pointed out that anxieties about female homosexuality predated the work of the late nineteenth-century sexologists, they nonetheless agree that psychiatrists reinforced the idea of a clear boundary between 'normal' and 'abnormal' sexual behaviour.\textsuperscript{45} A number of historians, Newton and Smith-Rosemberg among them, have viewed the medical interest in female


\textsuperscript{43} L. Faderman, \textit{Surpassing the Love of Men}, 239-53.

\textsuperscript{44} See for example S. Jeffreys, \textit{The Spinster and Her Enemies} (1985).

homosexuality and the medical creation of the ‘mammish lesbian’ as reactions to the rise of women’s education and the feminist ‘New Woman’.46

Such studies are more concerned with founding a feminist or ‘lesbian history’ and contributing to debates about sexual identity politics than with understanding the construction of medical debates around ‘deviant sexualities’ and their cultural and intellectual context. Feminist writers have portrayed sexologists as responsible for undermining feminism and female homosexuality. Ultimately, late nineteenth century sexologists are blamed because past scientific theories are incompatible with current feminist political critique.

As early as 1974 Regina Morants, a social historian with a background in medical history, challenged the victim/villain dichotomy of feminist accounts and wrote: ‘Surely to view the existence of Victorian women from the perspective of male domination has become a sterile and tedious line of inquiry’.47 Following Morants, the historian Martha Vicinus, has called for a reorientation in the study of the relationship between sexology and female homosexuality. She has recommended that rather than labelling sexological descriptions as misogynistic, historians might learn more from them about both contemporary lesbian mores and masculine attitudes.48 More recently, Laura Doan has suggested that for lesbians in particular, the blurring of categories of gender and the

greater dissemination of sexual knowledge made possible new paradigms for self-
understanding, paving the way for subculture formation.⁴⁹

Another trend within feminist scholarship has focussed on how male culture has tried to
deny visibility to same-sex desires. To a certain degree this ‘conspiracy’ to hide lesbians
is the result of the difficulties historians have experienced in finding records of love
between women. While legal documents have been useful in mapping the history of
male homosexuality, historians have found it more difficult to chart the history of
female same-sex desires. This difficulty is in part due to the assumption that, unlike
male sodomy (which could be legally prosecuted), the concept of lesbianism was not
based on a clearly defined sexual act.

Historians such as Lynne Friedli and Randolph Trumbach agree that sexual relations
between women were not prosecuted in England.⁵⁰ During the eighteenth century,
occasional cases did arise when women who had married other women while dressed as
men were discovered and imprisoned for a few months. This was the case with both
Mary Hamilton in 1746 and Ann Marrow in 1777, yet they were prosecuted, or so it
would seem, for theft and not for their sexual acts.⁵¹ Thus, Trumbach has remarked that
the ‘stigmatization [of sapphists] (...) was never as great as that which male sodomites
experienced.’⁵² Reacting to this view, to the effect that female homosexuality has
enjoyed more tolerance than its male counterpart, in 1993 the influential literary critic,

---
⁵⁰ L. Friedli, "Passing Women": A Study of Gender Boundaries in the Eighteenth Century", in G.
Terry Castle adopted a controversial stance in her *The Apparitional Lesbian*. Drawing attention to the ways in which lesbianism has remained largely invisible, or using her words, ‘ghostly’, in historical cases, Castle wrote: ‘It would be putting it mildly to say that the lesbian represents a threat to patriarchal protocol (...) The law has traditionally ignored female homosexuality — not out of indifference, I would argue, but out of morbid paranoia. (...) Behind (...) silence, one can often detect an anxiety too severe to allow for direct articulation.' Yet, as gay and lesbian history has begun to show, absence in the ‘official’ historiography does not necessarily mean that a phenomenon has not been articulated and acknowledged. Female same-sex desires are represented far more often, for example in medical writings, than is usually claimed. Castle’s work ranges from the early modern to the contemporary period, and includes literary and visual texts, also touching briefly upon Havelock Ellis’s sexological studies. Despite her study being based mainly on English and American materials, she applies her analysis indiscriminately to the Western world as a whole, forgetting for example, that the British attitude to sex in the period in which Ellis was writing was quite peculiar.

Recent research has shown how female same-sex desires were actually articulated in the early modern period. The historian Valerie Traub has thus demonstrated how, through the use of classical idioms, rhetoric, tropes and illustrative examples, female homoeroticism gained intelligibility in early modern England. Nonetheless historians focussing on nineteenth-century same-sex desires have been loath to abandon the assumption that lesbians were ‘ghosts’. The psychiatrist and historian of psychiatry Vernon Rosario, has suggested that lesbianism was almost unknown to medical science.

---

53 T. Castle, *The Apparitional Lesbian* (1993), 4-6
in the nineteenth century.\textsuperscript{55} Alison Oram and Annmarie Turnbull, referring to the mid-Victorian period, have noted that ‘mainstream medical texts in any speciality, including gynaecology and psychiatry, rarely address female sexual desires directly and sexual practice between women almost never’.\textsuperscript{56} Yet, as my thesis will show, this perception is wholly misguided, and derives more from a gap in the historical inquiry than from any hard evidence.

While within Anglo-American humanities departments the history of sexuality is in a flourishing state and the subject of lively debate, in modern Italian universities this field of enquiry has been neglected.\textsuperscript{57} This may in part be explained by the fact that disciplines such as women’s history, which have contributed to a revision of traditional history, have only recently entered the Italian academic sphere.\textsuperscript{58} In Italy, historians have questioned how scientists theorised female sexuality.\textsuperscript{59} But surprisingly, the study of scientific accounts of ‘abnormal’ female sexuality has been overlooked, despite the fact that Italian positivist scientists were deeply interested in the topic. Gay and Lesbian Studies are not prominent in Italian universities, and only very recently have a few young historians, among them Lorenzo Benadusi, embarked upon the study of masculinity under fascism.\textsuperscript{60}

\textsuperscript{55} V. A. Rosario, \textit{The Erotic Imagination} (1997), 108.
\textsuperscript{56} A. Oram and A. Turnbull (eds.), \textit{The Lesbian History Sourcebook} (2001), 93.
\textsuperscript{57} There are a few exceptions, like the study of attitudes towards sexuality in the nineteenth century by Bruno Wanrooij, but the field has experienced problems in becoming an established discipline. However, Wanrooij writes both in Italian and English but works at Georgetown University, an American university based in Florence. B. Wanrooij, \textit{Storia del pudore} (1990).
\textsuperscript{58} The first chairs in Women’s History were assigned in the 1990s.
\textsuperscript{60} S. Bellassai, \textit{La mascolinità contemporanea} (2004); L. Benadusi, \textit{Il nemico dell’uomo nuovo} (2005).
4. National Traditions

In the wake of Foucault's suggestions regarding the importance of sexology in regulating sexual identities, historians have tended to concentrate on national developments in sexology and have therefore relied on the internal dynamics of national history. Robert Nye, for example, has explained the rise of French sexology in terms of the demographic preoccupations of the French government during the last decades of the nineteenth century. After the Franco-Prussian War, anxieties about a declining birth-rate led French sexologists to cast all perversions, especially homosexuality, as deviations from, and threats to, heterosexual norms that needed to be bolstered as a matter of national urgency. Harry Oosterhuis has explained the rise of German sexology in terms of the emergence of a new homosexual identity. Sexology in Germany and Austria was increasingly associated with movements of sexual reform, which were chiefly aimed at abolishing or revising laws against homosexuality. Sexology in Britain, as for instance in the work of the well-known sex psychologist Havelock Ellis, combined the political motivations of homosexual rights activists (such as Edward Carpenter and John Addington Symonds) with a detailed assessment of European and American sexology. Generally speaking, however, British physicians displayed a reluctance to engage in a public debate on deviant sexualities.

61 R. Nye, 'The History of Sexuality in Context'.
63 H. Oosterhuis, Stepchildren of Nature.
64 J. D. Steakley, "Per scientiam ad justitiam": Magnus Hirschfeld and the Sexual Politics of Innate Homosexuality, in V. A. Rosario (ed.), Science and Homosexualities (1997), 133.
Lesley Hall has argued that British sexological concerns were a response to the rise of feminism. Conversely, Ivan Crozier has claimed that British sexological research addressed traditional psychiatric concerns such as moral insanity and degeneration, and the theoretical issues that preoccupied their Continental colleagues. Italian sexology, I suggest, grew out of criminal anthropology and political debates following the unification of Italy, with Italian sexology fashioning a unique interest in female sexual deviations.

National histories of science, and likewise of sexology, do not address the question as to why scientific knowledge circulates in different countries in distinct ways. Thus for example, while sexology was increasingly an international discipline and had elaborated a homogeneous model to understand sexual inversion at the turn of the twentieth century in Europe, British physicians were characterised, generally speaking, by a reluctance to engage with sexological studies. Given Foucault’s argument, why was there no proliferation of medical discourses about sex in Britain? Why did Italy engage in a massive study of female sexual inversion? What was it that made medicine in Britain and Italy distinctive? Last but not least, a comparative approach to the history of science is important because it challenges the assumptions underlying the universalist notion of science.

66 I. Crozier, 'British Psychiatric Writing on Homosexuality before Havelock Ellis: the Missing Story', Journal for the History of Medicine and Allied Sciences (forthcoming). I would like to thank Ivan Crozier for letting me read this work before publication.
It is often the case, however, that comparative histories have appeared in volumes in which individual contributors discuss each country separately.\textsuperscript{68} In this way national histories are not really transcended. Indeed, the boundaries are reaffirmed, and national traditions become the standard unit of comparison. A more fruitful way to conduct comparative history is for an individual historian to study a given phenomenon in different countries. This places great demands on the researcher, not least the mastery of two or more national histories, but it has some very real advantages. As Marc Bloch once observed, the comparative method helps the historian to formulate questions and scrutinise the documents that he confronts. In Bloch’s judgement, the comparative approach allows a historian to discover phenomena that at first glance may seem to be lacking in one geographical area or society. This method can illuminate divergent evolutions, as when a phenomenon becomes extinct in one place but survives in another. Just as in other parts of history, comparison potentially generates deeper explanatory hypotheses.\textsuperscript{69}

5. Aims

Through a comparative study and focussing on medical debates about female homosexuality, my thesis first aims to problematise Foucault’s argument about the emergence of the homosexual type as an epistemological rupture. I will suggest instead that the modern concept of the homosexual ‘type’ with psychological characteristics, had antecedents throughout the nineteenth century. In the same way the idea of homosexuality in terms of sexual practice and not identity persisted well into the twentieth century. The analysis of sexological discourses about same-sex desires is

more fruitful when investigated in terms of continuity rather than rupture. Secondly, my thesis is designed to overcome the dichotomy that proposes sexologists as heroes of sexual reform or practitioners who stigmatised sexual minorities. It will be argued instead that the bias of their studies reflected divergent professional and political interests. Some sexologists, I suggest, problematised the boundary between normal and abnormal sexuality, thereby bringing to light a disorderly sexuality. Thirdly, I aim to show that during the second half of the nineteenth century, medical researchers explored female same-sex desires much more than historians often claim. Finally, my thesis implies that when historians look for conceptual continuity (or change) in a theoretical medical system such as sexology, national histories are limited. When the attempt is made to understand historical persistence and transformations, a comparative approach is more rewarding.

In order to discover why sexology emerged in countries as different as Italy and Britain, it is necessary to appreciate the wider context of sexuality in these two nations. Therefore, in the first part of my work, drawing on secondary literature, I will show how two different modernising societies addressed similar issues related to deviant behaviour, and how the government increasingly regulated sexuality (chapter 2).

In the second part of this thesis I will reconstruct how female same-sex desires were theorised within Italian and British sexological research. From the late 1870s, doctors in Italy had engaged in a massive study of sexual inversion, collecting case histories, and as a consequence, a specific psychological homosexual type emerged. Thus, at first

glance the Foucauldian account of the birth of the homosexual type fits well within the Italian context. I suggest, however, that the historical account is complicated by the fact that along with case histories, physicians drew attention to specific female figures such as the ‘virago’, ‘tribade-prostitute’, and ‘fiamma’ that emerged from older medical and literary traditions. These studies were also sociologically oriented, as physicians were interested in exploring why and how women-only environments such as brothels and schools allegedly fostered female homosexuality (chapter 3). The Italian case is fascinating because a proliferation of medical discourses about female homosexuality is apparent. It is suggested that this proliferation is understandable in the light of the particular political situation following the unification of Italy (1861), the process of secularisation and the role of psychiatrists in the Post-Risorgimento. When drafting the civil and penal codes for the new kingdom, legal and scientific experts engaged in a massive debate about the roles of the family and of women in society, and how to regulate sexual habits in a country that was divided by different traditions (chapter 3).

The Foucauldian historical account is difficult to apply to the British context until at least the late 1890s. British doctors engaged in the study of sexual perversions, but they displayed a reluctance to accept the Continental concept of ‘sexual inversion’ and preferred to speak about same-sex desires in terms of ‘vice’ rather than psychological type. Analysis of the medical ideas that surrounded female same-sex desires demonstrates that British physicians associated female homosexuality with nymphomania, prostitution, and diseases affecting the emotions. British ideas on female same-sex desires suggest continuity rather than a break in the way homosexuality was thought of throughout the nineteenth century. Even the rare case histories of female sexual inversion did not delineate a specific psychological type. It is suggested here that
the reluctance to accept the Continental idea of 'sexual inversion' derived from British human scientists' unwillingness to accept the principles of criminal anthropology. The latter was a serious area of research in France, Germany and Italy, but British scientists mocked their Continental colleagues for being so busy with criminology. Criminal anthropology fostered sexological research at the end of the nineteenth century, but only in the 1930s did the British embrace this field of enquiry (chapter 4).

Both Italian and British physicians shared two main stereotypes about female homosexuality: the assumption that same-sex desires were widespread among prostitutes, and the preconception that they were also rife in women-only environments. These ideas come from common early nineteenth century medical sources such as the French physician, Alexandre Jean-Baptiste Parent-Duchâtelet, and from enduring sexual fantasies relating to women-only environments like convents. Ultimately, they show that 'sexual inversion' was not the only concept to frame same-sex desires. These common Italian and British assumptions also suggest continuity rather than a sharp rupture in beliefs surrounding same-sex desires. Similarities aside, the contrast is striking: the language, including the medical categories used to engage with the topic, and the number of studies varied greatly between the two countries (chapters 3 and 4).

The third part of my work focuses on case histories. Through analysis of the work of Cesare Lombroso, Pasquale Penta, Henry Havelock Ellis and William Blair-Bell I show how debates around sexual inversion reflected specific professional interests, and I argue that the medicalisation of sexuality served such interests. I will suggest that for

---

70 For an overview of early modern ideas on female same-sex desire, see L. Gowing, 'Lesbians and Their Like in Early Modern Europe, 1500-1800', in R. Aldrich (ed.), Gay Life and Culture (2006), 126-143.
psychiatrists and criminal anthropologists like Lombroso and Penta, collecting and publishing case histories was more a matter of fashioning a new subject within the international scientific community, than of stigmatising sexual minorities. During a time when extending medical taxonomy was common practice and only a few case histories of sexual inversion had been published, new observations in a growing field meant there was a strong chance that a bold scientist might attract the attention of his colleagues. The study of sexual inversion provided an excellent opportunity for international scientific recognition (chapters 5 and 6). Furthermore, Lombroso’s writings on ‘pederasty’ and sexual inversion show how the ‘anatomical style’ and the ‘new psychiatric style of reasoning’ could coexist in the same author (chapter 5).

In the British context I will focus on the psychologist of sex, Henry Havelock Ellis, and the gynaecologist, William Blair-Bell. Ellis’s work on sexual inversion might be interpreted as the British epistemological rupture within psychiatry, although as I will show, established psychiatrists disdained his theories. They instead preferred to think of same-sex desires not as ‘sexual inversion’, but as expressions of sexual vices. Ellis was also an outsider among British physicians; he was not a practitioner and only wrote on medical and anthropological topics. This does not mean however, that we should underestimate the importance of his encyclopaedic Studies in the Psychology of Sex (chapter 7).

Less well-known than Ellis, Blair Bell was nonetheless an eminent gynaecologist. At the beginning of the twentieth century, Blair-Bell addressed the topic of ‘sexual inversion’. Despite the fact that Ellis had already popularised the concept of sexual inversion as an innate characteristic, Blair Bell still tended to use the ‘anatomical style
of reasoning' when describing homosexuality rather than associating sexual inversion with a psychological type (chapter 8).

Where historians have often claimed that sexologists reinforced the boundary between normal and abnormal sexuality, my contention here is that they problematised it. Penta in Italy and Ellis in Britain were radical in their approach to sexual conduct, promoting the idea of sexual invert as normal individuals, and for these reasons mainstream physicians ostracised them (chapters 6 and 7). Lombroso evinced little sympathy for sexual invert in his writing and thought that women were inferior. Nevertheless he advocated divorce, defended the right of women to pursue a career in medicine, and sought to replace the religious vision of sexuality with more modern ideas (chapter 5). Blair-Bell for his point endorsed the stereotype of female sexual invert as sick women, and yet his studies on hermaphrodites problematised ideas of gender (chapter 8).

Finally, my research shows that female homosexuality was fiercely debated within Italian medicine (chapters 3, 5 and 6). In Britain, the analysis of same-sex desires was included in medical studies not openly examining homosexuality. While there was certainly no proliferation of studies about female-same sex desires, physicians engaged cautiously with the study of female sexual perversions to a greater degree than historians have often allowed (chapters 4, 7 and 8).71

---

71 A few works have focussed on Lombroso's and his followers' accounts of female sexual inversion, but generally the Italian medical context has been ignored, see N. Miletti, 'Analogy sconcezze', DWF, 1994, vol. 4, 50-122; G. Mary (2004), 'Labelling Women Deviant: Heterosexual Women, Prostitutes and Lesbians in Early Criminological Discourse', in P. Willson (ed.) Gender, Family and Sexuality. The Private Sphere in Italy, 1860-1945, 89-104
6. Approach

The national contexts have been chosen because despite the fact that it was well known within the international community at the time, historians have ignored Italian sexology. Secondly, there were connections between Italian and British sexology; Ellis’s *Sexual Inversion* grew out of his interest in Italian criminal anthropology and he contributed to Penta’s sexological journal. The British psychiatrist Henry Maudsley influenced Lombroso when framing ideas of deviant behaviour. Finally, Italian and British psychiatrists were familiar with each others’ contributions to the field, and in some cases they collaborated in the circulation of articles and case studies within the international scientific community.

The political, cultural and religious differences between the two countries allow us to appreciate the diverse social politics and medical interests informing the development of sexology. Italy was a Catholic country and quite liberal regarding homosexuality from a legal point of view, but the Church traditionally exercised control over sexual conduct. Sexological research was set against perceived inadequate religious sexual morality. Britain, by contrast, was a predominately Protestant country with harsh laws against male homosexuality. British sexology grew out of the attempt to reform the laws against male same-sex acts. Therefore, comparing Italy and Britain allows us to assess the extent to which sexologists upheld and/or challenged cultural norms in two different modern societies. The case histories will represent conservative (Lombroso and Blair-Bell) and radical medical positions (Penta and Ellis) for each national context.

Throughout this study I have analysed the ways in which past medical theories and practices functioned within Italian and British scientific communities, and in the context
of their own intellectual and cultural milieux. At the same time I have attempted to reconstruct debates on female same-sex desires within different branches of medicine. This thesis is not preoccupied with lesbian history in terms of establishing a history of lesbians' lives, although I engage with Gay and Lesbian Studies where relevant. Nor is my thesis concerned with the creation of sexual identities, or the efficacy of science in creating such identities.

Like many scholars working in the field of the history of sexuality, I have been influenced by Foucault. I take a social constructionist perspective to the extent that certain supposed 'diseases' such as homosexuality are viewed as 'constructed' within specific historical and cultural contexts. Yet this thesis aims to go beyond Foucauldian and social constructionist analyses and propose an alternative account of medical engagement with the topic of same-sex desires.

My scrutiny of primary medical sources on female same-sex desires in Italy and Britain, many of which have been ignored by previous historians, has convinced me of the dangers inherent in an autonomous social constructionist historical account. To simply rely on such accounts may lead to neglect of the manner in which texts and theories are created, their intellectual debts and their provenance, and not least the wider medical debates. Therefore, throughout my thesis I have tried to combine Foucauldian and social constructionist influences with a more 'old-fashioned' internal historical reconstruction of medical ideas. As such, my thesis is an intellectual and medical history of ideas surrounding female same-sex desires, a topic traditionally overlooked by historians of medicine.
My thesis is also an attempt to overcome the tendency to base historical narratives relating to sexology on ‘great’ texts such as Krafft-Ebing’s *Psychopathia Sexualis* or Ellis’s *Sexual Inversion*. Instead, I have looked at a diverse range of previously ignored medical writings within their own professional and historical contexts in order to offer a nuanced alternative picture of sexological discourses on same-sex desires in the late nineteenth- and early twentieth centuries. Finally, I have shown that sexological discourses were not monolithic, as historians have often portrayed them.
In the wake of rapid urban and industrial growth in nineteenth-century Western Europe, alleged rising rates of alcoholism, insanity, crime, prostitution and syphilis fostered widespread fears among critics of culture and the political elite. After 1850 concerns over the health of the population and biological decline became obsessions for the governments of many countries. Constant political strife in parliamentary democracy, social agitation and political turmoil, class antagonism, women’s emancipation, economic and social changes, ruthless competition, and the mechanisation of labour were perceived as threatening the stability of society. It was feared that the European nations might deteriorate; degeneration — at once a social and individual pathology — was thought to be characteristic of the last decades of the century. Along with these preoccupations, an uncontrollable sexuality was assumed to be menacing the advance of civilisation. Sexology emerged within this context of broad anxieties about degeneration threatening civilisation and national progress.

In Victorian society there was no crisis of the governing classes equivalent to the process that led up to and followed Italian unification. Victorian society was troubled by social upheavals in the 1830s and 1840s and then again in the late 1860s and 1880s, but it was nevertheless a stable society compared to Italy. With the spread of Malthusian and Darwinian observations, sexuality in both countries became increasingly regulated
by the medical and legal professions and, as such, was turned into a scientific issue. New social conventions, sanitary prescriptions, policies of sex education, and practices of self-control were all put forward as a means of controlling disorderly sexual behaviours. In both Italy and Britain, the government tried to regulate the sexual sphere: laws to control prostitution were a clear example of this process. In order to understand the reasons why sexology emerged, and how and why it engaged with female 'sexual perversions' in two such different national contexts, it is necessary to appreciate the wider context of sexuality in Post-Risorgimento Italy and Victorian Britain.

1. Similar Features

Sexual respectability. Both in Italy and Britain during the nineteenth century the business and professional classes, the bourgeoisie, raised their social status through industry and trade. This is not to say that after unification the Italian nobility, whether in the north or in the south, had lost all its social status, or that in Britain the aristocracy disappeared along with modernisation. The landed nobility still ruled the Italian peninsula, as it did Britain.\(^\text{72}\) Both in Italy and in Britain the bourgeoisie promoted a morality based on sexual respectability.\(^\text{73}\) According to the historian George Mosse, the European bourgeoisie felt the need to tame a society that seemed to be on the brink of chaos. They perceived the cities as seething cauldrons of crime, anxiety and wild sexual passion. According to Mosse, there was a general consensus among the professional classes that decorum ought to be protected. The bourgeoisie promoted a style of life based on frugality, devotion to duty, and the restraint of passions — in opposition to the


‘feckless’ values of the lower classes and the dissolute values of the aristocracy. Respectability might enable the bourgeoisie to cohere.\textsuperscript{74}

Within this ideology vices were thought to lead to illness, and some conditions, especially alcoholism and venereal diseases, were shameful because of their roots in an immoral life.\textsuperscript{75} In the conventional historical account, the ruling classes needed to reinforce the techniques of doctors, educators and the police to establish control and impose moderation. According to Mosse, the bourgeoisie needed to set apart and make more visible those who did not conform to their standards. The distinction between normal and abnormal — the basis of modern respectability — became, Mosse has explained, the mechanism for managing undesirable forms of conduct and establishing social safety. In this process, the doctor took the place of the priest as protector of the moral norm.\textsuperscript{76} The physician, committed to the achievement of a new professional prestige, increasingly became an arbiter of morality, supported by a widening awareness of the link between health and hygiene. Sexual immorality and disease were classic targets of public health campaigns, which were rooted in emergent medical professionalism as well as in moral politics, and were aimed at the regulation and surveillance of the urban poor. In addition, nationalism invoked the health and the power of the country. The more liberalism allied itself with nationalism, the more the

\textsuperscript{74} The very definition of the bourgeoisie, in the work of Mosse, comes from the development of the concept of respectability — that in relation to economical dynamics, bourgeois fears and hopes created a style of life that became characteristic of the stable and ordered society. G. L. Mosse, Sessualità e nazionalismo (1984) [1982].

\textsuperscript{75} O. Temkin, The Double Face of Janus (1977), 432.

\textsuperscript{76} G. L. Mosse, 10-13.
right of the state to set standards governing collective survival overrode the claims of private interests.\textsuperscript{77}

The family, as the symbol of order and stability, became the foundation of the social order and of the state; its role in social control was crucial. The sexual respectability that is usually associated with the Victorian age can also be associated with the Italian \textit{Post-Risorgimento}.\textsuperscript{78} Fathers had to be able to provide for their families. The role of women was that of passionless good mothers and wives. Celibacy was considered less important than family status. Officially, sexuality had to take place only within a marriage, but men were justified if they did transgress, because natural sexual needs drove them to look for sexual intercourse outside marriage. Men consorting with prostitutes and mistresses were silently accepted while women had to face social reprobation if they indulged in sexual intercourse outside marriage.\textsuperscript{79} The sexual double standard meant that men would treat their own wives and daughters as respectable and sexually pure, while not extending such strictures to their own sexual activities, nor to the women with whom they occasionally consorted.

Historians have highlighted how bourgeois ideology reinforced the separation between male and female spheres. Economic factors also contributed to this separation. The development of urban industrial capitalism leading to a separation of work from home resulted in a hardening of the division between men's and women's roles, particularly among the middle classes. The growing sexual division of labour was underscored by

\textsuperscript{77} H. Oosterhuis, \textit{Stepchildren of Nature}.  
\textsuperscript{78} M. Mason, \textit{The Making of Victorian Sexuality}.  

40
medical-scientific theories that posited the naturalness of this division by arguing that women's passive nature left her ill-equipped for the rough and tumble, competitive public world and politics. Thus, women's excessively delicate nervous system, monthly 'illness,' smaller brain, and specific reproductive organs all made it unhealthy — indeed unnatural — for women to work, write, or vote.\textsuperscript{80}

Yet, not all bourgeois professions adhered completely to this ideology. While much concerned with ensuring 'normal' sexual behaviour, nineteenth-century doctors, and psychiatrists in particular, were strikingly unspecific about where the norm could be found and of what it consisted.\textsuperscript{81} For nineteenth-century psychiatrists 'normal' seldom meant simply statistically common. Lombroso, for example, could discern no clear-cut distinction between normal and abnormal sexual conduct (chapter 5).\textsuperscript{82} Medical discourses about normality often served to mark resistance to cultural fears of disorderly behaviour, but it was a common psychiatric tenet that pathological behaviour was an exaggeration of the normal. As I will show in the following chapters, late nineteenth century sexologists such as Ellis or Penta redefined the concept of normal and abnormal sexual behaviour, therefore problematising the ideology of sexual respectability (chapters 6 and 7).

**Prostitution:** Women could represent a problem for public order. Prostitution as a diffuse and visible phenomenon was a peculiar characteristic of the city and

\textsuperscript{79} For a discussion of the shortcomings of this view, see P. Gay, *The Bourgeois Experience* (1984). Gay aims to demonstrate that what the Victorians were doing in bed is in complete contrast to such ideology.


\textsuperscript{82} See especially at 187-88.
contemporary commentators saw the prostitute as the ultimate immodest woman and the embodiment of sexuality.\textsuperscript{83} Between 1860 and 1870 in European countries such as Britain, Italy, but also France and Germany, governments approved a series of laws in order to control women selling themselves. The growth of prostitution has been explained in terms of both the expanding urban population and the social possibilities which were open to women at the time.\textsuperscript{84} Some doctors blamed heredity, bad habits and loss of modesty as causes of prostitution.

The attempt to regulate women selling their bodies displays clearly how sexuality became increasingly regulated by the medical and legal professions. Because prostitutes did mostly come from the lower classes, many nineteenth-century analysts emphasised prostitution as a class issue, where prostitutes were kept in an exploitable position because other lucrative employment opportunities were scarce.\textsuperscript{85} Another outcome of this increased traffic in women was the further medicalisation of sex brought about by the development of medical treatments to combat the concomitant rise of venereal disease, an issue on which medicine had much to say. Both in Italy and Britain the governments of the day approved Contagious Diseases Acts, in 1860, and 1864 respectively.\textsuperscript{86} In both countries it became mandatory for prostitutes to submit to a gynaecological examination to ascertain whether they carried a transmittable disease (in which case they would be imprisoned until they were ‘clean’). This was one of a number of regulations adopted across Europe and in the Colonies to prevent the contamination of soldiers with syphilis. Medicine was thus at the heart of these State

\textsuperscript{83} S. L. Gilman, \emph{Difference and Pathology} (1985), 76-108.
\textsuperscript{84} J. R. Walkowitz, \emph{Prostitution in Victorian Society} (1980); M. Gibson, \emph{Prostitution and the State of Italy} (1986).
\textsuperscript{85} F. Finnegan, \emph{Poverty and Prostitution} (1979).
interventions into the regulation of sexual practices. Medical investigation gave rise to
more sociological analyses of sexuality, as a number of doctors paid detailed attention
to the forms of prostitution evident in various cities. Eventually these sexual-
sociological studies provided ample opportunities for more detailed observation of
sexual practices generally. 87

Degeneration. To understand the beliefs and ideologies shaping sexology, one must
turn to an examination of the discourses of degeneration theory that proliferated towards
the fin de siècle. European psychiatry adopted the theory of mental degeneration
developed by Bénédict Augustin Morel in Traité des dégénérescences physiques,
intellectuelles et morales de l’espèce humaine [Treatise on Physical, Intellectual and
Moral Degeneration of the Human Species] (1857) in France and by the 1880s
degeneration became the dominant framework for the understanding of mental disorder.

Degeneration concerns were grounded on preoccupations regarding the course of
history. Especially in France, the belief in progress, common among intellectuals in the
1850s and 1860s, entered into crisis after the political events of the Paris Commune
(1871), which followed the Franco-Prussian War. The Paris Commune was interpreted
as a symptom of a disease of civilisation, of chaotic cities and the entrance of dangerous
masses into the public sphere. 88 Through journalism, public opinion came to hold the
belief that criminality was overwhelming cities and that only police could cope with
social problems. From the 1870s, degeneration and decadence were commonly

86 For more details, see below at 53-54, 63-64.
87 A. J. B. Parent-Duchâtelet, De la prostitution dans la ville de Paris (1835-36); W. Acton, Prostitution,
(1870) [1857].
represented in both literature and science. Politics and literature increasingly relied on scientific language, especially medical and biological metaphors: the image of society as an organic body became widespread. Suggesting that an inevitable decay was rooted in each human being, degeneracy became a cultural idea that articulated anxieties in society at large.\textsuperscript{89}

In psychiatry, the lack of empirical evidence for physical causes of mental pathologies made medical writers stress the importance of degeneration, which in turn became an explanation of virtually every pathological phenomenon. At the turn of the century, degeneracy had become a sort of umbrella concept for inexplicable diseases. Thus, the use and misuse of degeneration aroused scepticism among professionals. In 1892 the eminent British psychiatrist, Daniel Hack Tuke, acknowledged that degeneracy theory was, at that time, abused and applied to cover every kind of deviation. Tuke thought that employing degeneration in the prognosis of sickness meant introducing pessimism into the treatment of the patient, when in fact, recovery often occurred.\textsuperscript{90} In 1896, the Italian criminal anthropologist Pasquale Penta, who had previously adopted degeneration theory with enthusiasm, admitted that it had turned out to be inadequate to explain the origin of psychiatric diseases. In essence, degeneracy did not explain anything.\textsuperscript{91}

\textsuperscript{88} R. Nye, 'The History of Sexuality in Context', 392-94.
\textsuperscript{91} P. Penta, 'L'origine e la patogenesi della inversion sessuale, secondo Krafft-Ebing e altri autori', APS, 1896, 54. For more on Penta and degeneration, see chapter 6.
As Daniel Pick has pointed out in his study of this ‘European disorder’, degeneration took varying forms in distinct national cultures.\textsuperscript{92} Thus, in the Italian Peninsula, degeneration was employed to explain the dangerousness of the South, a threat in the delicate context of political unification. Bandits, endemic poverty and constant unrest frightened the ruling class, which sought to distance itself from a southern world of delinquency and backwardness.\textsuperscript{93} In Britain degeneration was a less obvious issue than in the Continent. There was no founding text of the theory of degeneration to compare with Lombroso’s \textit{L'uomo criminale} (1876). Indeed, those who espoused a classical liberal conception of the individual, and therefore accepted the notion of free will, found it hard to entertain the notion of a distinguishable degenerate type. The prospect of extinction fostered by degeneration theory was likewise seen as doubtful by many who identified Britain with imperial power. Yet the image of degeneration did nonetheless articulate British fears of the criminal urban sub-culture and of social pathology.\textsuperscript{94}

Different national discourses around degeneration, however, shared common concerns, precepts and obsessions. No other aspect of human experience was as closely tied to the concept of degeneration as sexuality.\textsuperscript{95} Non-reproductive sexual practices were believed to contribute to the moral, physiological and mental deterioration thought to be afflicting the European population at the turn of the century. Physical and moral corruption, and an uncontrolled emotional state often characterised social pathologies, especially those of the urban areas in the late nineteenth century. In Europe sexual

\textsuperscript{92} D. Pick, \textit{Faces of Degeneration}.
\textsuperscript{93} Ibid., 114-15.
\textsuperscript{95} S. L. Gilman, \textit{Difference and Pathology}, 191-192.
perversions came to be regarded as part of a wider spectrum of hereditary pathologies, which also included urban poverty, criminality, insanity, and abnormal gender behaviour.

**Homosexual Scandals.** Homosexuality became a topic in newspapers through sexual scandals both in Italy and Britain. Britain was thus rocked by the discovery in 1889 of a male brothel allegedly attended by aristocrats in Cleveland Street (London), and by Oscar Wilde's prosecution for 'gross indecency' in 1895. Italy's scenario involved homosexual scandals whose central characters were foreign men such as the German Friedrich Alfred Krupp. In both cases, the literate middle class became familiar with same-sex passion through the press. Public disgrace and malevolent rumours about men who indulged in same-sex practices had appeared in Italian newspapers since at least the 1870s, and at the turn of the century famous names were dragged into sexual scandals. 96 Italy, especially the South, was the favourite destination of British and German men looking for sexual intercourse with other men. The British literary scholar, John Addington Symonds, and the writer, Frederick Rolfe often went to Venice where they could buy companionship from gondoliers and sailors. 97 Oscar Wilde took pleasure in describing gigolos and adolescents who sold themselves in Naples. 98 In Capri, there was a small but renowned international homosexual community. 99 This sexual tourism was silently accepted by the local population, but occasionally it caused a crisis. In 1902, Krupp, the wealthiest armaments manufacturer and trader of that time, was accused by

German newspapers of having engaged in orgies with young men on the island.\textsuperscript{100} The resulting international scandal eventually led to his suicide. Krupp had spent his holidays in Capri for years and was well accepted by the local community because of the economic benefit the island received from his presence. Only when German journalists broke their silence did the Italians follow suit; then the Krupp scandal became an opportunity for clerical and anti-clerical intellectuals to fight over the sexual immorality of the times.\textsuperscript{101}

Baron Wilhelm von Gloeden was another German enamoured of southern Italy who was involved in sexual scandals. He moved to Taormina (Sicily) where he worked as a photographer, specialising in male nudes. Alongside this activity he organised meetings between the subjects of his pictures and men from Germany and England who wrote to von Gloeden wanting to experience some of the beauties of Italy. The police discovered his trade, and in 1908 he was sentenced to one month in prison and fined for procuring male minors for prostitution. His trial and sentence stirred up a debate between local Sicilian newspapers defending von Gloeden’s art (and the economic benefits of his art for Taormina), and socialist and Catholic newspapers associating homosexuality with prostitution, paedophilia and ‘foreign vices’.\textsuperscript{102}

In Britain one of the most famous homosexual scandals in mid-Victorian times was that of Boulton and Park, who were arrested, dressed in female clothes, outside London’s

\textsuperscript{100} In Germany the Eulenburg affair achieved greater notoriety. Prominent members of Kaiser Wilhelm II’s cabinet and entourage between 1906 and 1909 were accused of homosexuality, legally punishable in Germany. Several trials followed.
\textsuperscript{101} E. Oliari, \textit{L’omo delinquente}, 78-90.
\textsuperscript{102} Ibid., 134-149.
Strand theatre in 1870, on a charge of ‘public indecency’, then of buggery; but it was impossible to prove that they were doing anything more than masquerading. Then again, in 1889 the Cleveland Street scandal and in 1895 the Wilde trials had a crucial part to play in creating a public image of and for the homosexual: as decadent, artistic, upper class and male. The Wilde trials caused public attitudes toward homosexuals to become harsher and less tolerant. According to some historians, prior to the Wilde proceedings there was a certain pity for those who engaged in same-sex passion, whereas after the trials homosexuals were seen more as a threat. 103 The Wilde trials had other effects as well: they caused the public to begin to associate art and homoeroticism, and to see effeminacy as an index of homosexuality. People with close same-sex relationships grew anxious, concerned about doing anything that might suggest impropriety. Mercilessly punished under English law in 1895, Wilde is commonly considered to be the iconic victim of Victorian Puritanism. 104

2. Italy

Sexuality, religion and science. 105 While in both Italy and Britain the ruling class felt that deviant sexual behaviour required regulation, with their respective governments having to address similar problems, there were nonetheless important differences. In the rest of this chapter I will draw attention to a few significant differences between the two countries, so as to set the scene for how sexologists upheld and challenged national cultural norms. As previously mentioned, in Italy the second half of the nineteenth century was characterised by political instability. The wars of unification directly

104 M. S. Foldy, The Trials of Oscar Wilde, 89-90; D. Pritchard, Oscar Wilde (2001), 149.
challenged the church when revolutionary armies conquered Papal States and finally, in 1871, Rome itself. Withdrawing into the Vatican, Pope Pius IX condemned the new Italian State and forbade Catholics to participate in its political institutions. Supporters of unification, mostly members of the middle class, therefore had to find a new philosophical basis for national identity. Science offered the new State a discourse compatible with its aspirations of liberalism and secularism, and signalled its transition ‘from feudalism to modernity’. In Italy, science became especially important as a weapon against the traditional hegemony of Catholic thought. Scientists, especially medical men, established themselves as part of the ruling group after the unification of Italy. It is not a coincidence that two medical doctors, Luigi Carlo Farini and Giovanni Lanza, became heads of the government in the years after the unification, and many others contributed to political decisions as ministers or members of parliament.106

Rather than academics, positivistic scientists were what we today call public intellectuals, eager to popularise their findings, to influence legislation and to engage with practical issues.107 Many of Lombroso’s followers could be found both in Parliament and in the administrative ranks of the Ministries of Interior and Justice, trying to give their ideas an institutional form. They championed criminological positivism as a secular alternative to Catholicism, a ‘lay faith’ upon which to build the institutions of the young State.108

---

105 In comparison with the relatively large number of studies focusing on the history of sexuality in periods such as the Renaissance, the period 1861-1948 has received less attention.
106 Lombroso, like many of his followers, joined the Italian Socialist Party after its founding in 1892 because the liberal government’s inability to improve the lot of the poor left him disillusioned. G. Cosmacini, Storia della medicina e della sanità in Italia (1987), 394-5.
107 F. Giacanelli, ‘Appunti per una storia della psichiatria italiana’, in K. Dörner, Il borghese e il folle (1975), XXIX-XXX.
108 Ibid., V-XXXII.
The conflict between Catholics and anti-clericals was particularly intense from the last decades of the nineteenth century through to the beginning of the twentieth century. Debates about morality, sexual habits and new life styles often became occasions for fierce debate between the two groups. Supporters of a ‘new sexual morality’ were often identified with anti-clericals and socialists; opponents with Catholics and conservatives. Most of the members of Lega italiana neomalthusiana were indeed socialists. This neomalthusian association became a threat to the Church because it promoted birth control and information about sexuality among the working classes. It supported divorce and free love unions, and a substantial part of the urban population responded quite favourably to socialist proselytising and agitation. 109

It is not a coincidence that many positivist practitioners came from socialist ranks. In order to extend their cultural influence, Italian physicians would have to replace the Church as guardians of sexual morality. The aspiration of medical doctors to increase their social prestige, to inspire laws, and to educate and guide the nation was not accepted without debate. 110 Notwithstanding this antagonism, science and religion had in common a prescriptive message and moralising tones in their discussions of sexuality.

In the reformist atmosphere that prevailed among legal and penal authorities in the 1880s, Italian criminal anthropologists possessed a scientific, coherent, and

‘revolutionary’ program for defending society against criminality and social disorders. They were trying to find solutions to the chaotic situation of the new Italian kingdom. Italians had become poorer, and strikes broke out in both the north and the south. The riots of Fasci workers in Sicily in 1894, and in Milan in 1898, were brutally put down, and consequently the State came under siege; restrictions were placed on the freedom to publish, and the socialist party was dissolved. The ‘questione meridionale’ was perceived as becoming more and more grave. The defeat in Eritrea (Adowa) caused more deaths than all the Risorgimento wars. Finally, in 1900, the king Umberto I was murdered by the anarchist Bresci.\textsuperscript{111} For intellectuals, and among them positivist physicians, these events destroyed belief in historical progress. The militant positivists went from an initial phase of faith in progress and universalism, alongside a bourgeois ‘cult of normality’, to a second phase of pessimism and abandonment of progressive cosmopolitanism.\textsuperscript{112}

\textbf{Legislative actions addressing sexuality: women, prostitution and homosexuality.}

The unification of Italy meant, among other things, new homogeneous laws on a national scale. The Italian Civil Code of 1865 had a close but indirect relationship with the Napoleonic Code. The principle of equitable inheritance gave sons and daughters more or less the same rights to their parents’ property, so women’s proprietorship was neither occasional nor trifling. The Civil Code of 1865 not only ignored class distinctions among women, but also declared a principle of sex equality before the law. Also, minors of both sexes had the same legal position. Women and men came of age at

\textsuperscript{110} B. Wanrooij, \textit{La storia del pudore}.
\textsuperscript{111} P. Martucci, \textit{Le piaghe d’Italia} (2002).
\textsuperscript{112} Asor Rosa referred to the Italian bourgeoisie’s ‘cult of normality’. A. A. Rosa, \textit{Storia d’Italia} (1975), vol. 4, 895.
21 and were thereafter equally free to live wherever they chose. They could engage in trade, own and manage property, and make wills and bequests. This applied until women got married; subsequently they needed their husbands’ approval.113

In practice, however, the introduction of a new civil code in the Italian Kingdom reinforced women’s dependence on men. Women on the whole were hindered from practising the liberal professions, and they had no free access to secondary schools. Not only were they denied the vote, at both a national and local level, but they were also debarred from any ‘public office’, any position representing the authority of the ‘civil State’. Thus women could not be arbitrators, notaries, or, until 1877, even witnesses to legal actions. They could not become lawyers, judges, or ‘officials,’ like guardians, except to blood relatives.

With marriage, the supposed civil equality of the sexes declined yet further. A woman had to assume her husband’s name, citizenship and place of residence. Marriage conferred mutual rights and duties, but while equal in liabilities, women were inferior in rights. Married women could own, inherit and bequeath property independently, but acts beyond the simple administration of their own property required their husbands’ consent under provisions called ‘marital authorisation’.114 A woman with property could not even give it to her own children without her husband’s consent. This meant, for example, that a woman could not act independently of her husband to provide a dowry

for her daughter. With such curtailments of mothers’ property rights under marital authorisation, the legal power of fathers to determine whom their daughters married gained added economic force.

There were important differences to the way Italian women in various regions experienced the Civil Code of 1865; women in the northern provinces actually lost rights they had enjoyed under Austrian domination. Lombard and Venetian women had been free from marital authorisation, and along with Tuscan women had been entitled to vote in local elections.115 These rights were abolished with the codification, and in ensuing decades northern Italian women struggled, not only to advance all women’s rights, but also to regain lost ground.116

The unification of Italy also meant adopting a homogeneous regulation of prostitution. Most men, at least those in the administrative ranks of national government, thought prostitution should not, and could not, be eliminated from society. Prostitution actually buttressed the family by providing a sexual safety valve for single men who might otherwise try to seduce the ‘honest’ women of the middle class. It was in order to satisfy male sexual demands, yet prevent venereal disease, public immorality and disorder, that officials, starting with the Prime Minister Camillo di Cavour, decided to legalise, yet closely regulate, prostitution.117

115 Of course they could only do this if they met the patrimony and literate criteria, as with men.
On 15 February 1860 the ‘Decreto Cavour’ [Cavour Act] introduced the regularisation of prostitution. The guidelines of this Act were clearly inspired by the Belgian experience, and aimed at concentrating prostitution in closed houses, and at limiting, as much as possible, the freedom of movement of the women who were registered as prostitutes. The regulation was motivated by the desire to stop the apparent increase in the number of cases of syphilis: every two weeks prostitutes were obliged to undergo a medical examination. In case of infection medical treatment in a venereal hospital — a siflicomio — was mandatory. Until 1888, prostitutes even had to carry a special passport to identify their occupation.\(^{118}\)

Before the unification of Italy, homosexuality was punished in the Papal States with a life sentence;\(^{119}\) in the Lombardo-Veneto (current Trentino Alto Adige, Friuli Venezia Giuglia, and Istria and Fiume), under Austrian domination, sodomy was punished with custodial sentences from six months to one year; and in the Kingdom of Sardinia, under the Savoy monarchy, sodomy could earn an individual up to ten years in prison.\(^{120}\) The rest of Italy adopted the Napoleonic Code, whose silence on the issue of homosexuality meant that there was no legal framework for the oppression of same-sex acts.

When Italy became a unified nation in 1861, the criminal code of the Savoy Kingdom was extended to the rest of the country. However, the law covering homosexual acts was not applied to southern Italy, thus creating a ‘double standard’. In the south of Italy the Napoleonic Code was maintained in this respect because the government

\(^{118}\) Ibid.
\(^{119}\) In 1832 the Pope Gregorio XVI established the life sentence for sodomy: ‘delitto consumato contro natura’. See Regolamento Gregoriano, art. 178. Quoted in E. Oliari, L’omo delinquente, 17.
acknowledged that in Mediterranean culture same-sex practices were considered normal in youth and institutionalised. In these terms a cultural difference between northern and southern Italy was conceded. According to the Government, punishing same-sex acts in southern Italy would have meant completely changing the indigenous culture. In 1889, the ‘Zanardelli Penal Code’ was promulgated, which decriminalised private homosexual behaviour (except in cases that involved violence, complaint — ‘querela di parte’— or ‘public scandal’) between consenting adults. Homosexuality became legal throughout Italy and was acceptable if one did not ‘cause too much of a disturbance’.

The deputy Zanardelli explained that in dealing with ‘acts against nature’ ignorance of the ‘vice’ was more useful than its advertisement through the law. Zanardelli also believed that this choice was in line with the Italian tradition of Giovanni Carmignani, an expert in penal law. According to Carmignani, the best way to confront the ‘vice’ of same-sex practices was to deny its existence. Political caution had taught Italian legislators that it was against the interest of public justice and tradition to unveil certain sexual practices that had been covered by silence. This was also in line with the tradition whereby Church and State had two distinct areas of intervention with the former being responsible for the regulation of sexual morality.

120 Art. 425 ‘Codice Penale per il Regno di Sardegna, 20/11/1859 - Libro II, Titolo VII, Dei Reati contro il Buon Costume’, Quoted in ibid.
121 L. Benadusi, Il nemico dell’uomo nuovo, 98-99.
122 Querela di parte is the option for the victim of a crime, or, where the victim is under age, his or her guardian, to bring legal action against an offender, for which the legal system is not compelled to proceed.
123 Giovanni Carmignani (1768-1847) was Professor of Penal Law at the University of Pisa, and an authority in his field throughout the nineteenth century.
124 Ibid., 103
125 Ibid.
The critical role of the Catholic Church in the sphere of morality and sexual conduct has been considered to be the main difference in the attitude towards homosexuality between Catholic and Protestant countries. According to some scholars, Catholic countries were more tolerant because the Church dealt with the repression of deviant sexualities, while in Protestant countries the State had to intervene directly. The historian Annamaria Buttafuoco has noted that in Italy even incest — which was frequent, and not restricted to the poorer classes — was not punished except in cases of scandal or ‘querela di parte’. According to Buttafuoco, legislators did not mean to regulate families, but aimed to put forward laws that, while not restricting sexual disorders within the family, tried to stop them from spreading. The tolerant Mediterranean legislators sought to cloak deviant sexualities in silence; their intention was to prevent the disorder being named. This was in line with the diffusion of a ‘don’t ask, don’t tell’ Mediterranean attitude to same-sex sexual behaviour. The regulation of prostitution and the application of the Napoleonic laws to homosexuality show how the Italian legislators seemed more concerned with containing sexual disorders than with repressing deviant sexualities. They also show that there was a tacit acceptance of certain phenomena.

Feminism. Like the men involved in the Risorgimento, female revolutionaries had suffered financial depravation, exile, social ostracism, familial discord and worse as they supported the revolution. According to Judith Jeffrey Howard, ‘All feminists of the 1860s and 1870s had been involved in the struggle for Italian unification.’ Sex inequalities in the Civil Code, and especially in family law, helped ignite women’s

---

Risorgimento nationalist fervour into a feminist blaze. Although the roots of feminist consciousness were both broader and deeper than the national revolution, the struggle for unification had disrupted the traditional social order and encouraged a revaluation of attitudes and roles. Women involved in the struggle shared a broad sense of sex identification based on experiences such as motherhood, but they had also been influenced by traditions of women's educational reform in Italy, and by Giuseppe Mazzini's combination of protofeminism, moralism, and revolutionary nationalism.  

The appeal of Mazzini's principles to feminists is not to be wondered at, for his Doveri dell'uomo [Duties of Man], published in 1860, had advocated equality between women and men. Mazzini explained that men's ostensible superiority was due to better educational opportunities and to the legal oppression exercised by men over women.  

The first assault on legal inequality in the unified State was Anna Maria Mozzoni's book La donna e i suoi rapporti sociali [Woman and Her Social Relationships] (1864). Mozzoni began her feminist offensive by focusing on legal reforms. Her 1864 study, written at the age of 27, launched the feminist critique of Italian family law. Although individual female emancipationists had struggled since unification to win equal rights for women, they did not establish formal organisations until the 1880s. Only in 1881 was Mozzoni able to found the Lega promotrice degli interessi femminili [League to Promote Female Interests] in Milan, whose example was imitated subsequently in several other cities. These feminist leagues called for better working conditions for women, especially in the new textile factories, in addition to the older demands for civil

---

130 Ibid., 7-8.
rights. After 1890, the trend toward organisation accelerated, with bourgeois women increasingly emphasising the vote, while socialist feminists initiated a campaign for protective legislation for working mothers.\textsuperscript{131}

More radical feminists campaigned for both legal and social reform in the pages of \textit{La Donna} [Woman], the leading Italian feminist periodical, published regularly between 1868 and 1892 in Venice by Gualberta Adelaide Beccari. More than other women's journals, \textit{La Donna} emphasised the sisterhood of women in all classes, a shared fate often defined in terms of the maternal role. \textit{La Donna} was targeted at a middle class audience and reflected the concerns of educated women. Major Italian feminist groups included the \textit{Unione femminile} [Female Union] founded in 1899, the Italian branch of the International Council of Women affiliated in 1900, and the more radical \textit{Comitato nazionale pro suffragio femminile} [National Committee for Female Suffrage] founded in 1904.\textsuperscript{132}

Suffrage was not the primary demand of Italian feminists. Since a large proportion of men could not vote until 1913, women had fewer grounds on which to blame sexism for their disenfranchisement. More importantly, the conservative attitudes of most Italian feminists led them to focus primarily on education, civil rights, and welfare projects. Most feminists followed the \textit{Risorgimento} myth of the 'madre italiana' [Italian mother], who exercised an indirect power in society through motherhood.\textsuperscript{133} They did not challenge the scientific definition of womanhood, or question sexuality or the ordering of gender. Italian feminists were very careful not to mention sexuality in their protests.

\textsuperscript{131} A. Buttafuoco, "In servitù regine", in S. Soldani (ed.), \textit{L'educazione delle donne}, 363-391, especially at 365-368.
Nor were there clubs such as the English Men and Women's Club that challenged the sexual order.\textsuperscript{134} The relative inability of Italian feminism to challenge traditional sexual morality is proven also by the fact that the New Woman in Italy was more a rhetorical construction imported from abroad than a representation of an Italian phenomenon, at any rate until the First World War.\textsuperscript{135}

This does not mean that middle class men were not concerned with the changes in women's roles and position in society. As the numerous studies of female delinquents by positivistic criminologists show, there was considerable anxiety over the 'modernisation' of roles as women entered the industrial workforce, especially after the 1890s. In a contradictory way, the anxiety also stemmed from a fear that women were not as successful as men in the modernisation process and had become anachronistic symbols of Italy's failure politically to transcend its pre-capitalist economy. Almost all works in biology, sociology, psychology and criminal anthropology from this period are characterised by a degree of antifeminism, and in a good many of them women's difference meant more or less explicitly their inferiority.\textsuperscript{136} Nevertheless, to assert that Italian criminologists were responding to feminism would not only be to overestimate the role of feminism in Italian society at the end of the nineteenth century, but it would also be to forget that the Italian feminists were not radical. Scientists and many feminists shared an emphasis on the importance of motherhood, and thus upon a cardinal difference between men and women.

\textsuperscript{132} A. Buttafuoco, \textit{Cronache femminili} (1988).
\textsuperscript{133} M. De Giorgio, \textit{Le italiane dall'Unità ad oggi} (1992), 26.
\textsuperscript{134} Mary Gibson has overestimated the role of Italian feminists in challenging sexual moralities. M. Gibson, \textit{Born to Crime} (2002), 55-60.
\textsuperscript{135} M. De Giorgio, \textit{Le italiane dall'Unità ad oggi}, 21-23.
3. Britain

Sexuality, religion and the moral fibre of the nation. In Britain there was no political event in the nineteenth century comparable to Italian unification, nor was the conflict between religion and intellectuals as bitter as in Italy. Yet, even in Britain religion played some part in shaping attitudes towards sexuality. Indeed, historians have argued that the rise of evangelical Christianity in the late eighteenth century helped to transform attitudes to female sexuality, encouraging an ideology of female ‘passionlessness’. Prior to the rise of evangelicalism in Britain, women were thought to be as licentious as men, if not more, for their rational control was reckoned to be weaker than that of men. The revitalised churches demanded moral restraint of women as evidence of their noble character. Historians have suggested that women themselves adopted this link between passionlessness and moral superiority as a means of enhancing their status, gaining some control over their lives, and ultimately, expanding their opportunities.  

While it is generally agreed that the middle classes exploited religion and respectability in order to justify their place in society, much recent research has undermined the concept that the Victorians were anti-sensualist. Several historians have tried to re-establish the Victorians as highly-sexed individuals, moving away from the ‘angel in the house’ ideology for which the Victorian period has become famed.  

As Michael Mason has shown, however, such a repressive ideology was both very closely associated with the religious practices of the period, especially the rise of evangelicalism, and was also considered to be a progressive ideological position.

---

because it displayed a transcendence of bodily desire. Religiosity sanctioned repressive attitudes towards sexual conduct and was an important way of maintaining social differences.\textsuperscript{139}

At the turn of the century, politics in Britain were characterised by overtones relating to the moral fibre of the nation, and by implication, to the role she might assume in the world. The growth of the German navy, the unfavourable reaction to the Boer War, and the possibility of a future European war all prompted the moral reassessment of Britain’s strength and helped to induce a ready identification between moral and martial might.\textsuperscript{140} Pre-eminence in the world order had to be defended at all costs. In the British perception of masculinity, effeminacy threatened the cultural self-perception of pre-eminence across the globe. As leaders of social opinion, physicians accepted the Victorian belief that privileged social status must be justified by superior morality. Recently a number of historians have highlighted how the attempt to prevent discussion of sodomy was an established part of the legal tradition. The press faced the difficulty that even mentioning the unnatural crime was seen as tantamount to corrupting public morals.\textsuperscript{141}

Legislative actions addressing sexuality: women, prostitution and homosexuality.

In the mid-nineteenth century an evangelical revival occurred alongside a series of legal

\textsuperscript{139} Mason stresses that understanding this notion of anti-sensualism is essential to a proper conception of Victorian middle class society. In this Mason was arguing against those who constructed cases by showing that the Victorians did enjoy sex without considering the sexual ideology of the period, for example, C. Z. Stearns and P. N. Stearns, ‘Victorian Sexuality: Can We Do It Better?’, \textit{Journal of Social History}, vol. 19, 1985, 625-634.

changes in women’s rights. Several significant pieces of legislation dealing with aspects of sexual conduct were passed. These were partly the result of attempts to tidy up and consolidate the inherited mass of criminal legislation, but also reflected the increasingly secularised regularisation of moral conduct, formerly under the sway of the Church. For example, in 1837 civil registration of marriage was introduced, and in 1857 the Matrimonial Causes Act made divorce more widely accessible. Any husband could divorce his wife for adultery, while a woman had not only to prove adultery by her husband, but also an additional ‘matrimonial offence’ such as cruelty, desertion, bigamy or incest.142 This difference illustrated contemporary ideas about the different sexual natures of man and woman: adultery by a woman was so horrendous that a single act permitted her husband to divorce; in a man, however, the offence was trivial enough that even when persistent, it was not regarded as sufficient reason for a woman to terminate her marriage unless added to one of the other offences listed. The traditional reason given by men was the fear of a wife introducing a spurious child into the family. Despite the double standard, this Act did represent a blow to the ecclesiastical doctrine of the indissolubility of marriage, and it did grant women some rights in case of intolerable unions. The Matrimonial Causes Act gave divorced and legally separated women the status ‘femme sole’, which enabled them to own property and make contracts. Under common law, a married woman’s independent identity was totally subsumed into that of her husband under the doctrine of ‘coverture’. She was unable to enter into legal contracts and had no right to own property.143

141 H. G. Cocks, Nameless Offences (2003), 78; S. Brady, Masculinity and Male Homosexuality in Britain (2005), especially chapter 5.
142 L. Stone, Road to Divorce (1990), 368-390.
143 L. A. Hall, Sex Gender and Social Change in Britain since 1880 (2000), 10-12
The regularisation of prostitution, which received much contemporary attention, represents an example of how the State sanctioned legal sexual practices while implementing medical control of the human body. It was not illegal for a woman in British law to sell sexual services and there was no system of licensing or approving brothels. It would seem that most of the prostitutes in Britain were individuals, rather than organised in a profession, so they were also difficult to regulate. In 1864, 1866, and 1869 the government passed Contagious Diseases Acts: any unaccompanied woman in garrison towns and sea-ports could be required to submit to a gynaecological examination to ascertain whether she was carrying a transmissible disease — in which case she would be incarcerated in lock hospitals until she was ‘clean’.

These Contagious Diseases Acts, allowing for the coercive detention and medical examination of any woman suspected of being a prostitute, had never been applied in Scotland. However, within the major Scottish cities, similar actions had developed in the attempt to reduce the level of prostitution and contain venereal diseases. Under local Burgh Police Acts, in association with the lock hospitals and reformatory asylums the police had operated a policy of legal repression and medico-moral regulation for suspected prostitutes.

Venereal diseases were a considerable problem in mid-Victorian Britain. Medical knowledge was not particularly developed: the relationship of syphilis to its late

---

144 Indeed, it has gone on to be a mainstay of historical attention, ranging from histories of medical attitudes towards prostitution through studies of Victorian prostitutes based on demographic history and local records offices, to studies of public representations of prostitutes in art: M. Spongberg, Feminizing Venereal Disease (1997); F. Mort, Dangerous Sexualities (1987); J. R. Walkowitz, Prostitution and Victorian Society (1980); F. Finnegar, Poverty and Prostitution.

145 The Act of 1864 stated that women found to be infected could be interred in locked hospitals for up to three months, a period that was gradually extended until it was increased to one year with the 1869 Act.
manifestation of debility, paralysis and insanity was not established; there was no easy way to distinguish syphilis from gonorrhoea; treatments were largely inefficacious, often severely debilitating and sometimes punitive (cauterisation and the application of caustic substances). Venereal diseases were understood to be a result of vice and promiscuity, and thus largely located within the body of prostitutes. Men were defined as victims of the diseases rather than as instrumental to their circulation. Although aimed at women, the Acts also reflected a new enthusiasm for State intervention in the lives of the poor on medical and sanitary grounds. They were strongly attacked by feminists and social reformers. Feminists argued that the Acts served to legitimise men's urges, and to restrict women's civil liberties, and they protested at the injustice of examining the prostitute but not the male client. Eventually, in 1886 the Acts were repealed, proof that feminists had a greater impact in Britain than in Italy, where women's movements failed to influence the government.

Another way to regulate sexuality was to punish male same-sex acts. Those involved in sodomy had been persecuted at least since the reign of Henry VIII, when, in 1533, the Buggery Act was passed, establishing the death penalty for such conduct. In 1885 the Labouchère Act became law, yet in itself it was not a radical break with the past but rather a continuation of the measure enacted in 1533. During the eighteenth century, common law had made it possible to prosecute a number of relatively new offences, which from then on were grouped together as 'unnatural crimes'. This term covered sodomy, bestiality, and any homosexual act or invitation to the act, usually described as

147 L. Hall, Sex, Gender and Social Change, 22.
148 A. J. B. Parent-Duchâtelet, De la prostitution; W. Acton, Prostitution.
indecent assault or 'assault with intent to commit sodomy'. These definitions of offences affected both public and private expressions of homosexual desire.\(^\text{149}\) The death penalty was seldom applied in this domain in the nineteenth century, and in 1861 a change in the law resulted in a ten-year sentence for sodomites, and less for those conspiring to commit sodomy. It was not until the 1885 Law Amendment Act, put forward by Henry Labouchère — an Act which broadly dealt with sodomy, 'indecent acts', bestiality, and raised the age of consent from 12 from 16 — that there was any definite consensus on the legal status of the sodomite.\(^\text{150}\) This Act meant that the ill-defined crime of 'indecent acts', which could include mutual masturbation, fellatio, etc., would be punishable whether committed in public or private. It was the 'private' clause, and indeed the notion of indecent acts, that set the English law apart from the Napoleonic Code adopted in parts of the Continent, and against which many homosexual rights activists fought.\(^\text{151}\)

The Labouchère Act also introduced a new and very broad category of homosexual misdemeanour, thereby making prosecution easier and conviction more likely. This was the measure that inaugurated the era of persecutions of homosexuals by blackmailers and moral purity brigades such as the National Vigilance Association. Nevertheless it remained more dangerous to sin against the prescriptions of class than to sin against the law. Heterosexual relationships that did not conform to class barriers were less of a threat to hierarchy in a society where men were dominant and women subservient; but


\(^\text{152}\) This was similar to the situation of German homosexuals who were under the Prussian legal code after the unification. J. Steakley, *The Homosexual Emancipation Movement in Germany* (1975).
homosexual relationships that did so were potentially subversive. Hence aristocratic and bourgeois homosexuals with working class consorts were always more at risk than those practising in upper class preserves such as public schools and universities.\textsuperscript{153}

**Feminism.** Historians have usually argued that British feminism begins with Mary Wollstonecraft. In Britain the rise of the demand for the rights of women in the late eighteenth century was bound up with a broad range of social and economic changes precipitated by industrialisation and urbanisation. Among these were shifts in family structure, the expansion in the wealth and power of the middle classes, and the new emphasis on individualism and accompanying economic independence — especially in England.\textsuperscript{154} Enlightenment political theory, the development of new kinds of public space during the eighteenth century, as well as Lockean ideas of marriage as a contract influenced the shift in the intellectual understanding of human nature.\textsuperscript{155}

The emergence of the women’s rights movement during the second half of the nineteenth century was a cause and a symptom of the rethinkiing of ideas on the nature of the sexes. The women’s movement and the social purity movement in Britain were also strongly linked to the Contagious Diseases Acts. The campaign for their repeal gave women the experience of discussing previously taboo topics. Feminists fought the assumption that prostitution was necessary because of the particular nature of male sexuality, and believed that the male sexual urge was a social and not a biological phenomenon. Led by the charismatic Josephine Butler, women attacked the Acts, while at the same time claiming the right to promote wider moral reforms within society, and

\textsuperscript{153} J. Pemble, *The Mediterranean Passion*, 159.
\textsuperscript{154} S. Tomaselli (ed.) *Mary Wollstonecraft* (1995), 76.

Butler's campaign also derived its power from its careful manipulation of Victorian ideals of femininity. Taking up the model of the American temperance movement, with its vigils in which genteel women, clad in white, would stand outside brothels and thus make clear the private damage wrought by public vice, Butler engaged also in a symbolic use of feminine purity. This dramatic use of femininity and of having middle class women talking about prostitution and the sexual violation of women had an impact on women and men alike which far exceeded that of the sober suffragette campaign.\footnote{A. Summers, "The constitution violate": the female body and the female subject in the campaigns of Josephine Butler", \textit{History Workshop Journal}, 1999, vol. 48, 1-15.} While the campaign challenged masculine privilege, it nevertheless promoted an idea of femininity as pure, thus echoing the medical idea of female sexuality.

At the beginning of the twentieth century a new wave of social purity invaded the public arena. The Alliance of Honour was set up in 1904, and one of its main concerns was pornography, particularly in the forms in which they saw it to be proliferating at that time. The concern was not with degradation of women in pornography, but with the protection of the nation at a time when there was a general alarm, which was at its height in 1912, at the decline of Britain's imperial strength. The Alliance persevered with its purity campaign throughout the 1920s and 1930s, encouraging young men to develop self-control and avoid masturbation in order to construct a strong empire,
whereas the feminists saw such self-control by men as necessary to prevent the sexual abuse of women.\textsuperscript{158}

\textsuperscript{158} S. Jeffreys, \textit{The Spinster}, 17-28.
Part II

Following the specialisation of medicine in the nineteenth century, new medical sciences such as gynaecology, venereology, forensic medicine and psychiatry explored the human manifestation of sexual instinct in its 'normal' and 'abnormal' forms. In addition, there were radical doctors who wrote about birth control. The sexual instinct, separated from the reproductive function and investigated with a naturalistic approach, was a scientific topic for physicians, in particular psychiatrists. Hereditary influences, environment, marriage, age and venereal excess were predisposing causes of diseases that needed to be investigated. Extreme emotions were considered symptomatic of insanity, and as such were material for scientific study. The classification of mental diseases, and the furnishing of an aetiology and a description of symptoms, were some of the first concerns in a naturalistic approach to mental illness.

In the second half of the century scientists agreed, from a materialistic point of view, that maternity was the biological base of the woman. Biological 'facts' were used to demonstrate the intellectual inferiority of women: in anthropology this gave rise to the idea that the smaller size of the female signified lesser intellectual ability. Female inferiority was 'scientifically' proven by two theories in particular: Spencerian theory, which claimed that in the organism — seen as a closed system of energy — the development of intelligence was inversely proportional to fecundity; and the atavism theory, which claimed that women were placed on a lower rung of the evolutionary ladder than man. The following two chapters draw attention to the medical debates about same-sex desires in Italian and British medicine. Common narratives were present on both sides of the Channel, but different forms of medical language were involved.
Italian sexological research quickly accepted and developed the concept of sexual inversion and female homosexuality became a fashionable sexological subject. Conversely, British physicians were resistant to the Continental concept of sexual inversion, but this did not mean that they did not discuss 'lesbian love'. I will suggest why diverse medical discourses about female homosexuality developed in Italy and Britain.
Historians of sexuality often assume that lesbianism was almost unknown to medical science at the end of the nineteenth century. On the contrary, at the time Italian medicine shows awareness of, and interest in, female same-sex desires. Without taking into account reviews of foreign and Italian works, an average of three original studies exploring sexual inversion had been published every year between 1878 and 1890. Starting from the mid-1880s, sexual inversion can be found in psychiatric treatises. In the 1890s, there was an explosion of studies on sexual perversions, with entire scientific books dedicated to the topic. Half of these studies typically paid attention to female homosexuality. In the 1890s Italy also produced the first scientific journal devoted exclusively to sexual questions: the Archivio delle psicopatie sessuali [Archive of Sexual Psychopathies] (1896), edited by the Neapolitan psychiatrist, Pasquale Penta (chapter 6).

While in Britain a systematic study of sexual inversion only started in the late 1890s with Havelock Ellis, in Italy, Arrigo Tamassia introduced the subject in the late 1870s. From at least the 1890s there was a significant production of studies on certain figures of female same-sex desires, such as the sexual invert, virago, tribade-prostitute and fiamma, within different kinds of medical writings in the Italian medical community. Female homosexuality became a major topic among medical writers.

This chapter is concerned with two main points. First, I will illustrate how studies on sexuality were related to the role that Italian psychiatrists and criminal anthropologists played in society. After Italian unification (1861), scientists were protagonists in the process of secularisation. Science, not religion, had to guide men and women in their attitude toward sexuality. Most physicians consciously aimed to replace the influence of the Catholic Church by directing sexual conduct and morality.

Second, this chapter will investigate the internal history of Italian medicine to explain the proliferation of debates about sexuality. Criminal anthropology was a respected and increasingly expanding discipline in scientific circles in the last decades of the nineteenth century, and it fostered debates about deviant sexuality that influenced other medical writings. Lombroso, like other criminal anthropologists, was particularly interested in deviant women's sexuality. Along with prostitution, female same-sex desires were among the favourite subjects of criminal anthropologists interested in abnormality in women.

Some of the most important steps leading to the birth of an official psychiatry, independent of general medicine and scientifically recognised for its social role, will first be outlined (section 1). It will then be shown how sexual inversion was theorised within psychiatry, and what medical issues this 'new' category raised (section 2). Psychiatric manuals reflect both the extent to which sexual inversion was officially

160 For an overview of the Italian primary sources on sexual inversion, see G. Dall’Orto, Leggere Omosessuale (1984).
acknowledged as a disorder from the late 1880s, and the theoretical developments within sexology (section 3). While sections 2 and 3 focus on the category of sexual inversion in general, sections 4 and 5 centre on female same-sex desires. Section 4 concentrates on the first clinical case of female sexual inversion. Earlier case histories are significant because they shaped later scientific language and methodology (i.e. examination of the body, psychological investigation and description of the life led by sexual inverts) so particular attention will be paid to the first examination of a female invert by Guglielmo Cantarano.

Due to the proliferation of Italian studies it has been impossible to look at all the debates in detail, but the last part of the chapter draws attention to specific figures of female same-sex desires: the virago, the tribade-prostitute and the ‘fiamma’ (section 5). The emergence of these clearly defined figures, along with female sexual inversion, illustrates the extent to which ideas of female same-sex desires were popular in the Italian medical community. The analysis of diverse medical representations of female same-sex desires displays, however, common elements: sexual excess, masculinity and anxieties about women only-environments. Sexual inversion, it is suggested, is better understood when analysed alongside other medical discourses about female same-sex desires, rather than as an epistemological rupture in psychiatric reasoning. Medical discourses about sexual inversion illustrate specific widespread cultural ideas that have their roots in traditions older than the psychiatry of the 1870s.
1. Towards an Italian Psychiatry

While in Britain, as in France, Germany and the United States, consistent policies for the reform of asylums were in place as early as the first half of the nineteenth century, we cannot really speak of a renewed 'Italian psychiatry' before the political and administrative unification of Italy. Prior to 1861 there existed a wide variety of cultural, political, and scientific traditions; a number of different kinds of institutions for the care of the insane, with varying administrative procedures and laws, were spread throughout the peninsula. The general state of Italian institutions for the mentally ill was altogether shaky: asylums were often located in inadequate buildings, where crowds of inmates were held in inhumane conditions. Frequently the directors of these asylums were strangers to science, inspired to work there for philanthropic motives, but without what would later be considered a suitable professional training.\(^{161}\) No laws existed to protect the mentally ill, and there were no plans for reform within individual psychiatric institutions. No legislation or policy defined the economic relationship between local administrations and mental institutions, asylums often being financed by the relatives of inmates. In fact, wealth was frequently the most important criterion upon which acceptance into an asylum was based. Moreover, mental institutions housed a highly diverse population, ranging from socially dangerous subjects and the mendicant poor, to the 'mentally defective' and the 'idiot'.\(^{162}\)


\(^{162}\) F. De Peri, ‘Il medico e il folle’.
Through the efforts of Andrea Verga, the first specialist psychiatric journal, *Appendice psichiatrica* [Psychiatric Appendix], was published in Milan in 1852 as a bi-monthly supplement of the local medical journal, *Gazzetta medica italiana-Lombardia* [Italian-Lombardy Medical Gazette]. Verga had the long-term goal of gathering together all the doctors who studied neurosis and diverse forms of madness, and from its outset, the periodical campaigned for a new national psychiatry. In the first issue Verga appealed to the patriotism of Italian physicians, calling for a political and professional alliance among alienists because, as he pointed out, their institutional situation was precarious in the extreme. He drew attention to the most pressing institutional and political problems of psychiatry.

Firstly, he urged all Italian governments to adopt a common law concerning the mentally ill. According to Verga such a law was needed not only to provide guidelines for the treatment of the mentally ill within asylums, but also to define the social rights of the insane and the degree of culpability for their actions in criminal law. Secondly, he stressed the need to establish a framework for the construction and organisation of hospitals for mental illness. Thirdly, he recommended developing a plan of medical statistics and a handbook to instruct staff working in asylums. Finally, he advised that provision should be made for insane criminals.

In the mid-nineteenth century Italian psychiatry had scant scientific status. Indeed, along with his endeavours in the institutional sphere, Verga had strictly scientific aspirations also: the writing of an official treatise ‘on the moral and the physical

---

163 Andrea Verga (1811-1895), alienist and an editor of *Gazzetta medica*, was supervisor of the asylum at Senavra from 1848 to 1852, and subsequently Director of the Ospedale Maggiore of Milan.
treatment of alienation’ based on the causes predisposing and producing mental diseases.\textsuperscript{166} Verga also proposed that psychiatry undertake an anatomical and physiological study of the nervous system, including psychology and phrenology. He considered ‘the diligent necroscopy of bodies’ and the development of ‘therapy for the mentally ill’ crucial.\textsuperscript{167} New means for affecting single nerves — such as ‘animal magnetism, electricity, ether, chloroform, Indian hemp’ were also suggested as areas to be explored.\textsuperscript{168} These goals well illustrate the degree to which Italian psychiatry was institutionally and scientifically inchoate around the mid-nineteenth century.

Only in 1864 did Verga, in conjunction with Serafino Biffi and Cesare Castiglioni, found the specialist \textit{Archivio italiano per le malattie nervose e più particolarmente per le alienazioni mentali} [Italian Archives about Nervous Sicknesses and in Particular about Mental Alienations].\textsuperscript{169} This was a crucial development because it allowed psychiatrists not only to study the latest developments in the field of mental disorder, but also to set up a national network and unitary political plan for the future of the discipline. Verga and his partners were all specialists based in the Milan area where, at that time, there were outstanding institutes for the treatment of mental illnesses and leading personalities in medical research. Twenty alienists — that is, a quarter of those on the peninsula — worked in the eight asylums of Milan.\textsuperscript{170}

\textsuperscript{164} F. Giacanelli, ‘Appunti per una storia’.
\textsuperscript{165} Quoted in ibid., XX.
\textsuperscript{166} Ibid.
\textsuperscript{167} Ibid.
\textsuperscript{168} Ibid.
\textsuperscript{169} Serafino Biffi and Cesare Castiglioni were well-known alienists working in Milan area.
\textsuperscript{170} F. De Peri, ‘Il medico e il folle’, 1081-82.
In 1873, the *Archivio italiano per le malattie nervose* promoted a meeting of Italian alienists at the eleventh Congress of Italian Scientists in Rome. Thirteen physicians were present and with the support of some other colleagues who were unable to attend, they decided to found the first psychiatric association in the country — the *Società di freniatria italiana* [Society of Italian *Freniatria*]. The term ‘freniatria’\textsuperscript{171} was chosen instead of the more common term ‘psychology’ to indicate the theoretical distance from the French model developed by the *Société médico-psychologique*, which had welcomed the interdisciplinary cooperation between psychology and philosophy. Italian psychiatrists, by contrast, imagined a new psychiatry based exclusively on a conception of mental illness as a strictly constitutional phenomenon, without metaphysical implications. The association’s programme envisaged a membership composed of those physicians who shared a commitment to positivist experimental methods in anatomical and physiological research.\textsuperscript{172} This programme of research aimed to give scientific credibility to the new profession, and to unify those different traditions in the treatment of mental illness existing prior to the unification of Italy. Psychiatric physicians were to be considered the only true experts. The association’s programme also established that lawyers, philosophers, and natural scientists could occupy secondary positions in the association, on the condition that they had a sincere interest in curing the mentally ill.\textsuperscript{173}

The *Società di freniatria* rapidly became a major forum for discussing theoretical and institutional problems. A year after its inception, the first congress of the *Società di*

\textsuperscript{171} From the Greek ‘*fren*’ as brain, instead of ‘psyche’, which recalled the soul and therefore had metaphysical implications.

\textsuperscript{172} The sense in which these Italian psychiatrists were positivists should be understood by analogy to the ‘scientific naturalism’ claimed by Victorian psychiatrists in Britain, rather than as a direct legacy of Comte.

freniatria italiana was organised at Imola: 88 members participated and the Archivio italiano per le malattie nervous was established as the official journal for those psychiatrists associated with the Società di freniatria Italiana. 174

In later years, psychiatrists had to struggle on two fronts. On the one hand they fought to achieve social and cultural power in the new State, promoting legislative reform. This was the particular goal of Verga, as well as of other members of the so-called ‘Milan school’. On the other hand, psychiatrists were committed to the advancement of science. They had to achieve the professional aim of liberating themselves from the older and very powerful category of general medicine, and to prove their own scientific credibility. This was the main concern of the ‘Reggio Emilia school’, centred around Carlo Livi, the Director of the asylum of San Lazzaro. 175 The ‘Reggio Emilia school’ believed that Italian psychiatry lagged behind that of France and Germany, and were closely identified with neuro-pathology, anatomical research, pathology and the clinical physiology of the nervous system. Experimental methods, evolutionary theories, and physiological and neurological studies became key areas for those committed to positivist psychiatry. 176 In the autumn of 1874, Enrico Morselli and Augusto Tamburini, Livi’s assistants, decided to found a new journal primarily concerned with the links between mental pathology and the nervous system. 177 According to them, experiments

---

175 Carlo Livi (1823-1877) first worked in the Siena asylum and was a Professor of Legal Medicine. From 1873 he was Director of Reggio Emilia asylum, which became a famous psychiatric research centre. Among his studies Frenologia forense (1865-68).
177 Enrico Morselli (1852-1929) was first Director of Macerata asylum, then of the mental clinic of Turin and Genoa. He founded journals such as Rivista sperimentale di freniatria, Rivista di filosofia scientifica, and Rivista di patologia nervosa e mentale. Some of his works are well-known: Manuale di semiotica delle malattie mentali (1885) and La psicanalisi (1926). On Morselli, see P. Guarnieri, Individualità difformi (1986). Augusto Tamburini (1948-1919) became Director of the Reggio Emilia asylum in 1877,
had to be at the front of the study of the nervous system. Thus, in 1875, they began
publishing the *Rivista sperimentale di freniatria e medicina legale in relazione con
l'antropologia e le scienze giuridiche e sociali* [Experimental journal of freniatria and
legal medicine relating to anthropology and legal and social sciences] at the psychiatric
institute of Reggio Emilia.\(^{178}\)

In the programmatic article of the *Rivista di sperimentale di freniatria*, Livi explained
that a crucial target of the journal was the study of the lunatic, his origin and symptoms,
along with his somatic diseases and the remedies for curing him. He suggested a
continuity between the normal and the pathological state of the individual, stating:

> The inner darkness of the human spirit is better discovered in the lunatic
> than in the healthy person. Factors such as civilisation, education,
> prejudices, and social conventions have removed certain structures and
> shapes from the primitive or natural man; madness restores this darkness to
> him. Often madness gives us the chance to anatomise, separate into its
> intimate parts and study, this wonderful synthesis of the human intellect
> (...) madness is a disease that dissolves the natural ties of the process of
> thinking and of the will: like a surgical knife it separates, analyses the
> human spirit; but as a microscope magnifies, it exaggerates too.\(^{179}\)

As will be shown, such continuity between normal and pathological states was
subsequently explored in the field of sexual behaviour.

The ‘microscope,’ ‘experimentation’ and ‘clinical observation’, according to Livi, had to
guide psychiatry.\(^{180}\) At the same time, such tools must have strengthened the scientific
character of the ‘new science’ in the eyes of those who gathered round the *Rivista*

---

\(^{178}\) The *Rivista sperimentale di freniatria* amalgamated with the *Archivio italiano per la malattie mentali*
in 1892.

\(^{179}\) C. Livi, ‘Del metodo sperimentale in freniatria e medicina legale’, *RSF*, 1875, vol. 1, 5-6

and from 1905 was Professor of Psychiatry in Rome. His work *Sulla genesi delle allucinazioni* (1880)
became well-known in Italy and abroad.
sperimentale di freniatria. The clinical method represented the instrument capable of rendering psychiatry a science of pure observation. Behavioural disturbances had to be explored through precise measurement, inspection and examination of the bodies of the mentally ill.

Livi also suggested that the scientific study of 'physical man' was necessary for legislators and magistrates as well. Until then, crime had been studied as an abstract entity. The offender was only punished, instead of being 'scrupulously' studied 'not in the moment of the crime, but in all his antecedent life, not in his moral being only, but in its organic complexity, in his physical imperfections, in his morbid hereditary germs, in the sinister influences of age, sex, temperament, illness, discomforts, misery and corrupt physical and moral atmosphere' in which he had always lived. Thus, psychiatrists were encouraged to cross their own disciplinary borders in order to enter into the field of the human and social sciences. Along with the new anthropological disciplines, this helped psychiatry to make its scientific contribution to the work of legislators and magistrates, and so contribute towards guiding society.

To be sure the Rivista sperimentale di freniatria— which became one of the most respected in the scientific community — indicates the trajectory of Italian psychiatry towards anthropology and legal studies. The importance of forensic medicine and anthropology in this journal is also highlighted by the collaboration with Lombroso — at that time an alienist practicing at Pavia. During the late 1870s, the 'Reggio Emilia school' had great expectations of Lombroso's programme, which tended to establish a

---

180 Ibid., 4.
181 'L'uomo fisico'.
nexus between psychiatry and the natural sciences, in particular anthropology.\textsuperscript{183} In turn Lombroso promoted his own school of criminal anthropological studies and in 1880 he founded another important journal \textit{Archivio di psichiatria, scienze penali ed antropologia criminale per servire allo studio dell'uomo alienato e delinquente} [Archive of Psychiatry, Penal Sciences and Criminal Anthropology to Serve the Study of the Mentally Ill and Offender].

An important characteristic of Italian psychiatry was its link with the \textit{Risorgimento} programme, where from the mid-nineteenth century psychiatrists, leading politicians and intellectuals attempted to achieve a moral and cultural unification. Psychiatrists participating in the \textit{Risorgimento} promoted themselves as agents of the government in the building and organisation of a national network of asylums, and instruments of the government for the management of social disorders.\textsuperscript{184}

One of the more interesting characteristics of the last quarter of the nineteenth century was the manifest link between professional practice and public engagement. Psychiatrists were directly involved in national politics, and positivist scientists did much to secularise Italian culture.\textsuperscript{185} Physicians considered it their duty to put an end to the great curses of the nation: poverty, illiteracy, alcoholism and endemic illness. The psychiatrists' commitment to 'scientific' solutions to these problems, through ambitious programmes of social hygiene as well as through the sanitary and moral education of

\begin{flushleft}
\textsuperscript{182} C. Livi, 'Del metodo sperimentale', 7.
\textsuperscript{183} It has to be mentioned that Lombroso had already been criticised for his less than scientific method. F. De Peri, 'Il medico e il folle', 1184–88; D. Frigessi, \textit{Cesare Lombroso} (2003), 170-71.
\textsuperscript{184} A. Tagliavini, 'Aspects of the History of Psychiatry', 178.
\textsuperscript{185} Ferruccio Giacanelli, psychiatrist and historian of psychiatry, has argued that the growth of Italian psychiatry can be seen as an expression of the development of an Italian bourgeois rank with a managing function that arose along with the new nation. F. Giacanelli, 'Appunti per una storia', XIV.
\end{flushleft}
the population, reflected a well-established Italian tradition that linked scientific, and above all medical, practice with progressive political thinking and activism. This tradition involved a concept of science as a crucial instrument for civil progress and emancipation, an idea deriving from the Enlightenment but a legacy of the Italian *Risorgimento* also.\(^{186}\)

In the period of its formation, psychiatry was ‘militant’ in character: participation in the *Risorgimento* wars (Livi, Lombroso), the presence of psychiatrists in Parliament (Verga, Bonfigli, Bianchi), involvement in the drafting of laws (Virgilio, Tamburini, Bianchi) and a constant presence in the literary and administrative public sphere.\(^{187}\) Within the *Post-Risorgimento* movement, it was a matter of some urgency to replace the influence of the Catholic Church in the moral sphere. The superstition and ignorance religious authority had created needed to be removed. The authority of the Church in the sphere of sexual behaviour had also to be eradicated. According to physicians, therefore, a new sexual morality, based on the rationality of the principles of public hygiene, had to be expounded and popularised.

Physicians were part of a more general intellectual movement that worked toward the construction of a culturally unified Italy — freed from foreign domination and religious false beliefs. It was well-known that Italy was culturally fragmented, and southern Italy in particular, was seen to be in the grip not only of superstitions, but also of criminals, brigands and corrupt elements. Likewise, the morality and sexual conduct of Italians was different in the North and in the South. Thus, Lombroso commented:

---

\(^{186}\) A. Tagliavini, ‘Aspects of the history of psychiatry in Italy’, 175-196.
\(^{187}\) Ibid., 180; F. Giacanelli, ‘Appunti per una storia’, XXIX-XXX.
Even in evil, indeed, Italy is not bound together. (...) It is indeed clear that because of the sexual precocity of some regions, not only must someone who rapes a 12 year old girl in a region and someone who does it in another region not be punished in the same way, but also the age of consent is different in southern regions and especially on the islands.¹⁸⁸

For anthropologists, physicians and politicians, sexuality was not only a legitimate enquiry, but also necessary to survey the living conditions of Italians in order to improve and really unify the new nation.

2. ‘Inversion of Sexual Instinct’: Towards a New and Fashionable Pathology

Forensic medicine. As previously shown, the decriminalisation of male same-sex acts in Italy only occurred in 1889 with the adoption of the Zanardelli Penal code.¹⁸⁹ Yet pederasty between men remained legally punishable in the case of violence, ‘querela di parte’ or public scandal.¹⁹⁰ Consequently, forensic medical treatises addressed male same-sex acts — not without moral comment — in a separate section. Parliamentary discussions about the advantages and disadvantages of adopting a uniform law in the field of sexual offences certainly affected the increasing discussions legal experts were having about same-sex acts. Yet pederasty has traditionally been seen as a concern of Italian forensic medicine.

Paolo Zacchia — the traditional medico-legal expert on whose authority Italian scholars relied until the nineteenth century — dealt with pederasty in Quaestionum medico-legalium (1621-35).¹⁹¹ Traditionally, medical treatises contained a section called ‘Venere forense’ [forensic Venus], within which legal implications of rape,

¹⁸⁸ C. Lombroso ‘Prefazione’, in E. Fornasari di Verce, La criminalità (1894), XX.
¹⁸⁹ See at 54-5.
hermaphroditism, pederasty, abortion, and infanticide were analysed. Hermaphroditism, for instance, provided legal grounds for dissolving a marriage only in cases of impotency or permanent infertility. Such cases also required medico-legal observation and judgement: physicians had to ascertain the sex according to physiologically and anatomically established norms. By contrast with ancient French laws, Italian laws did not consent to the hermaphrodite’s right to choose his or her sex after puberty; instead the physician was critical in determining the civil and political rights of an individual, which were different according to whether one was female or male. 192

Physicians had conventionally provided definitions of ‘acts against nature’ as ‘pederasty’, then listed signs for recognising whether sexual intercourse had occurred between two men, and whether the pederast being charged was ‘active’ or ‘passive.’ Thus, for instance, in 1874 the physician Secondo Laura wrote:

Pederasty, either a miserable sickness that seriously affects even the good, or a vice that befouls vulgar souls, leading often to worse crimes, is the unnatural use of sex through anal intercourse between man and man or man and woman. Sodomy is sexual congress with animals. 193

Corresponding to the phenomenon of pederasty, Laura continued, was that of ‘tribadism’, or in other words ‘sexual intercourse between woman and woman’. Yet female same-sex acts were not, generally speaking, addressed in forensic medical treatises. 194 While accounts of pederasty typically produced a narrow idea

---

190 Anal sex between man and woman was named ‘pederasty’ as well.
191 P. Zacchia, Quaestionum medico-legalium (1621-35), L. IV, T. II, Q. V.
192 G. Monaco, Manuale di medicina legale (1887), 35.
193 S. Laura, Trattato di medicina legale (1874), 421-22.
194 The noun ‘tribade’ is of Greek origin. It was adopted into both French and English by the sixteenth century. In Italy it was a classic term to name female same-sex acts both in literature and science.
of the ‘act’ between males, sexual acts between women were less identified with the act of sexual penetration. In forensic medicine sexual penetration by women were occasionally recorded among rapes. Cases of sexual abuse with objects or fingers by an adult woman to break a child’s hymen were indeed not unknown, but such actions were not interpreted as acts of ‘tribadism’.195

Inversion of the sexual instinct. Having traced briefly how male same-sex acts traditionally concerned legal doctors, the following section will address how in Italy the category of sexual inversion emerged from studies in the field of forensic medicine, and then spread to the other branches of medicine. In 1878, only five years after the foundation of the Società di freniatria italiana, Arrigo Tamassia introduced the term ‘inversione dell’istinto sessuale’ [inversion of the sexual instinct] to the Italian scientific community in an article in the Rivista sperimentale di freniatria.196 At the time, Tamassia was a prominent Professor of Forensic medicine at Pavia University. After concluding his medical studies in 1873, he had specialised in legal matters, visiting some of the best institutes in Berlin, Vienna and Paris. Returning to Italy in 1876,

---

195 A. Filippi, Manuale di medicina legale (n. d.). 736-37. Filippi wrote that women broke the child’s hymen to make the child’s first sexual intercourse easier. Among legal medical treatises published before 1880 — that is before physicians drew attention to ‘sexual inversion’ — in the ancient collection of the Carlo Livi library of the San Lazzaro, one of the most important asylums of the time, some treatises are concerned with ‘pederasty’ to various extents: F. Bonucci, Medicina legale delle alienazioni mentali (1863); F. Gandolfi, Fondamenti di medicina forense analitica (1862-63); E. Mausdley, La responsabilità nelle malattie mentali (1875) [1874]; A. Filippi, Manuale di afrodisiologia civile (1878) ; F. Freschi, Manuale teorico pratico di medicina legale (1855). With the exception of Laura’s treatise, only the Italian translation of G.[sic] L. Casper’s Manuale pratico di medicina legale (1859) [1852] briefly examined ‘tribadism’. Casper was much quoted by physicians until the 1890s.

196 C. Lombroso, (review) ‘Contribuzione alla casuistica della inversione dell’istinto sessuale di G. Cantarano’, AP, 1884, vol 5, 133-34. Arrigo Tamassia (1848-1917) was Lombroso’s assistant during his medical training in Pavia.
Tamassia obtained the chair of legal medicine, replacing Lombroso (see chapter 5). In 1875 he translated Henry Maudsley’s *Responsibility of Mental Disease* (1874) into Italian, and began to study moral insanity, under which heading he included sexual perversions.

Tamassia’s term ‘inversione dell’istinto sessuale’ was based on Westphal’s 1869 diagnosis of ‘Conträre Sexualempfindung’ [contrary sexual sensation]. Tamassia thought that the consciousness of ‘individuality’ developed according to the ‘character of one’s own sex’, and that most passions, tendencies and human ideas were based on sexual instinct. He explained that while the physiologist recognised sexual instinct as a means of reproduction, the psychiatrist and anthropologist perceived it as one of the most powerful elements of psychological life. The facts that at puberty the newly appeared sexual instinct turned into mental activity, and that some forms of insanity were based on a ‘perversion of the sexual instinct’, proved that psychical acts and the sexual instinct were connected.

According to Tamassia, anomalies in the sexual instinct could be divided into four groups: absolute lack of sexual instinct; exaggeration of the sexual instinct; manifestation of the sexual instinct earlier or later than ‘physiological time;’ and ‘perversion’ of the sexual instinct — that is a ‘non-physiological’ way of satisfying the sexual instinct. Since Westphal’s study on sexual inversion, scientists had become aware of approximately twenty cases, a small sample, but sufficient, according to Tamassia, to

---

delineate a clear enough picture. In all cases of sexual inversion, the lack of sexual attraction towards the opposite sex — maybe even disgust — stood out, along with the absence of anatomical variations in genital organs and a premature development of the sexual instinct.\textsuperscript{201}

Tamassia himself considered the term 'inversion of sexual instinct' to be too vague, because it included two main ideas. First, the sexual invert acknowledged that he belonged to a certain sex, but psychologically felt all the attributes of the opposite sex. His whole way of thinking was shaped by 'this dualism between the sense of his own personality and the materiality of the organism'.\textsuperscript{202} Secondly, the sexual invert 'preferred' to satisfy his sexual instinct with people of the same sex.\textsuperscript{203} In other words, Tamassia noticed that the term 'inversion of the sexual instinct' conflated two distinct issues: psychological gender inversion, or the sensation that one's mind is the opposite gender of one's physical sex, and the preference for satisfying the sexual instinct with an individual of the same sex.

According to Tamassia, in order to provide a theoretical explanation for this phenomenon, Westphal's division between 'naturopathic' and 'psychopathic'\textsuperscript{204} states had to be rejected. Westphal, Tamassia explained, had emphasised some psychical and nervous conditions that accompanied the 'congenital perversity of the sexual instinct',\textsuperscript{205} such as the hereditary influence of a state of depression, but he did not recognise a 'true form

\textsuperscript{200} Ibid., 99.
\textsuperscript{201} Ibid., 110-11.
\textsuperscript{202} Ibid., 99.
\textsuperscript{203} Ibid.
\textsuperscript{204} '[N]europatico' and 'psicopatico'.
\textsuperscript{205} '[C]ongenito perversimento dell'istinto sessuale'.
of insanity\textsuperscript{206} in the phenomenon of sexual inversion.\textsuperscript{207} Tamassia considered inversion of the sexual instinct a complete and real disease, while Westphal saw it as a partial alteration of the nervous system that could cause other morbid symptoms, but which was not in itself a genuine disease.

Tamassia believed that the invert lacked the first element of a normal mind — that is the ‘unity of the self’, or ‘the general sense of his own existence’. Indeed, even if the invert recognised that he belonged to a specific sex, mentally he refused this ‘characteristic’, thus denying the truth. This meant that sexual inverts were characterised by an erroneous perception of the ‘self.’ Tamassia believed that gender inversion was pivotal in the destabilisation of the individual’s personality. \textit{A priori}, Tamassia continued, this perversion:

\begin{quote}
must testify to a limitation of the intellect, even without drawing upon cases already studied (\ldots). This is because the morbid impulse is so fatally accompanied by mental distress that it does not succeed in grasping the exact knowledge of its relationship with the species, and even if the latter is apprehended, in the invert the will power is lacking.\textsuperscript{208}
\end{quote}

While in a healthy person will power, driven by intelligence, allowed for the recognition of mistakes, this did not occur in the sexual invert.\textsuperscript{209} Moreover, the inversion of the sexual instinct was ordinarily associated with a ‘morbid psychopathic state’, which was the main cause or epiphenomenon of the sexual inversion itself. In most cases, it was argued, sexual inversion could be traced back to human heredity: an invert can descend from ancient suffering, epilepsy, hysteria, general insanities or even from an eccentricity

\begin{thebibliography}{99}
\bibitem{} [\textit{V}]era forma di alienazione mentale'.
\bibitem{} Ibid., 101-2, 112-113.
\bibitem{} Ibid., 115.
\bibitem{} Ibid.
\end{thebibliography}
of the character.\textsuperscript{210} It was not surprising, Tamassia concluded, that an all-round nosographic picture of the perversion included the appearance of diverse mental diseases or abnormal psychical states, such as depression, suicide attempts, or irritability.\textsuperscript{211} To summarise, sexual inversion was ‘a deep psychopathic state’ and — quoting Krafft-Ebing — a ‘serious functional degeneration’.\textsuperscript{212}

Thus, Tamassia took it for granted that the use of reason was impossible in the sexual invert because sexual inversion was not only a ‘neuropathic’, but also a ‘psychopathic’ state. Tamassia also presented a case history of ‘C. P.’, a congenital invert to illustrate his point. ‘C. P.’ was of peasant stock; his father was ‘nervous’\textsuperscript{213} and his mother ‘half hysterical’\textsuperscript{214}, a brother was a ‘half idiot’,\textsuperscript{215} and another was ‘eccentric’.\textsuperscript{216} Since the age of 12 he had preferred domestic work, and at 20 years old he wore feminine dress for a period of six months. Having been imprisoned for the theft of a ring in a house where he worked as a domestic servant, he was found by Tamassia in prison at the age of 33 years. C. P. displayed a normal physical conformation, although along with a ‘narrowness of mind’,\textsuperscript{217} he did not have ‘awareness of his perversion’.\textsuperscript{218} The critical point about this case history, so far as Tamassia was concerned, was the identification of sexual inversion with mental alienation, which was used to argue for a reduction in the sentence.\textsuperscript{219} Every aspect of C. P.’s life was taken to illustrate his mental disorder.

\begin{footnotesize}
\begin{enumerate}
\item\textsuperscript{210} Ibid., 112-13.
\item\textsuperscript{211} Ibid., 116.
\item\textsuperscript{212} ‘[U]n profondo stato psicopatico’ (...) ‘grave degenerazione funzionale’. Ibid.
\item\textsuperscript{213} ‘Nervoso’.
\item\textsuperscript{214} ‘[M]ezza isterica’.
\item\textsuperscript{215} ‘[M]ezzo idiota’.
\item\textsuperscript{216} ‘[E]ccentrico’.
\item\textsuperscript{217} ‘[R]istrettezza di mente’. Ibid., 103-110.
\item\textsuperscript{218} ‘[C]oscienza del proprio pervertimento’.
\item\textsuperscript{219} Ibid., 110, 116.
\end{enumerate}
\end{footnotesize}
Tamassia’s work opened the way to further studies on sexual inversion and his term ‘inversione dell’istinto sessuale’ was adopted by Charcot and Magnan in France. Cesare Lombroso (chapter 5) and Guglielmo Cantarano (below section 4) were well-known to their colleagues in other parts of mainland Europe, who avowedly followed Tamassia’s analysis and introduced the study of same-sex desires into the scientific realm.

3. The establishment of sexual inversion as mental illness

Following Tamassia’s ground-breaking analysis, in the 1880s Italian physicians were engaged in collecting case histories of sexual inversion and scrutinising sexual inverts’ lives, fantasies and desires. Most of these case histories derived from observations conducted in asylums and prisons, and consequently the subjects not only presented deviant sexual behaviours, but often had committed crimes or displayed social behaviour disorders. Focussing on sexual inversion, physicians endeavoured to explain how an individual could psychologically belong to the opposite sex and desire individuals of the same sex. Thus, gender inversion became crucial in explaining the psychiatric characteristics of such manifestations. Yet case histories were not the only instance in which sexual inversion was studied. Sexual inversion had become rapidly systematised within psychiatric manuals since the late 1880s, and in 1902 it formally entered the official classification of mental disorders at the eleventh congress of the Società di freniatria italiana.

---

220 V. A. Rosario, The Erotic Imagination, 70.
222 The Società di freniatria italiana accepted the first official classification written by Verga in 1874. This did not mention same-sex desires among mental disorders. In 1902 the Italian psychiatric association
By contrast with developments in Britain (chapters 4 and 7), same-sex desires in Italy were easily and quickly acknowledged as mental disorders rooted in the individual’s nature, rather than as a manifestation of vice and thus a matter of choice. Italian psychiatric manuals used to train young medical practitioners in universities illustrate the extent to which a consensus was reached regarding sexual inversion as a mental pathology.

By drawing attention to a number of psychiatric manuals, this section retraces the development of medical theories about sexual inversion. In the 1880s, medical writers such as Enrico Morselli linked sexual inversion to concerns about degeneration and civilisation. At the turn of the century sexual inversion was increasingly explained by two theories: the embryological explanation of universal bisexuality and Alfred Binet’s theory of association. These developments in Italian sexology are illustrated by Morselli’s, Leonardo Bianchi’s, Eugenio Tanzi’s and Sante De Sanctis’ manuals of psychiatry. These studies reflect a shift in medical writing in which the boundary between normal and abnormal moved towards including same-sex desires as a normal phenomenon, at least until puberty.

Morselli’s Manuale di semeiotica delle malattie mentali [Manual of Semiotics of Mental Illness] (1885-89) was the first Italian psychiatric treatise to deal systematically with sexual inversion. Morselli placed same-sex desires within a consistent theory of

---

approved the second official classification of mental disorders that was written by Sante De Sanctis (1862-1935). Sexual inversion, along with other ‘sexual psychopathies’, ‘frenestesie’ [insanities] and moral insanity, was grouped among the ‘congenital psychoses’. L. Bianchi, Trattato di psichiatria (1904), 396-97.

E. Morselli, Manuale di semeiotica delle malattie mentali (1885-1889).
the reproductive instinct. He explained that sexuality was a critical part of human health, which gave rise to different feelings, thoughts and tendencies, allowing for a large field of morbid manifestations. The influence of the sexual function on the entire psychological life was due to the fact that, in nature, reproduction was more important than the conservation of a single individual. In man, the reproductive function created psychological needs, and it was at this point that sexual perversions emerged. Cerebral needs, because of the changes civilisation had caused in human nature, went beyond the physiological requirements of the individual, giving rise to sexual perversions. According to Morselli, it was difficult to say where morbid elements arose in sexual perversions, but civilisation played a consistent part in awakening them.

Morselli adopted a phylogenetic explanation of deviant sexualities: organisms had developed from a simple but very stable organisation, to a more complex or structured, but more unstable, one. Man, who was the most complex and developed organism of all displayed the most aberrant perversions, in this way falling from the high peak of evolution to a remote past. Morselli pointed out that ‘unnatural intercourses’ had always been present in the history of humanity, but in contemporary times they were to be considered a result of atavism. Sexual perversions represented ‘stigmata of degeneration’ that assumed the form of obsessive morbid impulses. Sexual perversions

224 Ibid., 213.
225 Ibid., 213-14.
226 In biology, phylogeny is the sequence of events involved in the evolutionary development of a species or taxonomic group of organisms. Ontogeny is the process of an individual organism growing organically; a purely biological unfolding of events involved in an organism changing gradually from a simple to a more complex level. At the end of the nineteenth century embryologists thought that in individual human development an ontogenic process of sexual differentiation took place, which repeated phylogenetic evolution from an original bisexuality to human monosexuality. However, in the normal development of an individual, the original bisexual disposition was turned into a monosexuality where only a few abortive signs of the other sex remained. Male and female characteristics became differentiated in normal adults. On sexology and phylogeny, see F. J. Sulloway, Freud, Biologist of the Mind (1992) [1979], 290-296. These developments will be further illustrated in chapters 5 and 6.
were also a consequence of refined libidinal tendencies exercised for too long because of civilisation, or they were the result of vicious habits, especially in the upper classes.²²⁸

Morselli distinguished different sexual perversions: masturbation ('Venere solitaria' in men), 'clitoridismo' ('Venere solitaria' or masturbation in women), pederasty ('amor greco' [Greek love] towards children); sodomy ('rapporti preternaturali' [relationships against nature] between men or 'mutui stupri'[mutual rapes]), tribadism or 'eufemismo' ('amplexus intra mulieres frictrices'), bestiality ('coitus cum bestia'), sapphism ('cunnilingus'), 'fellare' and 'irrumare' ('ore polluere').²²⁹ Sexual inverts were created when the development of individuals halted at a primitive stage, and they shared their condition with congenital criminals, children, women, and the insane. Their lower position in evolution resulted from the fact that they were linked to the instincts of the primitive world, and for this reason they had to be kept under control.²³⁰

According to Morselli, 'homosexuality' was the effect of the breakdown of 'physiological power', quite often due to neurasthenia after masturbation or in psychopathic states.²³¹ In many sexual inverts the physical, psychological and behavioural characteristics were typical of the opposite sex. This was a characteristic that sexual inverts shared with neuro-psychopathic individuals, who themselves generally presented a degree of sexual ambiguity. Thus, for instance, the insane

²²⁷ E. Morselli, Manuale di semejotica, 668-81.
²²⁸ Ibid., 213-15.
²²⁹ Ibid., 214.
²³⁰ V. P. Babini, 'Il lato femminile della criminalità', in V. P. Babini, F. Minuz, A. Tagliavini, La donna nelle scienze dell'uomo, 32-33.
²³¹ Morselli referred to both 'homosexuality' and 'sexual inversion'. E. Morselli, Manuale di semejotica, 680-83.
female's bones and muscles were often big, her face virile, and her body masculine, as was the case with the female invert.232

Like most Italian sexologists, between 1880 and 1890 Morselli relied heavily on Krafft-Ebing's classification of sexual pathologies based on degeneration, and adopted his division between congenital and acquired sexual inversion.233 This division was significant because, while acknowledging that it was impossible to treat congenital inversion, it was still possible to cure those inverts who had allegedly acquired inversion. In this way physicians on the one hand justified the failure to steer certain individuals towards an appropriate form of sexual behaviour, and on the other validated the study of sexual inversion in the hope of containing the phenomenon.

At the turn of the century Italian psychiatrists dealing with sexual inversion began to move beyond Morselli's explanation. Sexual inversion was still considered a congenital phenomenon, a 'constitutional anomaly', an arrest of the cerebral-psychic development, or a 'psychic degeneration', to use some of the most common terms in psychiatric manuals. However, Italian psychiatrists increasingly drew attention to embryological theories and the mechanisms of mental association and memory, and the influence of the environment. While maintaining that both congenital and acquired inversions were based on a constitutional weakness or degeneration, Italian psychiatrists shifted their attention to acquired rather than to congenital homosexuality. In this way the individual's environment and early life became pivotal in explaining sexual inversion. This shift is important because, as will be shown, it allowed psychiatrists to move the

232 Ibid., 107-8.
233 E. Tanzi, Trattato delle malattie mentali (1905), 246-47; L. Bianchi, Trattato di psichiatria, 396.
boundary between normal and abnormal sexuality. Such a change in sexological writings may be illustrated by the works of a few of the most prominent psychiatrists of the time; Bianchi, Tanzi and De Sanctis.

In 1904, as Professor of Neuropathology at the university of Naples and Director of the Neapolitan asylum, Bianchi published Trattato di psichiatria [Treatise of Psychiatry].

He thought that in order to understand the evolutionary development and anomalies of the sexual instinct, it was necessary to consider its phylogeny and ontogeny. In other words, it was necessary to put sexual instinct in the context of its evolution. Regarding phylogeny, Bianchi thought that while in all higher animals the senses contributed to the sexual instinct, only in man was an ‘aesthetic intellectual factor’ involved. Therefore, only in man did intellectual faculties interact with the sexual instinct. So far as ontogeny was concerned, Bianchi recalled that in the first months of life the foetus was sexually undifferentiated. The ‘psychic hermaphroditism’ present in each individual lasted until adolescence and remained ‘latent’ even after that. A mistake in the evolution of the sexual organs or in the nervous system explained why male inverts looked like women and vice versa. Sexual inverts characterised by strong somatic characteristics typical of the opposite sex were to be considered untreatable. Along with these congenital inverts there were individuals who occasionally exhibited homosexual behaviour, and individuals who would have sex with both men and women. These last two categories could be considered acquired inversion, a phenomenon that could be contained.

234 Leonardo Bianchi (1848-1927) was a neurologist and psychiatrist who taught at the universities of Palermo and Naples. In 1882 he founded the Istituto psichiatrico di Napoli [Neapolitan Psychiatric Institute] and in 1891 the journal Annali di neurologia [Neurological Annales]. He was a Member of Parliament and in 1905 Minister of Education. He wrote Trattato di semiotica delle malattie del sistema nervoso (1889) and Trattato di psichiatria (1904), well-known textbooks in Italy and abroad.

235 L. Bianchi, Trattato di psichiatria, 619-27.

236 Ibid., 619-22.
In 1905, a year after Bianchi’s treatise, Tanzi published *Trattato delle malattie mentali* [Treatise of Mental Illness].\(^{237}\) As Professor of Psychiatry at the University of Florence, Tanzi was one of the most renowned Italian psychiatrists of his day. In his view, sexual inversion should be classified along with ‘constitutional immorality’, ‘paranoia,’ and ‘weakness of mind’ in the group of mental illnesses known as ‘degenerative anomalies of mind’. Tanzi recognised that love might take different shapes and manifestations, but when love made reproduction impossible, it was a serious illness.\(^{238}\) However, homoerotic feeling in environments like colleges and schools might be considered normal if it were temporary; if it became permanent, it was to be considered a genuine mental disorder.\(^{239}\)

Some factors contributed to the acquisition of sexual inversion: memory; associative intellectual functions that made pleasant some impression received during childhood such as the sight or touch of an individual of the same sex; a premature occurrence of the sexual instinct; and life in certain environments such as schools or colleges. Yet Tanzi wrote that sexual inversion was a ‘constitutional anomaly’ because, even if homosexuality was acquired, it was based on an organic weakness in the body.\(^{240}\)

A few years later Tanzi himself, in another manual, *Psichiatria forense* [Forensic Psychiatry] (1911), jettisoned all physical explanations of sexual inversion. Sexual inversion, he now maintained, had a ‘psychological origin’. He rejected the concept of

---

\(^{237}\) Eugenio Tanzi (1856-1934) worked at the Reggio Emilia asylum and then as Professor of Psychiatry in Cagliari (1893), Florence (1895). In 1896 he founded *Rivista di patologia nervosa e mentale.*

\(^{238}\) E. Tanzi, *Trattato delle malattie mentali,* 618.

\(^{239}\) Ibid., 623-24.

\(^{240}\) Ibid., 619-27.
congenital inversion and argued that same-sex desires were due to erroneous mental associations. He pointed out that most male inverts were virile and looked for other virile men, while most of the female inverts were feminine and desired similar women. According to Tanzi, this supported his idea that homosexuality did not have a bodily origin, but an exclusively psychological cause.

In opposition to Tanzi, other psychiatrists did not completely abandon organic explanations of sexual inversion. Nevertheless, even those medical writers who did not wholly reject an organic aetiology were increasingly interested in psychological elements. Thus, for example, in 1911, Sante De Sanctis combined degeneration and more environmental causes to explain sexual inversion. He still maintained that the inversion of the sexual instinct was a 'psychic degeneration', as reflected in the fact that sexual inverts had an undeveloped intelligence. Like all degenerates, sexual inverts were 'predestined'—the origin of their sickness was hereditary. Yet De Sanctis thought that congenital inversion was a rare phenomenon. The cause of inversion was often to be found in the milieu, such as a school or a college. The imitative behaviour typical of men also explained sexual inversion in such environments. According to De Sanctis, men had same-sex desires at puberty because a 'latent bisexuality' was present in everyone.

Bianchi’s, Tanzi’s and De Sanctis’s explanation of sexual inversion illustrates how, at the beginning of the twentieth century, the theory of degeneration had become increasingly criticised and was thought to be insufficient to explain deviant sexualities.

---

242 Ibid., 247-254.
At the same time Italian psychiatrists began to accept a latent bisexuality in all human beings, at least until adolescence. This change was also due to conceptual shifts in French and German psychiatry, which had influenced Italian theories of sexual inversion in their turn. During the last decade of the nineteenth century two theories began to obtain credibility: the ‘embryological’ and the ‘association’ theories. The first was originally put forward by Krafft-Ebing and the latter by the French psychologist, Binet. These psychiatric developments in the field of sexology were an attempt to overcome the failure of degeneration theory fully to explain sexual phenomena.

The so-called ‘embryological’ theory arose out of pioneering research undertaken in the mid-1880s. In 1884, in the *Revue philosophique*, the French physiologist Eugene Gley advanced the hypothesis that male sexual inverts had male sexual glands in a female cerebral system. In 1892, in *Responsibility in Sexual Perversion*, the American physician James G. Kiernan compared some phenomena of bisexuality in animals with what might occur in sexual inverts: sexual inversion was thought to be a kind of regression to some lower state in the animal kingdom. Finally, in 1895 Krafft-Ebing, published ‘Zur Erklärung der conträren Sexualempfindung’ [In Explanation of Sexual Inversion], in which he ‘demonstrated’ — on the basis of his study of the sexual reproductive system — that until the third month of foetal life, the human embryo has a ‘double sexuality’. Since science had proven that the cerebral-spinal apparatus was already fully formed at the third month of foetal life, such ‘bisexuality’ was thought to be

---

244 Alfred Binet (1857-1911) was a French psychologist who took a different approach to that of most psychologists of his day. He was interested in the workings of the normal mind rather than the pathology of mental illness. He wanted to find a way to measure the ability to think and reason, apart from education in any particular field.
originally located in the brain. The brain had two different centres: one for female sexuality and the other for male. According to Krafft-Ebing, in humans only one of these centres normally developed while the other remained in a ‘latent shape’. Therefore, the concept of degeneration still persisted in the general interpretation of mental illness, but at the turn of the twentieth century physicians began to believe that a ‘defect in individual evolution’ explained sexual inversion. This flaw in evolution recalled the theory of atavism, but more interestingly, some ‘bisexual characteristics’ were now thought to reside as a rule in all humans. In this way homoerotic desires were potentially in each and every individual, and the separation between homosexuality and heterosexuality less clear cut.

Binet’s theory explained sexual inversion through the ‘association between ideas and feeling’, without completely ruling out an organic link. According to Binet, in ‘hereditarily predisposed’ individuals, when the ‘first lively sexual excitement’ concurs with the sight or the touch of a person of the same sex, a ‘stable association’ arises, giving birth to the predisposition of sexual inversion. Binet argued that the major forms of sexual pathology were psychologically acquired by exposure to certain accidental events. Emphasising early childhood experience, he argued that chance events in particular determine the major forms of sexual pathology.

Until the beginning of the twentieth century, sexual inversion was usually classified among ‘psychic degenerations’ and was considered an ‘arrest of cerebral development’.

---

247 Ibid., 54-61
248 For more on atavism, see chapter 5.
249 P. Penta, ‘L’origine e la patogenesi’, 54.
Yet through the use of embryological and psychological interpretations of sexuality, the boundary between normal and abnormal became less clear cut. Italian psychiatrists at the turn of the century tended to hedge their bets and to consider sexual inversion to be both a mental disorder and a normal behaviour until adolescence in single sex environments. This conceptual change was also representative of another shift within sexological enquiries. While in the 1880s, most case histories were based on prisoners or inmates of asylums, at the turn of the century medical writers were increasingly redirecting their attention to ‘normal’ milieu. As I seek to show later in this chapter, the interest manifested in school environments was part and parcel of this process.250

4. Asylums as Laboratories for Tracking Female Homosexuality

Female insanity and same-sex desires. So far as Italian sexology was concerned, female same-sex desire was illustrated in a wide range of case histories, psychiatric manuals and other medical writings. Within sexological writings female sexual inversion was on the one hand the mirror of male inversion. Thus, where physicians looked for feminine characteristics in male inverts, they looked for masculine features in female inverts. On the other hand, female same-sex desire presented specific characteristics of its own. The last two sections of this chapter will discuss the peculiar features of female sexual inversion in Italian medical writings.

Traditionally medical writers assumed that female psychological disorders had specific traits. Physicians noticed that mental disease in women resulted from ‘moral causes’, for instance, the loss of a person dear to them, unrequited love, a mystical crisis, and so

250 See at 117-22.
on. This was assumed to prove the prevalence of sensibility and sentiment in a woman’s intellect. In the course of such a discussion of the moral nature of women, in 1862, Ferdinando Tonini, a physician and Professor at the University of Pavia, paid extensive attention to female same-sex acts. In his work *Igiene e fisiologia del matrimonio* [Hygiene and Physiology of Marriage] he argued that madness affected the unmarried more than the married. He explained nymphomania, satyriasis, erotomania and onanism, as well as recording stories of women who were dedicated to the *gioco lesbiano* [lesbian game]. In particular he linked female same-sex desire to an enlarged clitoris:

An excessive development of the clitoris, if not by itself a cause of sterility, might be so because it leads the individual to be more inclined to knowing other individuals of her sex than to be sensitive to male caresses. In some women clitoral pleasure produces an irresistible need which continuously excites their imagination, and because they are lascivious in their erotic games, these tribades cultivate their mistresses’ favours and are extremely jealous.

Thus, female same-sex desire was characterised by excess — excess of the genitalia, of sensuality, and of the passions. The enlarged clitoris allowed a woman to perform a man’s role.

According to Tonini, tribades usually lived in big cities, gathered in convents, colleges and prisons, were not inclined to maternity, and, most interestingly, looked like men. Subsequently, Tonini described a tribade whose ‘menstruation completely ceased; her large breasts disappeared, her skin lost the softness typical of the gentle sex, and each

---

251 V. P. Babini, F. Minuz, A. Tagliavini, *La donna nelle science dell’uomo.*
253 Ibid., 190-191.
254 Ibid., 191.
day she more closely resembled a man. Thus in less than one year she took on the physical and moral characteristics of a virago'. Some of these representations of female same-sex practice had old roots. Long before the nineteenth century, popular medical books described the clitoris of the lesbians as equivalent to a man's penis. In men's sexual fantasies, lesbians were thought to gather in convents. Tonini's description of lesbians, however, anticipated some ideas surrounding female same-sex desires before the concept of sexual inversion had been proposed.

As previously shown, Tamassia introduced the study of sexual inversion to Italy in 1878, as well as compiling the first Italian clinical observation based on a male invert. The first case history of female sexual inversion was published in 1883 in La psichiatria, la neurologia e le scienze affini [Psychiatry, Neurology and Kindred Sciences] by Guglielmo Cantarano. Chronologically, it was the third case history published in Italy that discussed the inversion of the sexual instinct, as Lombroso himself — who paid ample attention to the topic of sexual deviance — confirmed.

After Tamassia's study, case histories were collected and sexual inversion was theorised in a sophisticated manner. Gathering cases of sexual inversion often amounted to fashioning a new subject within the international medical community. At a time when few case histories of sexual inversion had been published, new observations in a growing field meant that the international medical community would pay attention to the bold scientist who put forward a new psychiatric case. Case histories are important because they show what physicians paid attention to, what kind of people were

255 Ibid., 194-195; 367; 371; 387.
256 Ibid., 194.
257 L. Gowing, 'Lesbians and Their Like', 126-143.
analysed, how gender identity was theorised and how medical writers were pivotal in constructing a stereotype that was taken up by literature and spread throughout culture. Cantarano’s analysis of female inversion is representative of typical case histories of women of the 1880s, but embodied also new theoretical issues about sexual inversion.

As Tamassia had already observed, and as Cantarano pointed out:

Inversion of the sexual instinct includes that form of psychical and instinctual anomaly, for which the individual of a given sex feels the intellectual and instinctive characteristics of the opposite sex, and is driven to love persons of the same sex, showing rejection or indifference towards individuals of the opposite sex.

Yet according to Tamassia the discriminating factor of sexual inversion was clearly a mistaken ‘perception of the self,’ while for Cantarano, the object of sexual choice, conflicting with the individual’s ‘sexual biological organisation’, was the main point at issue. Cantarano observed that sexual inverts could preserve the awareness of their own ‘personality’ in regard to their own sex. Psychologically, however, something was wrong in these individuals, namely, sexual choice.

Cantarano subdivided sexual inversion into ‘transitory’, in which consciousness of one’s own personality was inverted, and which often resulted in sexual perversion; and

258 C. Lombroso, (review) ‘Contribuzione’, 133-34. I will pay attention to the second case history published in 1881 by Lombroso in the chapter on Lombroso, see at 185-8.
261 Ibid., 201-16.
‘immanent and congenital inversion’. Cantarano went on to write that sometimes a ‘congenital’ inversion appeared in:

people apparently sound of mind, and in which only the scrupulous alienist finds the imbalance between the various intellective faculties, or the exaggerated predominance in the latter of feelings and instincts, or the perversion of some tendencies, or (...) a transformed morbid inheritance. 262

These people, Cantarano explained, were not recognised as ‘crazy’ individuals by everybody. Yet the expert doctor could reveal that they did not display the ‘right harmony’ indispensable for all their intellectual faculties:

In them the awareness of their own personality is retained, and thus the tremendous dualism between their own acknowledged physical organisation and the opposite and conflicting sexual tendencies takes place. In this second category of patients, the inverted sexual feeling is usually congenital and immanent. 263

It might be thought that Cantarano was referring to the consciousness of the patient's deviant state. Later on, however, having expounded the case history, the physician analysed whether the sexual invert was responsible for his actions and wrote:

In these patients, either the fundamental idea of the self, the consciousness of their own personality in relation to the sex, is inverted, or through this consciousness being discreetly preserved within a weakened mind, the will is not strong enough as to resist the instinctual perversion. 264

Cantarano was aware that the sexual invert could also fail to display any gender inversion, but the invert was only ‘apparently sound of mind’ as the inability to resist a sexual perversion proved. To Cantarano, will power had become crucial.

262 Ibid., 201-2.
263 Ibid. Italics are mine.
264 Ibid., 214.
This did not stop Cantarano from looking for masculine characteristics in the women he studied. X, the young woman observed by him, was apparently a born sexual invert. She came from a relatively poor family and in her childhood she had been a little wild. Cantarano found out that X used to throw herself on the ground without reason and that she did not go to school, which was why she had never learned to read or write. Instead she preferred to wander the streets begging, sometimes sleeping away from home. She displayed an unusually active life for a woman. She had run away, and so was forced into a house run by a philanthropist, but she fled from this house too. She was then placed in an asylum for ‘dangerous girls’, and there she became fond of Rosina, an ex-prostitute. They had sexual relations and X corrupted all the other ‘weak’ girls of the asylum. After escaping, she was prosecuted for disorderly conduct: wearing male clothes and spending her time with prostitutes. When the police discovered that she was a woman and also still a virgin, she was returned to her father because she could not be listed on the prostitutes’ register. Her father then sent her to a mental clinic, where she was finally found by Cantarano. There, she corrupted other patients and a number of nurses.265

As was usual practice in case histories, Cantarano looked for disorders in his patient’s family. X’s disease could in fact be tracked in her family’s past and her sexual inversion could be foreseen in her childhood since her family heredity was ‘degenerate’.266 Cantarano noted that X was the daughter of a second marriage, that her mother suffered from a thyroid condition, and that her brother was a wastrel, and prone to insanity.267

265 Ibid., 204-07.
266 Ibid., 213.
267 Ibid., 203, 212-13.
Even worse than her physically inherited taints, X was quite devoid of modesty and disliked being a woman.\textsuperscript{268}

She does not show any fondness for family, for domestic life, for women's attire and the tasks of her sex. She does not fancy being admired and courted by young men; she is not driven by a desire for marriage; and she does not show the discretion or the modesty typical of young women. A vagabond existence, the choice of male jobs, the loathing of men and an attraction to the same sex, the boldness of a young and dissolute man, all give her a character that harmonises completely with that of a young man, of someone on whom the reins have been loosened.\textsuperscript{269}

In X's sexual inversion there was nothing exaggerated; she displayed 'the entire and organised expression of the sexual feeling of a man in a woman's body.'\textsuperscript{270} X was even able to dominate her will and not to show openly any action deriving from her sexual perversion.\textsuperscript{271} Her facial physiognomy was not considered particularly feminine. Her muscles were developed and her skeleton was not normal for a woman.\textsuperscript{272} However, this did not mean that X was not attractive. Cantarano remarked, in fact that, physically, X was 'pretty' and that men flirted with her.\textsuperscript{273} Her sexual organs, described in detail, were normal.

According to Cantarano, at that time cases of female sexual inversion were less known because women were better able to hide their 'perversion' than men, and because they showed more prudery in discussing sexual matters.\textsuperscript{274} Indeed, he knew just four female case histories: that of X, and those analysed by Wesphal, Gock and Wise.\textsuperscript{275} Despite the

\begin{footnotesize}
\begin{enumerate}
\item Ibid., 208.
\item Ibid., 209.
\item Ibid.
\item Ibid.
\item Ibid., 205, 210.
\item Ibid., 205.
\item Charcot had the same view on the topic. J. M. Charcot and V. Magnan, 'Inversione del senso genitale e altre perversioni genitali,' in J. M. Charcot, \textit{La donna dell'isteria} (1889) [1882], 22-23.
\item Gock was a German physician and Wise was American.
\end{enumerate}
\end{footnotesize}
fact that by the time Cantarano was writing there were only a few case histories of sexual inversion circulating within the scientific community, he concluded that love in male inverts was more pure and without carnal sexuality: men could be satisfied through practising onanism, while women were more sensual and had less skill at controlling their will.276 This last observation contradicted his own case history, since he had pointed out that X was remarkable for her self-control.

While Cantarano had observed X when she was in an asylum because of her sexual inversion and the disorder she provoked in society, other psychiatrists thought that asylums and insanity facilitated sexual inversion. In the 1880s, the asylum became a laboratory for observing female inverts.277 As with Cantarano’s case, most of these female inverts displayed masculine characteristics, both physical and psychological. A disordered life and an active sexuality were defining features of female sexual inversion. Yet asylums were not the only place where sexologists looked for female same-sex desires, since women-only environments in general were thought to be hotbeds for sexual inversion. While physicians also investigated male-only environments, in Italy female same-sex desire was the object of an intense scrutiny unparalleled in Britain, if the amount of work published on the topic is anything to go by. The peculiar interest in female deviant sexuality is in part comprehensible in light of political debates over women’s role in society during the period of Italian unification.

276 G. Cantarano, ‘Contribuzione alla casuistica’, 214
5. Figures of Female Homosexuality

At the beginning of the nineteenth century, Italian experts in jurisprudence and medicine had begun to elaborate on the idea of specifically female deviancy. In Italy, the regularisation of penal law regarding women dealt with the control of female sexuality (adultery, abortion, infanticide, seduction and prostitution) and the need to limit the punishment of the female body (the ancient principle of penal codes: *infermitas sexus*). Along with the rise of women's first claims to equality after the French Revolution, jurists felt the need to justify civil and penal inequality between men and women. They started to wonder about the emotional and behavioural implications of female physiology — specifically women's ability to reason and understand laws. The juridical paradigm of female difference-inferiority was later linked to the scientific paradigm of the natural lower physical and mental ability of women, thereby confirming the ancient argument about woman's limited rationality. 278 In Italy, the legal debates surrounding women were intensified in conjunction with the unification of Italy in 1861, which implied the adoption of national laws. 279

By the late nineteenth century, studies on the distinctiveness of female deviancy increased in number due to the growing influence of criminal anthropology in Italy. The new medico-legal field paid particular attention to the specific ways women loved. According to nineteenth-century criminological theories, man was characterised by 'egoism', woman by 'altruism'. So in the sexual sphere, while man looked for sexual


279 See chapter 2.
pleasure, woman looked to satisfy the need to reproduce. Female deviancy was characterised by an abnormal sexuality. The typical female offender was in fact the prostitute.

To illustrate this proliferation of medical discourses on female-same sex desires, I will focus now on representations of same-sex desires other than sexual inversion. First, the virago epitomised ideas of excessive sexuality and masculinity that surrounded female same-sex desires. Subsequently, I will concentrate on the ‘tribade-prostitute’ popularised by Italian criminal anthropology and the ‘fiamma’ (homosexual relations in ‘normal’ women-only environments), who featured in more psychologically oriented studies. These representations had older roots than the concept of sexual inversion, suggest antecedents to sexological research, and therefore problematise the idea of an epistemological rupture effected by the category of sexual inversion.

**Virago.** As I have already noted, before Westphal’s introduction of the medical category of sexual inversion, Tonini believed that lesbians were extremely lascivious and masculine in physical appearance. These ideas persisted in medical writings, not necessarily applying the category of sexual inversion, as is shown by Paolo Mantegazza’s description of female same-sex desires. Mantegazza was a Member of the Senate, Professor of Medical Pathology in Pavia and anthropology in Florence, but

---

above all a sexual educator and hygienist. In 1886 he published Gli amori degli uomini: saggio di una etnologia dell'amore [Men's Loves: Essay on an Ethnology of Love] in which he dealt with different forms of sexual desire. This text, like many others he wrote, was harshly criticised by the Catholic Church and was promptly listed in the Index Librorum Prohibitorum, although this did not stop Mantegazza's works being extremely successful, both amongst physicians and with a wider audience. Mantegazza's views on sexuality were ambiguous. He did indeed accept a measure of continuity between normal and pathological sexual phenomena. Sodomy and tribadism were simply the last degrees of ‘sexual perversion’, yet they should be defined, according to Mantegazza, as a ‘sickness’, as they went beyond the boundaries of normal eroticism.

In order to explain both pederasty and tribadism, Mantegazza provided a well-known anatomical account. He explained that the spinal nervous structure was linked to ‘lustful desire’: there was an intimate relationship between those nerves distributed in

282 P. Mantegazza, Gli amori degli uomini (1886), English translation by S. Putman with an introduction of Victor Robinson: P. Mantegazza, The Sexual Relation of Mankind (1935). Mantegazza also wrote Fisiologia del piacere (1854); Fisiologia dell'amore (1872); Igienë dell'amore (1877) that, despite the titles, were more philosophical works on different aspects of love rather than anatomical and physiological treatises.
283 Ibid., 316-17.
284 In Gli amori degli uomini, Mategazza wrote: ‘It is impossible to erect the boundaries between love's physiology and its pathology. The highest rungs of eroticism may be the first steps on the ladder of perversion; and amid that hurricane of the senses, compounded of passion and imagination, in which a man and a woman who possess each other with desire are wrapped, it is only the sophist's casuistry which can distinguish that which is good from that which is evil. And even where this good and this evil are concerned, there is room for difference of opinion, according to how one considers the hygienic or the moral aspect of the problem. It is true that with a more reasonable and scientific morality, such as that which is to come, hygiene and ethics ought to go perfectly in accord; but up to the present time, the two are very frequently at daggers drawn and in contradiction to each other, a certain proof either that hygiene is ignorant or that morality is false’. P. Mantegazza, The Sexual Relation of Mankind, 78-79; P. Mantegazza, Gli amori, 131-32
the intestinal and rectal tract, and those that run down to the genital organs. In some people, by an ‘anatomic anomaly’, sensual nerve endings were deflected to the rectum. This would also seem to be established in cases of women that enjoyed anal intercourse or lesbians that enjoyed ‘having the anus excited by a finger’. 287

Mantegazza believed that women experienced sexual pleasure more easily than men because they were strongly linked to nature. He also denied that women’s fate was reproduction and supported a certain degree of equality between women and men in the sexual sphere. 288 According to Mantegazza, while masturbation was ‘spontaneous and natural’ for both sexes when men and women could not have sexual intercourse and indeed it tended to spring up at all times in all cultures. It was, nonetheless, a ‘perversion’ in the highly civilised countries in which economic, moral and religious reasons rendered free socialisation between the two sexes difficult. Colleges, schools and monasteries were the breeding places and ‘seminaries of masturbation’. 289 Specifically, mutual masturbation between men was merely an exchange of ‘manual labour’ while in women it led to tribadism. Owing to the structure of female genitals and the wayward character of feminine imagination, ‘lust is readily turned into a protean and special vice’. 290 Tribades were therefore more lascivious than pederasts. Relationships between women could be divided into ‘lesbian love’ when women practice oral sex; and ‘tribadism’, when a woman with ‘an exceptionally long clitoris is thereby able to simulate the sexual orgasm [amplessa] with another woman’. 291

286 R. von Krafft-Ebing, L’inversione sessuale, 103-04; on Britain and Mategazza, see at 277-8 and footnote 779.
289 Ibid., 133-34.
290 Ibid., 136.
291 Ibid.
Mantegazza did not mention Tamassia or Canterano’s studies, despite the fact that such works were well-known at that time, even abroad.\textsuperscript{292} He did not use the term ‘sexual inversion’, even if he considered same-sex desire a sickness, nor in his 1886 study did he look for effeminate physical characteristics in men or virile ones in women. Yet, tribades had an unusually active sexuality and Mantagazza’s idea that tribades had a long clitoris meant that he thought they were able to perform a male role sexually. In 1891, Mantegazza published Fisiologia della donna [Woman’s Physiology] in which he made explicit the association between female same-sex desires and masculinity, describing the tribade as a virile woman. In this work, the tribade was a caricature of Cantarano’s female sexual invert drawn in the 1880s:

The virago is well known to everybody: she has a moustache, hair on her breasts, narrow hips, dry muscles and a virile voice (...) In love she hunts and does not wait, she never fancies a man, loves violent exercises, hunts, and sometimes she loves even war; she has gestures without grace and a heart without tenderness. She loves giving orders and curses the fate that did not allow her the supreme happiness to dress in boots and trousers.\textsuperscript{293}

Interestingly, while Mantegazza ignored the masculine appearance of tribade in Saggio sugli uomini in 1886, he emphasised this aspect five years later in Fisiologia della donna, suggesting that it was taken for granted. This indicates that at the beginning of the 1890s the association between female same-sex desires and masculinity had become


\textsuperscript{293} P. Mantegazza, Fisiologia della donna (1893) [1891], 264.
more widespread. Mantegazza’s views on tribadism, while disregarding recent sexological research, shared with it the ideas of masculinity and excessive sexuality.

Tribade-prostitute. Another figure that presented the idea of the lustful nature of female same-sex desires was the ‘tribade-prostitute’. This was a literary cliché for decadent writers like Baudelaire and Gautier, who in turn took inspiration from medical studies conducted during the 1830s by the French physician Alexandre Jean-Baptiste Parent-Duchâtelet.²⁹⁴ The latter was well-known among Italian physicians, and Lombroso in particular quoted him generously on the links between prostitution and tribadism in La Donna delinquente (1893). Lombroso was by no means the only one to associate tribadism and prostitution (chapter 5); criminal anthropology and sociological studies drew attention to the allegedly widespread phenomenon of same-sex desires among prostitutes.²⁹⁵

Psychiatric studies like Cantarano’s had stressed the link between mental disease and sexual inversion, and henceforth considerable attention was paid to asylums. At the same time physicians pointed out that tribadism and brothels or prisons were often related. In 1882, Carmelo Andronico, a surgeon in Messina, remarked that tribadism was often common in prostitutes and prisoners (convicts):

As in the case of female offenders, so too with prostitutes, the automatic feeling of love for the opposite sex is not enough, they form disgusting and revolting relationships with each other, and then they become excessively jealous; a similarly odd feeling of love is often displayed among the female

²⁹⁴ J. R. Walkowitz, ‘Dangerous Sexualities,’ in G. Duby and M. Perrot (eds.) A History of Women (1993), vol. 4, 395. In 1836, Parent-Duchâtelet published a study on Parisian prostitution, De la prostitution dans la ville de Paris. This research was a demographic study of 12,000 prostitutes who had been observed over a 15-year period, between 1816 and 1831.
²⁹⁵ On the prostitute as a figure perceived as an embodiment of sexuality, disease and passion, see S. L. Gilman, Sexuality, 296-307.
offenders of this prison [in Messina], where in some women tribadism is so
bold that repressive means are used.\textsuperscript{296}

It is not clear what means of repression Andronico used to contain tribadism, but in the
same article he had mentioned removing the ovaries to treat women’s diseases and he
had noted that psychiatrists used the cauterisation of clitoris to eliminate onanism in the
insane.\textsuperscript{297} Andronico was, after all, a surgeon and he may have resorted to drastic
solutions.

In the 1890s a plethora of studies about prostitution were published in Italy, many of
them sociological in approach. What interested researchers were the kinds of prostitutes
that existed, their relationships with their fellows or with customers, whether that had a
partner, and what kind of life they led. Love between prostitutes was a recurring topic in
which studies of sexual inversion were framed by a social analysis of the phenomenon
of prostitution. A representative example of this specialised literature within the field of
sexology is a study on the criminal couple by Scipio Sighele published in the \textit{Archivio di
psichiatria} in 1892.\textsuperscript{298} At the time Sighele was just twenty four years old, at the beginning of
his career as a legal and sociological expert, and already the author of a successful book, \textit{La
folla delinquente} [The Mass Offender] (1891). Sighele observed that tribadism was
common in brothels, but while in ‘first and second class brothels’ it was widespread, in
bottom rank brothels it did not exist.

\textsuperscript{297} Ibid., 143-46.
\textsuperscript{298} Scipio Sighele (1868-1913) is considered one of the founders of mass psychology. He taught criminal
law at the universities of Rome and Pisa, and courses of criminal sociology and mass psychology at the
Institut des Hautes Etudes of Bruxelles University. His books were read not only by specialists, but by the
general public also.
First, he outlined the typical ‘female urning’ as described by Krafft-Ebing, wearing short hair, dressing fashionably, and pursuing masculine sports and pastimes. Subsequently, Sighele pointed out that not all women who experienced ‘love against nature’ had ‘abnormal’ and intense feelings and desires as described by Krafft-Ebing. This, however, did not mean Sighele was promoting an image of tribade-prostitutes as normal individuals, but simply that he did not necessarily link them to mental disorder and that he focused on the social milieu.

Sighele instead thought that many women were encouraged to have same-sex relationships because of their environment. As proof he reported that there were prostitutes who sold their body to both women and men. Such ‘types’ of women did not fully meet the ‘psychological requirements’ that Krafft-Ebing had described. According to Sighele, they were not inborn tribades, but had acquired sexual inversion by custom. While there were many women who had this ‘vice’ ‘by nature’, even more women, such as prostitutes, became tribades because perverted male costumers nauseated them. In luxurious brothels the absence of a *souteneur* also encouraged tribadism. Even prostitutes, Sighele said, needed stable affection; they looked for love in their colleagues because they could not find a man.

Sapphism could also be due to curiosity; the kept women of rich men sometimes tried tribadism and from them the practice spread throughout society. From luxurious brothels, tribadism had extended into society by ‘contagion’. Sighele was even prepared

---

299 S. Sighele, ‘La coppia criminale’, *AP*, 1892, vol. 13, 530-32. This article was then incorporated in Sighele’s book, *S. Sighele, La coppia criminale* (1893).
300 The *souteneur* was a stable lover and protector of the prostitutes. He could be also the manager of the brothel.
to say that 'sapphism' was so common in married women that everybody in cities knew at least one woman who practiced.\textsuperscript{302}

Less of an alarmist than Sighele on the data of diffusion of same-sex practices among women, the lawyer G. B. Moraglia observed that only two out of fifty prostitutes practiced tribadism.\textsuperscript{303} Yet according to another lawyer, Alfredo Niceforo, homosexuality was widespread among women, with prostitution the most guaranteed means by which to acquire it, followed by masturbation at an early age or seduction by an older woman.\textsuperscript{304} He claimed that a number of prostitutes had told him that almost all their colleagues were disciples of the 'sapphic love' and that some men also paid to see women having sex with each other.\textsuperscript{305} He agreed with Sighele in the belief that in high class brothels tribadism was more common than in those of the lower classes.\textsuperscript{306}

A Sicilian physician, Ignazio Callari, spoke of tribadism as if it were a real 'contagion'. He had conducted a study on prostitutes, and 22 out of 300 had confessed that they practiced tribadism. Callari had observed that homosexuality manifested itself in prostitutes whom men had abused for years. All tribade-prostitutes he had studied were between 26 and 32 years old, and Callari reported a common habit among tribade-prostitutes: they loved to dress as men and imitate the customers they had seen in the brothel. This acting was carried out in the evening when prostitutes gathered and performed together. According to Callari, tribadism was more common in brothels than

\textsuperscript{302} Ibid., 533-34.
\textsuperscript{303} G. B. Moraglia, 'Nuove ricerche su criminali, prostitute e psicopatiche', \textit{AP}, 1895, vol. 16, 309.
\textsuperscript{304} A. Niceforo, \textit{Le psicopatie sessuali acquisite e i reati sessuali} (1897), 87-89, 93.
\textsuperscript{305} Ibid., 93.
\textsuperscript{306} Ibid., 91.
in asylums and prisons. However, all these places were the ‘real school of tribadism’; just one ‘real tribade’ was enough to taint all other women.307

This kind of narrative was not only available in specialised journals, for at the beginning of the twentieth century physicians disseminated sexual knowledge through an obscure genre of literature, a sort of erotic-scientific narrative about deviant sexuality. One of the favourite subjects was unsurprisingly the tribade-prostitute. An emblematic case was the 1904 Le miserie di Venere [The Trials of Venus] published by an unknown physician, Francesco Stura. The book was aimed not at doctors, but at a general audience, and yet it was based to a large extent on sexological knowledge. Stura recounted that in Paris, tribades were so perverted that there was a female prostitution brothel set up to satisfy the desires of upper class women, and he apparently knew of ‘four or five brothels’ of this kind. Other such tales were on broadly similar lines.308

These sociological and anthropological analyses tell us more about men’s fantasies than about real observations. Most of the authors did not explicitly say how they had collected their data, and the descriptions provided seemed more intent on arousing men’s curiosity than on offering analytical information. Physicians and criminal anthropologists turned a voyeuristic gaze on female homosexuality, and no doubt their descriptions of the tribade-prostitutes, their sexual practices and daily life afforded their readers a degree of pleasure.

308 F. Stura, Le miserie di Venere (1904), 119-20. For similar narratives, see A. Orsi, La donna nuda (1905).
‘Fiamma’ [Flame]. In the last decade of the nineteenth century, scientists moved from tracking female homosexuality in mental clinics and brothels to schools. At the turn of the century more bourgeois women entered schools and colleges, with teachers’ colleges [scuole normali] becoming especially attractive to those lower middle class women who sought a means of economic independence. Arguably, at the very moment when more women entered education, physicians shifted their gaze from asylums to schools, turning their attention to female sexuality in ‘normal’ environments.

Yet interest in the sexuality of women living together without men was much older than the emergence of sexual science. The Catholic Church had paid attention to the evils fostered by women-only environments and intense female friendships. In 1760, Alfonso de Liquori, Bishop of S. Agata de’ Goti, published La vera sposa di Gesù Cristo [The True Bride of Jesus Christ], a treatise for the education of nuns, which went through several editions. Nineteenth-century editions were clear about the dangers of a ‘wild love’ that could take place inside God’s house. Certain ‘special friendships’ among nuns were more dangerous than strong friendships with people outside the convent, because the former were difficult to prevent and represented an ever present temptation. So the Bishop recommended that Mother Superiors control ‘poisoned friendships’. In 1862, a Catholic pedagogic treatise for nuns could still address the problem of dangerous female friendships in convents in these terms: ‘Just as pieces of

---

309 S. Soldani (ed.), Educazione delle donne, XV, XVI. At the turn of the century, the profession of teacher was the only way for lower middle class women to get a respected job in Italy. In 1901 there were about 62,600 female teachers, most of whom were appointed in the last decade of the nineteenth century. This phenomenon was also the result of the government’s decision to encourage mass education after the unification of Italy. On the role of Risorgimento in the female education, see S. Soldani ‘Il libro e la matassa’, in S. Soldani (ed.), Educazione delle donne, 87-126.
310 M. De Giorgio, Le italiane dall’Unità ad oggi, 118-130.
311 ‘amor disordinato’, see the 1842 edition A. de’ Liquori, La vera sposa di Gesù Cristo (1842) [1760], 220.
312 Ibid., 221. The Italian is ‘amicizie avvelenate’.
wood catch fire one from the other, so nuns with the fervent love of God *inflame* each other with holy ardour'.

In the late nineteenth century, Italian girls called a school friendship a *fiamma*. In school slang, this term indicated both the beloved person and the friendship in the abstract; but it was a friendship that had a note of passion and was understood as such in this environment. Homoerotic feelings within girls' schools were also described by physicians in terms of a 'sweet feeling,' a 'cult' and an 'adoration.' This was called 'amore fiammesco' [*fiamma* love].

Giovanni Obici, a psychologist, and Giovanni Marchesini, a moral philosopher, collaborated on an extensive psychological study of *fiamme*, and eventually published *Le 'amicizie' di collegio* [School 'Friendships'] in 1898. This work was the most extensive study on the subject. Obici and Marchesini, with the assistance of former pupils who had become teachers, conducted their investigation chiefly among pupils of *scuole normali* [teacher colleges] aged between twelve and twenty. There were both boarders and day pupils at these colleges; the boarders were easily inflamed to passion, but it was the day pupils who provided the sparks. Many letters had been written in the course of these relationships; Obici and Marchesini had been able to read over 300 such letters carefully preserved by the recipients, which in fact formed the chief material for

---

313 G. Frassinetti, *La monaca in casa* (1862) [1859], 136. Italics are mine.
315 In the second edition of *Sexual Inversion*, Havelock Ellis added a section based on Marchesini and Obici's work, see Appendix B, 'The School-Friendships of Girls,' in H. Ellis, *Studies in the Psychology of Sex: Sexual Inversion*, (1901) vol. 2, 243-257; E. Ellis, *Studies in the Psychology of Sex: Sexual Inversion* (1924), vol. 2, 368-84. Ellis reported that the *fiamma* phenomenon in Britain was called 'rave' or 'spoon'. On Ellis and school friendships, see at 307-9.
their study. These letters clearly showed that the *fiamma* most commonly arose from a physical sympathy, an admiration of beauty and elegance. According to Marchesini and Obici, the letters written in this *fiamma* relationship were full of passion and ‘physical excitement’, and may be considered a form of ‘intellectual onanism’, at which the writers afterward felt remorse and shame as at a physically dishonourable act.

They pointed out that the *fiamma* was an ‘incomplete love’ and therefore inferior to heterosexual love. The *fiamme*, as sexual inverts, showed a ‘deviation of purposes and means’ in the sexual sphere ‘since the goal cannot directly be that of procreation, and the means are inadequate to this goal’. In *fiamme*, ‘deviations’ were ‘purely formal’. This was a ‘transitory’ sexual phenomenon during puberty, a consequence of a specific environment and its social models. Once out of college, these girls would marry. Marchesini and Obici underlined the point that the *fiamma* was a kind of ‘homosexual love’, felt by normal young girls. The *fiamma* might be thought of as an ‘institution,’ an ‘environmental necessity’. In fact, ‘sexual love’ arose out of the ‘intense’ emotions of adolescence. Thus the environment was critical.

The two researchers recommended controlling these female friendships, and in particular ‘highly strung’, restless, temperamental girls, with ‘sick’ or pale faces, students with a masculine attitude and a self-confident personality: all these types of women were considered more inclined to ‘fall’ into such relationships. In a ‘normal’

316 G. Marchesini and G. Obici, *Le 'amicizie' di collegio* (1903) [1898]. This work became very popular in Italy and obtained a certain success abroad as well.
317 Ibid., 22-24.
318 Ibid., 116.
319 Ibid., 115-16.
320 Ibid., 8-9.
321 Ibid., 240-43.
environment, unrelieved chastity, to which a woman was much more regularly subjected than a man, caused this ‘perversion’. For this reason Marchesini and Obici criticised religious education that surrounded sexual matters with ‘sin’ and ‘mystery.’ They promoted instead a form of sexual education for girls supported by ‘Scientific Pedagogy based on the laws of Physiology and Psychology’ and advocated living at home rather than in a college.

On the one hand Marchesini and Obici underlined the pathological and degenerate nature of these relationships, and on the other, they emphasised how these relationships were a kind of replacement for heterosexual love — a simulation of the need to love men, a ‘cerebral need’, and thus a normal phenomenon. By contrast, Morselli, who wrote an introduction to this work, highlighted how these relationships clearly had the same psychological characteristics as ‘homosexuality’, and were thus to be considered an ‘aberration’ of the sexual instinct. Moreover, Morselli pointed out how, in the phenomenon of the *fiamma*, the importance of moral qualities, such as culture, intelligence, sweetness and so on, play a key role in giving rise to the ‘*fiamma* love’.

In his comments on Marchesini and Obici, Morselli claimed that an ‘emotional’ or ‘mental association’ was the cause of the sexual inversion. Such a cause was absent in his previous work on homosexuality. As has been shown, Morselli had taken into account the pathological physiology of sexual inversion in *Manuale di semejotica delle*...

---

322 Ibid., 245-67.
323 Ibid., 298-307, 311-334.
324 Ibid., 195-98.
325 E. Morselli, ‘Introduzione’, in ibid., XVI-XVIII.
326 Ibid., XXXII-XXIV.
327 See at 91-4.
malattie mentali; now he acknowledged that there was a psychological element in the etiology of homosexuality.\textsuperscript{328}

Medical science considered male child sexuality naturally active, to be controlled and curbed. However the same could not be said of female sexuality. Women who had an active sexuality were thought to be deviant, whether sexual invertes, prostitutes or a combination of the two, the tribade-prostitute. In Italy in the 1890s the study of sexual inversion shifted from concepts of abnormality to those of normality, and this in two respects. On the one hand, sexological studies from the late 1890s accepted bisexuality as a normal and universal phenomenon until adolescence, as my analysis of psychiatric treatises has shown. On the other, sexologists transferred their expertise from a restricted environment inhabited by outsiders, who often belonged to the poorer classes, to a location that was central to society. Their target also shifted to include middle class women. Remarkably, at the turn of the century, female same sex-desire was no longer considered simply a cause or symptom of insanity or a sign of degeneration; it had become something worse. It was now a threat to physicians' daughters entering the education system.

Conclusions

There are multiple explanations for the proliferation of studies of sexual perversions in Italy. While the Catholic Church supported ignorance in sexual matters, psychiatrists, who considered ignorance a source of harm, unveiled a disorderly female sexuality. After the unification of Italy, the conflict between Church and State, and more generally the process of secularisation, forced the State to intervene directly in the moral sphere.

\textsuperscript{328} E. Morselli, ‘Introduzione’, XL-XLI.
For the new kingdom it was critical to replace religious influence and provide new moral principles. Science came to represent the new reference model. In this context, as illustrated above, physicians participated in the construction of a new homogeneous Italian culture and were often active intellectuals in the public sphere, as their presence in government, local administration and public debate shows. They were instrumental in supplying a new sexual morality to replace religious ethics. At the same time studies of sexuality increased in number. Psychiatrists that dealt with pathological phenomena could scarcely avoid coming across homosexuality. But why such interest in female sexual inversion in particular?

After unification, legal experts and politicians considered women’s position in Italian society in order to rewrite the civil and penal code. Medical writers provided a scientific theory to support the assumption of a natural female inferiority, and in doing so they explored female sexuality. While trying to disclose the biological roots of female behaviour, scientists switched with ease from description to prescriptions about how healthy women should behave, and thus gave an apparently rational base to prescriptive rules. At the same time scientists were showing the existence of a disorderly sexuality. If the pathological differed only in degree and not in quality from the normal, then abnormal sexuality could reveal something significant about normal sexuality. Psychiatrists were themselves shocked by what they had uncovered.

Criminal anthropology, the leading scientific discipline in Italy, was involved in a massive study of the extreme manifestations of female deviancy, which, by definition, meant sexual deviancy. Female same-sex desires caught the attention of physicians. The influence of particular scientists, Lombroso among them, who fostered the study of
female sexual perversions, certainly pushed young researchers to follow suit and to feel legitimised in pursuing the enquiry into female sexuality.

In medical descriptions, female criminals, prostitutes and lesbians had virility in common: that is, the failure to progress to sexual differentiation. They were undeveloped in evolutionary terms. Female homosexuals were in a state of so-called regression because they failed to perpetuate the species. The lack of maternal feeling and an active and excessive sexuality threatened society, but the overheated prose of these physicians also bore witness to something they found exciting, forbidden and mysterious.

Finally, the study of sexual inversion shifted from 'abnormality' to that of 'normality'. This process was twofold. Sexologists turned away from marginal environments like asylums and brothels to central institutions like schools, and young middle class women became a major preoccupation instead. From the late 1890s, and perhaps even earlier, sexological studies accepted bisexuality as a normal universal phenomenon until adolescence. Despite the persisting attempts to distinguish perversions from normality, at the turn of the century Italian sexologists subverted the barrier between various forms of sexual desire. Degeneration was increasingly judged to be misleading when it came to explaining homosexuality, and psychiatrists intensified their exploration of the childhood of sexual inverts. This interest in the early life of sexual deviants was already apparent in the first case histories sexologists published, but this attention intensified at the end of the nineteenth century.
Figures popular in scientific literature, such as the virago, tribade-prostitute and fiamma, suggest an older genealogy for ideas surrounding female same-sex desires that goes beyond the ‘new’ category of sexual inversion. At the same time in the Italian context, the success of the new medical category of sexual inversion would initially seem to confirm certain social constructionist analyses in the Foucauldian tradition. Yet the representations of the virago, tribade-prostitute and fiamma sit awkwardly with the interpretation that a ‘new’ psychiatric mode of reasoning suddenly framed ideas of same-sex desire at the end of the nineteenth century. These diverse figures of female homosexuality embody certain cultural assumptions that were incorporated into scientific writings about sexual inversion, suggesting continuity in the narratives of female same-sex desires.

Was this only an Italian phenomenon, linked to the context of Italian unification? Similar ideas to those attached to the representations of the virago, tribade-prostitute and fiamma that circulated within the Italian medical community are also found in the British context, although to a different extent and using dissimilar language. This is highly significant because, amongst other things, British physicians were highly reluctant to accept the Continental category of sexual inversion. The next chapter will show the inadequacy of Foucault’s interpretation of epistemological rupture when applied to British medical writings.
Chapter 4

Circumlocutions of British Medical Discourses:

‘What is the Lesbian Passion?’

British philosophical and scientific thinking had stimulated enquiry into sexual matters since at least the end of the eighteenth century. In *Essay on the Principle of Population* (1798), Thomas Robert Malthus rationalised and problematised procreative sexuality, linking it to economic and social issues. In 1871, Charles Darwin published *The Descent of Man and Selection in Relation to Sex*, opening the way for the study of the sexual instinct as a ‘natural’ phenomenon. Yet historians have observed that apart from the notable exception of Havelock Ellis’s *Sexual Inversion* (1897), British physicians were reluctant to develop sexological studies and analyse same-sex desires. In particular, scholars within lesbian studies have pointed out that medical texts did not address sexual practices between women.

The aim of this chapter is threefold. Firstly, it will show that Foucauldian analysis, according to which around the 1870s the homosexual individual became a defined type with psychological and physical characteristics, is difficult to apply to the British context. Mainstream physicians did not portray a psychological type of female

---


126
homosexual. This does not mean, however, that medical writers did not address the 'lesbian passion'. Secondly, I will indeed demonstrate that there were medical discourses about female same-sex desires. By contrast with what happened in Italy, such discourses were oblique and guarded. Finally, same-sex desires did not constitute an autonomous medical category, but featured in other medical contexts: female sexual excess such as prostitution and nymphomania; gynaecological observations about the body; and preoccupations about girls engaging in sexual practices when at school. All these ideas surrounding female same-sex desires suggest a continuity in medical discourses throughout the nineteenth century, rather than the epistemological rupture advocated by historians who follow Foucault.

This chapter draws on and explores medical sources written between the 1840s and the beginning of the twentieth century. Some of the psychiatric manuals and other medical texts that are analysed went through various editions in the course of the nineteenth century. Ideas contained in some books first published in 1840s were still popular in medical literature just prior the First World War. Due to British physicians' reluctance to use the category of 'sexual inversion', I have endeavoured to discover antecedents to female sexual inversion in order to analyse the medical ideas surrounding female same-sex desires.

First, I will outline some developments within the British psychiatric profession, so as to shed light on the contrasting backgrounds from which sexological discourses emerged in Italy and in Britain (section 1). I will show how deviant sexual behaviour was traditionally approached by means of psychiatric taxonomies, how same-sex acts were seen to be the effect or symptom of mental illnesses such as monomanias and
degenerative disorders, which, by definition, were characterised by perverted and unmanageable instincts (section 2). I will then focus on female same-sex desires, showing how these were incorporated into medical discourses about female sexual excess such as nymphomania and prostitution. I will suggest that British physicians were more preoccupied with female sexual excess rather than sexual acts between women (section 3). British gynaecologists, however, were particularly interested in recognising signs of same-sex practices in the female body, since genitalia and the reproductive organs could, they supposed, be marked by sexual perversions (section 4). Finally physicians did not hesitate to warn about the dangers of masturbation. Among other things, it was thought that female masturbation could lead to other kind of sexual perversion, including female homosexuality (section 5).

Often it is necessary to read between the lines because British medical writers resorted to circumlocutions when they wrote about female same-sex desires. Instead of referring openly to sex between women, they could refer to the subject by reminding their readers of, for example, the 'most unbridled passions' among the prostitutes described by the well-known Parent-Duchâtelet. Medical practitioners familiar with sexual studies readily understood such references to same-sex desires. Generally speaking, medical writers were wary of referring to female homosexuality and always took great care to avoid titillating the reader. Yet, the irregular sexual practices of women were acknowledged and formulated into distinct narratives.
I. British Psychiatry in the Nineteenth Century

British psychiatry had been institutionalised earlier than in Italy, but the profession in Britain was more constrained and regulated by the government than in the peninsula. While Italian psychiatrists and criminal anthropologists argued against classic legal tenets such as individual responsibility, British psychiatrists were unwilling to enter into conflict with legal principles. For British psychiatrists it was difficult (but not impossible) to adopt Continental sexological research without disputing the doctrine of free will and the British law against ‘unnatural crimes’. Therefore, one should draw attention to the history of the discipline that contributed most to the development of sexology in order to grasp quite why British physicians were, generally speaking, so reluctant to engage with the study of deviant sexual behaviour.

Before 1808 there were a handful of psychiatric hospitals in British cities, of which London’s Bethlehem was the oldest and best known, but there were also many private asylums catering for those who could pay. The decision to set up asylums arose out of problems that workhouses and prisons were unable to resolve. The general mixed workhouses could make no special provision for lunatics, and when growing social and economic distress filled the workhouses, disruptive or irrational inmates were difficult to manage. In 1806, during a brief period of reforming government, the Ministry of all the Talents, in the name of humanity and good administration, argued that it was inappropriate to detain lunatics in either workhouses or prisons. Meantime, the House of Commons set up a select committee in 1807, to survey the situation regarding paupers and criminal lunatics in England. The County Asylum Act 1808 followed: it was stated that the practice of sending paupers and criminal lunatics to prisons was dangerous and inconvenient, and that Justices of the Peace might form committees to erect lunatic
asylums out of towns, inspect them regularly, and levy a county rate for the purpose. In this way the government facilitated the creation of a network of asylums to be paid for out of public funds.\textsuperscript{332}

In the following decades regular committees of inquiry were set up to inspect and improve the situation of madhouses. Separate legislative proposals were put forward for both England and Scotland. The 1828 Madhouse Act, the 1845 Lunacy Act, and the 1890 Lunacy Act were among the most important pieces of legislation passed during the nineteenth century. They stipulated compulsory provisions for asylums built at public expense, regular inspections by outsiders with no ties to the boards running such institutions, and State recognition for the dominant position of the medical profession in the sphere of diagnosis and treatment of mental illness.\textsuperscript{333} The 1890 Lunacy Act prescribed everything in great detail, from the method of admission to the duration of treatment; it also prohibited certain degrees of relationship between doctors and patients, and between doctors and managers of the institution.\textsuperscript{334}

The steps taken by the government to oversee the management of the insane led to the appointment of new medical superintendents, and an increasingly well-defined group of doctors specialising in mental illness began to emerge. This did not happen without conflict between doctors and the government, and between medical and legal experts, who in the court-rooms decided how far the mentally ill could be held responsible for criminal acts. Throughout the nineteenth century the asylum doctors sought to

\textsuperscript{332} K. Jones, 'The Culture of the Mental Hospital', in German E. Berrios and H. Freeman (eds.), \textit{150 Years of British Psychiatry} (1991), 17-19.
consolidate their status as the sole professional group able and entitled to supervise the care of the insane, contending that mental illness was a disorder of the brain requiring medical intervention. The growth of British psychiatry should also be seen in the context of an enlargement of the knowledge-based professional classes. In nineteenth-century Britain, with the emergence of an industrial and commercial bourgeoisie, knowledge increasingly became a resource through which one could make a living, and psychiatrists were merely one of an array of groups seeking recognition and social status on this basis.

The institution of an official specialised branch of medicine treating the insane was crucial. In June 1841, Dr. Samuel Hitch, Resident Physician of Gloucester General Lunatic Asylum, sent a letter to all visiting physicians and resident medical superintendents of the twenty-six asylums and hospitals in England, along with the eleven in Ireland and the seven in Scotland. He wanted to promote a regular annual meeting for all physicians involved in the care of the insane, and to establish a network whereby they might assist one another. In November, the Association of Medical Officers of Asylums and Hospitals for the Insane was launched, although only eleven doctors and three visitors were present at the meeting Hitch organised. Yet this event marked the birth of an organisation that sought to represent the professional interests of the British alienists. In 1865, this Association was transformed into the Medico-

334 K. Jones, 'Law and Mental Health: Sticks or Carrots', in G. E. Berrios and H. Freeman (eds.), 150 Years of British Psychiatry, 95.
335 A. Scull, Museums of Madness (1975); E. Renvoize, 'The Association of Medical Officers of Asylums and Hospitals for the Insane, the Medico-Psychological Association, and their Presidents' in G. E. Berrios and H. Freeman (eds.), 150 Years of British Psychiatry, 29-78.
336 On the establishment of science as a profession, see J. Meadows, The Victorian Scientist (2004).
337 A. Scull, C. Mackenzie, N. Hervey Masters of Bedlam, 5.
Psychological Association. By the end of the nineteenth century, the Medico-Psychological Association had almost 600 members with an organisational structure divided into three English, one Scottish and one Irish divisions.

The British psychiatric profession was riven by a conflict between practitioners working in private asylums and those employed by the public institutions, with two main journals representing the interests of the two opposing sides. Forbes Winslow's *Journal of Psychological Medicine* mainly represented the interests of private asylum doctors and was founded in 1848. The *Asylum Journal of Mental Science* was founded in 1853 by fifteen members of the Association of Medical Officers of Asylums and Hospitals, among them the eminent physician, John Charles Bucknill, who assumed responsibility for the journal. The *Asylum Journal of Mental Science* (from 1858 it continued as *The Journal of Mental Science*) championed the cause of public asylum doctors, and had a more practical approach to madness than the *Journal of Psychological Medicine*. Then, in 1876, *Mind* was launched, a more philosophical and psychological journal than the other two. In 1878, the neurological journal *Brain* was founded by Bucknill, James Crichton-Browne, David Ferrier and John Hughlings Jackson. In 1858, the first reputable textbook about insanity was published, *A Manual*...

---

339 Ibid., 41.
340 Forbes Benignus Winslow (1810-1874) graduated as a Doctor of Medicine from the University of Aberdeen in 1849, and the following year became a Fellow of the Royal College of Physicians of Edinburgh and a member of the London College in 1859. He was President of the Medical Society of London and became President of the Association of Medical Officers of Asylums and Hospitals for the Insane in 1857. Renvoize, 'The Association of Medical Officers', 44-45.
341 John Charles Bucknill (1817-1897) qualified in 1840 both in medicine and surgery at the University of London. In 1844, he was appointed as medical superintendent at the Devon County Asylum at Exminster. He played a key role in the development of psychiatry in Britain. Ibid., 45-46 and A. Scull, C. Mackenzie, N. Hervey, *Masters of Bedlam*, 187-225.
342 A. Scull, C. Mackenzie, N. Hervey, *Masters of Bedlam*, 244.
of Psychological Medicine, by Bucknill and Hack Tuke, and was intended to supersede James Cowles Prichard’s by then outmoded Treatise on Insanity (1835).\textsuperscript{344} A second edition appeared in 1862, and eventually it ran to four editions with the last appearing in 1879. For almost a quarter of a century Bucknill and Tuke’s Manual played a key role in constituting and defining the knowledge on which the alienists rested their claims to jurisdiction over the treatment of the insane.\textsuperscript{345}

Public opinion did not hold psychiatrists in high regard. Allegations of abuse following government inspections of asylums fostered the idea that psychiatrists were corrupt, that they exploited the insane, that they were unable to treat the mentally ill, and were therefore essentially incompetent. Broadly speaking, psychiatrists were bound to the routines of the asylums and had few opportunities for theorisation based on clinical studies. Professional organisation was difficult to sustain and the strong role of the government in regulating the treatment of the insane made matters still worse.\textsuperscript{346}

Pioneering attempts to cure mental illness through institutionalisation and individual moral treatment had been made since the mid-Victorian period, but the early optimism over treatment of the insane faded and hereditary explanations of mental illness gained ground. This endorsed the idea that asylums were crammed with poor lunatics whose incurability derived from their hereditary weakness and their unwillingness to desist from depraved and unhealthy activities.\textsuperscript{347}

\textsuperscript{344} Daniel Hack Tuke (1827-1895) graduated in medicine at Heidelberg University in 1853. He became visiting physician to the York Dispensary and to the York Retreat. He also lectured in psychology at the York School of Medicine. E. Renvoize, ‘The Association of Medical Officers’, 50-52; A. Scull, C. Mackenzie, N. Hervey, Masters of Bedlam, 188.

\textsuperscript{345} Ibid., 204.

\textsuperscript{346} G. E. Berrios and H. Freeman (eds.), 150 Years of British Psychiatry.

\textsuperscript{347} A. Scull, C. Mackenzie, N. Hervey, Masters of Bedlam, 246-247.
In the 1870s and 1880s, British medical and psychiatric opinion had shifted away from earlier attempts to characterise ‘criminals’ in pathological terms. During this same period, criminal courts did not tolerate psychiatric evidence, which contradicted basic legal axioms about individual free will and responsibility. Being so hemmed in, psychiatrists gradually developed a *modus vivendi*, which aimed to minimise conflict between psychiatry and law. Already in the 1880s, leading figures such as Hack Tuke and Henry Maudsley were distancing themselves from the claims about the ‘morbid psychology’ of criminals made in earlier years. While continental criminologists were developing new categories such as ‘born criminals’ and ‘the criminal type’, Maudsley openly repudiated the ‘lamentable extravagances into which some disciples of the latest school of criminology have been betrayed’, and pointed out that it was risky ‘to play to the gallery and so to burlesque science’.

This development was also in line with the tendency of British medicine not to isolate human ‘types’ and classify them in terms of racial and constitutional differences. Instead, it was a therapeutically oriented practice based upon a system of classifying mental disorders which discussed the condition separately from the individual in whom it might be manifested. Within the classificatory schemes of morbid psychology there were a variety of conditions which criminals were said to exhibit, including insanity, moral insanity, degeneracy and feeblemindedness. But generally speaking, the criminal was not conceived of as a distinct psychological type.

---

349 H. Maudsley, ‘Criminal Responsibility in Relation to Insanity,’ *JMS*, 1895, vol. 51, 662. Maudsley did not mention Lombroso explicitly, but it seemed clear he was talking about Lombroso.
2. Psychiatry and Same-sex Desires

By contrast with developments in Italy, in Britain there was not a proliferation of studies of sexual inversion. The first article focusing on this 'new' medical category was published in 1881 by the German Julius Kreug. Between 1881 and 1896 only four works dealt to varying degrees with sexual inversion. Yet, same-sex desires were considered symptoms or effects of a variety of mental illnesses. Psychiatric taxonomies, and some mental disorders related to uncontrollable emotions such as monomania, revealed an interest in sexual perversions, and one often overlooked by historians of sexuality.

Taxonomies of mental disorders. Physicians were engaged in the development of taxonomies throughout the nineteenth century. Classifications of disease betray significant medical preconceptions regarding normal and abnormal sexuality, and yet, surprisingly enough, historians interested in British ideas about same-sex desires have neglected this source. In 1873, the psychiatrist Thomas Smith Clouston published a few lectures on insanity, delivered some years before and based on the research of the late David Skae. Both Skae and Clouston worked at the Royal Edinburgh Asylum; Skae had been the founder of the Edinburgh Royal School of Psychiatry and had been Clouston's teacher. Presenting his teacher's lectures, Clouston explained that until at least the 1860s the only method of classification of the insane was that proposed by Pinel, and subsequently modified by Esquirol. This method was founded entirely on mental symptoms and the forms of insanity were divided into *mania*, *melancholia*,

---

351 T. S. Clouston (ed.), *David Skae, M.D., F. R. C. S. E. (by the late), The Morisonian Lectures on Insanity*, *JMS*, 1873-74, vol. 19, 340-55, 491-507. On David Skae (1814-1873), see F. Fish, *David Skae,
monomania, and dementia. Clouston himself followed this classification when teaching Mental Diseases to his students at Edinburgh University in the 1880s. Skae, by contrast, had developed a classification based on bodily symptoms. Skae's and Clouston's taxonomies provide two different approaches to mental illness developed in the context of the university and addressing the topic of same-sex desires.

Skae's classification based on bodily symptoms was first made known in 1863 at the Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane. His taxonomy was, so to speak, a 'natural history' of disease, since forms of insanity referred to bodily functional disorders. The following conditions were listed: 'Insanity with Epilepsy, Insanity of Pubescence, Insanity of Masturbation; Satyriasis; Nymphomania; Hysterical Insanity; Amenorrheal [sic]; Post connubial Insanity [sic]; Puerperal Insanity; Insanity of Lactation; Insanity of Pregnancy; Climacteric Insanity; Ovarian Insanity; Hypochondriacal Insanity [sic]; Senile Insanity; Phthisical Insanity; Metastatic Insanity; Traumatic Insanity; Rheumatic Insanity; Podagrous Insanity; Syphilitic Insanity; Delirium tremens; Dipsomania; Insanity of Alcoholism; Malarious Insanity; Pellagrous Insanity; Post febrile Insanity [sic]; Insanity of Oxaluria or Phosphaturia; Anaemic Insanity; Choreic Insanity; General Paralysis, with Insanity; Insanity from Brain Disease: Hereditary Insanity of Adolescence; Idiopathic Insanity'. It is clear that almost half of the various forms of insanity related to the sexual

M. D., F. R. C. S., Founder of the Edinburgh School of Psychiatry', Medical History, 1965, vol. 9, 36-53. In the 1880s, Clouston (1840-1915) was a physician superintendent of the Royal Edinburgh Asylum.

353 T. S. Clouston, Clinical Lectures on Mental Diseases (1883).
355 Ibid., 348. Italics are mine and are used to underline forms of insanity relating to sexual matters. In 1883, Clouston wrote that Skae's classification, following Morel, looked at mental disease using a 'clinical method'. This method endeavoured to take account of causes, of the relationship the different varieties of the disease have to physiology, and to the activities of the body. In other words 'it regards the whole natural history of the disease'. T. S. Clouston, Clinical Lectures (1883), 20.
apparatus. Skae’s classification vividly illustrates the extent to which sexual behaviour was linked to different forms of mental disorder.

Skae went further and drew attention to the fact that an alienist may meet with every degree of ‘maniacal excitement — incessant talking and gesticulation, and destructiveness, and filth and nudifying [sic] — without any intellectual impairment’. In this case, passions and emotions alone might be excited without the intellect being deranged. Skae explained that such cases belonged to what Pinel called ‘reasoning madness’, and Pritchard ‘moral insanity.’ According to both Pinel and Pritchard, ‘the symptoms of kleptomania, pyromania, dipsomania, erotomania, satyriasis, and nymphomania are not generally accompanied by intellectual delusion, unless they are mere accidental symptoms of some such form of insanity as general paralysis or some other forms’. Skae’s discussion brings out a number of points. First, in British psychiatry, diseases were traditionally linked to the emotions and to the sexual passions, and therefore were a matter for study. Second, there was a debate surrounding the issue of the intellectual competence of those whose emotions and passions were perverted. Thirdly, insanity characterised by perverted passions could be distinguished from other forms of mental illness.

In his study of different forms of insanity, Skae addressed the issue of same-sex desires. He noted that ‘Insanity of Masturbation’ seemed to affect more men than women, and among the other symptoms of insanity of masturbation he included the ‘dislike of

---

357 Ibid., 451. Skae considered nymphomania, kleptomania and so forth diseases, and not symptoms.
female society'. In addition, Skae ventured a description of satyriasis and nymphomania, which were, he said, diseases closely allied to the insanity of masturbation, 'with this essential difference, that the sexual [feeling] arises from desire towards the opposite sex, that the origin of the morbid and incontrollable passions is in the nervous centres, and not in the testes or ovaries or other sexual parts'. Thus, he implied that insanity of masturbation differed from satyriasis or nymphomania in its origin — testes or ovaries in the former and nervous centres in the latter —, and that, furthermore, in the former the sexual desire arises towards the same sex, and in the latter towards the opposite sex.

The most interesting condition was 'Hysterical Insanity', described as a form of insanity characteristic of the female sex. According to Skae, the bodily changes that took place at puberty in girls predisposed them to insanity or to hysteria, along with the 'habit of masturbation'. These changes could easily terminate in 'Hysterical Insanity'. This could exhibit itself at first by great excitement, laughing, crying, incessant talking, restlessness with sleeplessness, efforts to run out of the house, and screaming. In the higher degree hysterical insanity manifested 'varied sexual and erotic symptoms', until it presented 'a truly maniacal' feature. Skae illustrated the characteristic traits of hysterical insanity by reproducing a letter written by a young girl to her father. According to Skae, the patient presented 'acutely maniacal symptoms' of hysterical insanity:

Do you remember the verse 'There are, &c.' (12th verse, 19th chapter of Matthew), about Eunuchs? Then I beg to inform that according to Scripture and my conscience Jessy, your cook, is a man, and Janet, the mad devil, is a man; and Denham and Henry boys who can have children. Aunt Isabella is a

358 Ibid., 499.
359 Ibid., 499. Italics are in the text.
360 Ibid.
man, and yourself also, both made of man; and I am a boy made of Dr. C. and Dr. Z. Mrs. T. is a man, made of men. They are ignorant on this subject here. (...) I have at times since I came here passed the shadow of death, and therefore am authorised to speak in opposition to all men and women, gentlemen and ladies, who oppose me. *I am, I can swear, as you want to know what sex I belong to, a mixture of nymph and half-man, half-woman, and a boy, and a dwarf, and a fairy.* \(^{361}\)

The young lady probably wrote while in the grip of severe delusions. Indeed, she noted that she had been forced to take certain drugs because of her sickness. Nevertheless, she was clearly confused about the issue of sex, and especially her own gender. She did not know whether she was a man or a woman. Did she feel like a man? Was this a case of gender inversion? It is, of course, difficult to say. Yet Skae's taxonomic system is an example of how a number of forms of insanity could include sexual perversions and same-sex desire, and contain ideas that problematised the notion of gender.

Clouston, though Skae's pupil, preferred to follow a more traditional approach to the classification of mental disease. During the 1880s, when he delivered clinical lectures to his students at the Edinburgh University, he used a classification still based on mental symptoms such as 'states of mental depression', being a form of melancholia, and 'states of mental exaltation', a form of mania. \(^{362}\) After having highlighted that all the varieties of mental disease 'find their origin in and flow out of excesses, defects, and irregularities in the physiological functions of the brain', Clouston pointed out that the most important 'human instincts, appetites, and organic necessities' were: '1. Love of life, with efforts to prolong it. 2. Desire to reproduce the species. 3. Love of offspring'. After these instincts followed eating and drinking. \(^{363}\) Clouston included 'perverted

\(^{361}\) Ibid., 500-501. Italics are mine.

\(^{362}\) For a list of all states of mental disorders, see the division of chapters in T. S. Clouston, *Clinical Lectures*.

\(^{363}\) Ibid., 24.
instincts, appetites and feelings’ among the states of defective inhibition. Not surprisingly sodomy was among the perverted instincts, along with the ‘uncontrollable impulse towards sexual intercourse’, self-abuse, rape of children, nymphomania and bestiality.\textsuperscript{364} Clouston did not develop his analysis on sodomy, nor was tribadism added to the list of sexual perversions; he merely specified that there were cases in which ‘there are irresistible impulses towards sodomy and incest’.\textsuperscript{365} He also believed that it was not always possible to consider people responsible for acting on their sexual urges.\textsuperscript{366} Consequently, Clouston did not believe sodomy was necessarily a crime, but a mental disorder instead.

Within the complicated psychiatric taxonomies same-sex desires, along with other sexual perversions, were disclosed to the careful reader. Skae and Clouston’s different methodological classifications provide two examples of possible approaches to same-sex desires. Classifications might also focus on sexual instinct alone. In 1867 an anonymous author published an article in the \textit{Medical Times and Gazette} in which the aberrations of the sexual instinct were divided up as follows:

1st, in tendencies to sensual gratification without any union of the sexes (...) 2ndly, in union of the sexes without due provision for the ends for which such union was intended — viz., in casual and temporary union (...) 3rdly, in marriages which are artificially barren (...) 4thly, there are aberrations of a more innocent character, because often forced upon individuals by a worrying moral or political condition of society, amongst which \textit{androgynism} (...) [or] the intrusion of either sex, voluntarily or not, into the province of the other.\textsuperscript{367}

\textsuperscript{364} Ibid., 329.
\textsuperscript{365} Ibid., 330.
\textsuperscript{366} Ibid., 329-30.
The first deviation of the sexual instinct was masturbation, the second was sexual intercourse that did not aim at reproduction, the third included secular free-lovers, and finally the last one, ‘androgyanism’, was explained as ‘intrusion of one sex into the province of the other’. In the clarification of this term, the author went further and alluded to same-sex acts as:

those dark crimes which, as the law says, are not to be named of Christian men, and which are shortly catalogued in the Epistle to the Romans, Casper’s ‘Medical Jurisprudence,’ Gall and Spurzheim’s ‘Phrenology,’ etc. They illustrate the dangers of unchaste thought, even without unchaste act.\textsuperscript{368}

The author, then, devoted considerable attention to those types of ‘sexual aberrations’ that most affected women, such as sexual incontinence, being unmarried, or being married without ‘the fruits’. This last aberration was more ‘unnatural’ and ‘detestable’ than same-sex acts.\textsuperscript{369} It had its ‘root first in selfishness — the desire to enjoy life without trouble’, but in America it was aided by another ‘aberration’: the ‘women’s rights system’, which sought equality for the sexes. The women’s rights movement caused ‘too great stress on the intellectual, and too little development of the nutritive functions, in the American girls’.\textsuperscript{370} According to the author of the article, females who promoted women’s rights — a characteristic American phenomenon — were so typified: ‘big foreheads, flat bosoms, skinny legs, sharp features, coarse voices, and a strong taste for criminal statistics’.\textsuperscript{371} The author explained these female aberrations as an American phenomenon due to the scarcity of women in that society. But he warned doctors on the other side of the Atlantic that similar propensities were being

\textsuperscript{369} Anon., ‘Aberrations of the Sexual Instinct’, 143.
\textsuperscript{370} Ibid.
\textsuperscript{371} Ibid.
experienced by British women for the diametrically opposed reason, namely, the want of a husband.\textsuperscript{372}

The author of the article from the Medical Times and Gazette believed that there was a relationship between the women’s movement and same-sex desires. As he went on to explain, there were two types of androgynism: when men performed traditionally ‘feminine’ occupations, such as housework or bookkeeping; or when women carried out male duties. Despite the author’s support for female emancipation, by which he meant an improvement in their education and wages, he thought women:

make a mistake undertaking duties which are better fulfilled by men. It is an aberration of the sexual instinct in any girl to aim at occupations which are incompatible with the duties of maternity, and an equal aberration to smother those maidenly instincts which should lead her not to intrude into the occupations which custom has associated with the male sex. There is no intrinsic sin in riding a horse, or in wearing boots and breeches, but there is harm in violating those decent rules by which the conduct of either sex is regulated. We say it in all kindness, that for a girl to present herself at a public Medical examination is as great an aberration of the sexual instinct, as it would be if a young man were to leave the dissecting room and apprentice himself to Madame Elise or Mademoiselle Couturière.\textsuperscript{373}

This work shows that there were ideas of gender inversion attached to same-sex desires in British medical writing before the introduction of the category of sexual inversion, and that masculine behaviour in women was associated with same-sex desires. The author also linked the women’s rights movement and gender inversion but, so far as I have been able to tell, his article stands alone, although such an association did indeed come more readily to mind in the late 1890s in Britain (chapter 7).

\textsuperscript{372} Ibid., 145-6.
\textsuperscript{373} Ibid., 146.
Perversion of emotions and instinct. Throughout the nineteenth century a critical problem for psychiatrists was how to view those people who displayed uncontrollable passions, but who were otherwise able to reason and judge coherently. In Britain, as on the Continent, psychiatrists were concerned with forms of insanity in which derangement was limited to a small number of ideas, emotions and patterns of behaviour. These forms of insanity were first identified by Pinel, in the guise of ‘manie sans délire’ [mania without delirium]. Then Esquirol’s monomania, Pritchard’s moral insanity, and finally Morel’s degeneration were all concerned with conduct characterised by impulsive, irrepressible acts and perverted emotions. In Britain, as in Italy, same-sex desires were likewise reckoned to be expressions of an uncontrollable will.

In the *Manual of Psychological Medicine*, Bucknill’s and Tuke’s monomania was understood to be a perversion of emotions and instinct. Among the various forms of monomania they included ‘Unnatural Crime’, that is same-sex acts:

> Connected with the question of general Diagnosis of Insanity is that of Unnatural Crime, which in this country is so strange and uncommon as to lead to the supposition that persons guilty of it must be out of their minds. We have known instances in which persons who were simply criminals of this kind have escaped from the punishment which the law would have awarded them, by willingly availing themselves of the imputation of lunacy. In these cases the habit of unnatural crime had been acquired in foreign countries where it was common (...).

On the one hand, Bucknill and Tuke ambiguously classified same-sex acts within monomania, and therefore recognised them as a form of insanity. On the other hand, they said that in Britain same-sex acts were a crime and that some men accused of them

---

pleaded insanity in order to avoid punishment. This therefore suggests that individuals on trial had themselves related same-sex acts to mental disorders, and shows that such an association was not the exclusive preserve of psychiatrists.

During the last decades of the nineteenth century psychiatrists referred less to monomania and more often to degeneration to explain mental disorders characterised by loss of will power, with same-sex desires falling under the same heading. George Savage, a leading psychiatrist, linked degeneration to sexual deviancy, and in his work *Insanity and Allied Neuroses* (1882), he explained the extent to which insanity was often a cause of sexual perversions.\(^{376}\) He pointed out that insanity was liable to appear during puberty because of the sexual changes in the body, and that girls were particularly affected owing to their reproductive function. In adult life women ran a greater risk than men of going insane because of the reproductive apparatus: menstruation, parturition, lactation, and menopause were often causes, in Savage’s view, of mental derangement.\(^{377}\) During puberty some children experienced early sexual excitement and ‘become utterly unmanageable in consequence of the development of sexual desires and giving way most openly to masturbation; or, if boys, making attempts of every description to gratify their lusts upon children or women of any age’. Such patients were ‘almost invariably immoral sexually’.\(^{378}\)

\(^{375}\) Ibid., 487.

\(^{376}\) Savage (1842-1921) at the time was physician and superintendent of Bethlehem Royal Hospital; Lecturer of Mental Insanity at Guy’s Hospital; and Joint Editor of the *JMS*. For the link between sexuality and moral insanity, see G. Savage, ‘Moral Insanity’, *JMS*, 1881, vol. 27, 147-55, especially at 152. For sexual perversions and insanity, see G. Savage, *Insanity and Allied Neuroses* (1886) [1882].

\(^{377}\) Ibid., 24-25.

\(^{378}\) Ibid., 273.
Moreover the ‘unnatural and arbitrary’ modern way of promoting the association of the sexes in society was believed to be a fertile ground for an explosion of sexual perversions. According to Savage, the sexual instinct, which was originally intended purely for the perpetuation of the species, had long been cultivated in men as ‘a special source of pleasure’, regardless of the function of reproduction.\textsuperscript{379} As a result of the modern way of life, sexual indulgence predominated and immoral sexual behaviour occurred.\textsuperscript{380} Besides depraved sexual behaviour, ‘unnatural offences’ — meaning sodomy and same-sex acts — might occur in connection with insanity. The ‘imbecile’ or ‘idiot’, the offspring of ‘nervous parents’, of ‘the moral imbecile’ or of the ‘senile dement’, might be guilty of sexual perversions. Thus, Savage summed up:

\begin{quote}
unnatural or brutal offences of a sexual nature may result from undeveloped higher control; from loss of the same control; or from degeneration or disease, in which case they may follow simply from delusions. I have met with one case of a young single man given to masturbation who had complete sexual perversion, so that he lusted after men, not women.\textsuperscript{381}
\end{quote}

Thus, according to Savage, the phenomenon of men who desired other men was an effect of loss of will power and degeneration.

Like many Continental medical authors, Charles Mercier, a psychiatrist who wrote extensively on forensic medicine, related degeneration to gender inversion. He observed degenerative signs in the ‘inversion of sex’, where one sex started to take on the attributes of the other.\textsuperscript{382} Mercier explained that occasionally, under certain conditions, ‘an individual of one sex will assume many of the characters of the opposite sex, the

\begin{flushright}
\textsuperscript{379} Ibid., 59.  \\
\textsuperscript{380} Ibid., 63.  \\
\textsuperscript{381} Ibid., 473.  \\
\textsuperscript{382} C. Mercier, Sanity and Insanity (1890), 154. Charles Mercier (1852-1919) in the 1890s was a lecturer in Insanity at the Westminster Medical School, and at the Medical School for Women. About Mercier see
\end{flushright}

145
reversion being to its ancestors of this sex’. This was due to the operation of ‘reversion’ and ‘latency’. According to Mercier, when an attribute existed in an individual, and was subsequently absent in his offspring, but reappeared in the third or some subsequent generation, it was said to be ‘latent’ in those generations in which it did not appear; and the individual in whom it later appears is said to ‘revert’, so far as the attribute is concerned, to the ancestor in whom it had been present.  

‘Inversion of sex’ in women was related to the reproductive system. Mercier explained that insanity was dependent on and connected to reproductive functions in so many ways, ‘that to attempt to treat of the former without reference to the latter would render the book a mockery and an imposture’. Specifically, when a woman went through the menopause she might suffer, as some women did, the growth of a beard, the shrinking of her breasts, and the acquisition of a deeper voice and other characteristics of a man. Thus, she might ‘revert as to habits and mental qualities to some remote feral or semi-feral ancestor of man, and [might] in consequence exhibit such inability to adapt herself to civilized surroundings as constitutes actual insanity’. It was not coincidental that Mercier noticed in every asylum ‘a certain number of bearded and bass-voice women, whose insanity is usually of a very intractable type; and I have had under care at the same time, two men, whose hairless faces, large mammae [sic] and shrill voices betokened an assumption of the secondary characters of the other sex, and whose insanity was notably intractable’.  

A. Scull, C. MacKenzie and N. Hervey, Masters of Bedlam, 254, 352.  
383 Ibid., 150-153. Italian physicians called this phenomenon atavism.  
384 C. Mercier, Sanity and Insanity, xix.  
385 Ibid, 153-54.
physical gender inversion occurring in old age, cases of female sexual inversion observed in asylums had already been published in the Continent. Arguably he had such cases in mind as he was able to interpret signs of gender inversion in women he encountered, yet Mercier did not refer specifically to psychological gender inversion.

Sexual Inversion. As has been shown above, British psychiatry approached same-sex desires in a number of different ways: within psychiatric taxonomies, in terms of mental disorders such as monomania, and by way of degeneration theory. Occasionally same-sex desire was interpreted as gender inversion as in the case of the anonymous physician who in 1867 had described 'androgyrnism' as the 'intrusion of one sex into the province of the other'. Yet, British psychiatrists were reluctant to engage with the study of 'sexual inversion' once Westphal had broached the subject in 1869. It was not a coincidence that the topic was introduced to Britain by Julius Krueg, a German physician, writing in the neurological journal *Brain* in 1881.\(^{387}\) Krueg's article did not deal with any British cases, and yet it nonetheless represented the first appearance of the 'new' sexological conceptions in the pages of the British psychiatric periodicals.\(^{388}\)

The German physician summarised the most important sexual inversion cases recorded by Westphal, Krafft-Ebing, and others, and then went on to recount a case history of his own, drawn from the life of a Herr N.\(^{389}\) The latter was neither a convicted criminal nor an inmate of a lunatic asylum, and yet his sexual activities were, as Krueg made clear,
'the result of a morbid impulse'. 390 Herr. N.'s first sexual experience took place at school, where he and other boys masturbated together, and formed close friendships. He was characterised by a certain inversion in his gender characteristics: when he was a child he enjoyed watching naked men; as an adult he was involved in women’s fashion. 391

Krueg stressed that in the well-defined cases of sexual inversion, 'there has almost always been evidence of an inherited psychopathic, or, at all events, neuropathic constitution'. 392 Signs of degeneration were frequently met with in such cases, and 'the question arises whether the perverted sexual instinct is not in itself, isolated' though it may be 'a sufficient indication of degeneration. Biologically considered, there cannot be a doubt that an impulse so adverse to propagation must be a mark of degeneration'. 393

Krueg also introduced a short case which centred on a woman whose same-sex attraction 'never got beyond the platonic stage'. This female patient, 'F', was a maidservant, 25 years old. Little was known of her previous history. 'She says she cares nothing for men, and other circumstances confirmed this'. She was, however, 'passionately devoted to her ladies' for whom she worked, and she cried 'all day if she thinks one or other of them has looked black at her, going about moaning that Miss does not want her any more, &c. She is a tolerably big woman, with strong but pretty features, not at all unwomanly in appearance, and, as far as can be judged, normally

390 Ibid., 370.
391 For an analysis of this case, see I. Crozier, 'British Psychiatric Writing on Homosexuality', (forthcoming).
392 J. Krueg, 'Perverted Sexual Impulses', 375.
393 Ibid.
developed'. Krueg did only devote a few lines to this woman and stressed that it was
difficult to obtain 'any definite information as to the frequency of this condition in
women'. Of the fourteen case histories published within the international community up
until that date, twelve had to do with men and two with women. Krueg observed that the
fact that women’s situation was less known was probably due to the fact that ‘it is easier
for women to escape detection than men’.

In 1881, within the international scientific community, male case studies outnumbered
the female, and in the ensuing years this trend would be confirmed. In Italy research
into female sexual inversion flourished, but in European sexology this was to prove the
exception rather than the rule. In Britain psychiatrists wrote that they had encountered
cases of female inversion every now and then, but that they were unable to supply
detailed case histories. After Krueg’s publication, only three other articles on the topic
appeared before Ellis’s *Sexual Inversion*. In 1884 Savage put forward a male
homosexual case in *The Journal of Mental Science*, in 1890 the Secretary of the
Medico-Psychological Association, Dr Urquhart, delivered a paper featuring another
case of a male invert, and finally in 1896, Savage and Mercier published a joint study of
insanity, including two cases of inverts. Savage’s and Urquhart’s publications (1884 and
1890) briefly mentioned a case of female inversion. On both occasions, female
inversion was explained in terms of the reproductive system (see below section 4).
Overall, the scant British studies on sexual inversion prior to 1897 manifested some
interest in the female phenomenon but an inability to explore the life of female inverts

---

394 Ibid., 374.
395 Ibid., 375.
and to develop a coherent analysis. Yet, as I will show later, physicians dealt with female same-sex desires within other medical discourses.

As I noted above, only four publications in Britain dealt with the ‘new’ category of sexual inversion between 1881 and 1896. Why were British psychiatrists by and large so reluctant to engage with the study of sexual inversion? Conolly Norman, writing on the well established Tuke’s *Dictionary of Psychological Medicine* (1892), believed that same-sex practice was a ‘vice’. Many British psychiatrists were inclined to agree. A further insight may be gleaned from Savage and Mercier’s work on sexual inversion in 1896, as mentioned above. Savage and Mercier published their joint paper ‘Insanity of Conduct’ in *The Journal of Mental Science*. Although the bulk of their article was not on sexual inversion, they provided two cases of male homosexuality, their argument being that sexual inversion was a ‘disorder of mind’. The recognition that sexual aberrations were expressions of mental illness did not, however, imply a lack of responsibility for ‘criminal acts’. In reference to the Oscar Wilde trial, Savage and Mercier pointed out that ‘the practices of sexual perversion are of themselves regarded by legal authorities as crimes and punishable as such, and not as evidences of insanity’. They did not go further in the discussion of sexual inversion. Yet their reluctance to waive legal responsibility in cases of sexual inversion demonstrates that

---

396 C. Norman, ‘Sexual Perversion’, in Tuke, (ed.), *A Dictionary of Psychological Medicine*, 1156-57. Norman also explained the most important Continental sexological theories available despite his reluctance to enter into details. Conolly Norman (1853-1908) was Medical Superintendent of the Richmond Asylum, Dublin, and formerly President of the Medico-Psychological Association. In 1874 he received the licences of the King’s and Queen’s College of Physicians and the Royal College of Surgeons of Ireland.

397 Medical reactions to Ellis’s publication of *Sexual inversion* show further on the reluctance to accept sexual inversion as a psychiatric category. See chapter 7.


they did not want to challenge those legal authorities who regarded same-sex practices as a vice and so liable to punishment. Whereas their colleagues in Continental Europe argued during this period that sexual inversion was a disease and not a crime, British psychiatrists were loath to adopt such a stance, and thereby to embark upon a collision course with the law. 400

3. Female Sexual Excess: Nymphomania and Prostitution

Conventionally, Continental physicians viewed nymphomania and prostitution as expressions of female sexual excess and as abnormal forms of female behaviour meriting closer scrutiny. A strong sexual drive could lead a nymphomaniac to satisfy her desires through the practice of prostitution and, according to some scientists, prostitutes were often lesbians. In Britain, generally speaking, female inversion did not constitute a specific sexual category, but there is evidence to suggest that physicians recognised female same-sex desires and viewed them as a manifestation of an exaggerated sexual activity linked to nymphomania and prostitution. Analysis of British medical writings about the sexual practices of nymphomaniacs and of prostitutes amongst themselves will serve both to show that physicians did speak about female same-sex desires, as well as undermining the Foucauldian interpretation of the birth of the homosexual type. In the context of nymphomania and prostitution, female same-sex desires were understood throughout the nineteenth century to be a 'temporary sexual aberration'. 401

400 Ellis’s case, discussed in more detail later in this thesis, illustrates this point.
401 This quotation from Michel Foucault is given in full on p. 13.
Nymphomania. In 1837, the well-established medical journal, *The Lancet*, published a series of lectures on the physiology of the nervous system delivered by M. Magendie at the Collège de France, some of which centred on female physiology. Lecture XXII thus focused on, among other things, ‘a terrible disease’: nymphomania. 02 Magendie directed attention to female organs, wondering which of them was the seat of nymphomania. He reported that nymphomania had caught the attention of several physicians, with some placing the origin of nymphomania in the uterus, others in the clitoris, others again in the ovaries, and yet others in the cerebellum. 03 Nymphomania featured in much of the British medical analysis of female diseases, whether psychiatric or gynaecological. The average woman was believed to have a less powerful sexual drive than men, but ‘erotic feeling’, when present, was capable of exciting her nervous system and influencing her behaviour. 04

As early as 1858, Bucknill and Tuke had analysed erotomania and nymphomania as forms of insanity. 05 They defined erotomania as an ‘error of understanding’ in which ‘the imagination alone is affected’. In principle, it differed from nymphomania in its origin. In the latter ‘the evil originates in organs of reproduction, the irritation of which reacts upon the brain’. The nymphomaniac was ‘the subject of a physical disorder’. On the other hand, in the patient affected by erotomania, the origin of the disease was thought to be in the head. In practice, nymphomania and erotomania could co-exist.06

03 Ibid., 465. For an overview of nymphomania as a medical disease in the nineteenth century, see C. Groneman, ‘Nymphomania’.
05 Etymologically the term ‘nymphomania’ comes from the Greek term ‘nymphae’. The term ‘nymphae’ was also used in medicine to indicate female genitalia, in particular the lips.
The two alienists reported a case of ‘Acute Nymphomania, with suicidal Impulse’ in the appendix, in order to provide a more vivid illustration of the disease. The case history was based on ‘J.M.’, aged thirty, and a dressmaker. Three years before the alienists visited her, she had an attack of mania from which she recovered, and had been well ever since. She had converted to Roman Catholicism, and her first attack had to do with her change of faith. For the second attack no cause could be assigned. Without any previous symptoms of insanity she went into a church and during the divine service, threw herself to the floor and ‘made a scene’. On being removed, she was found to be ‘raving mad’. Afterwards she tried to kill herself and was admitted to an asylum. She was covered in bruises due to her suicidal attempts. Once in the asylum, ‘she was sensible and did not appear to be suffering from any delusion’. However, she made repeated efforts to beat her head against the wall and said she wanted to die. Consequently, she was never left alone in the asylum, as she seized every opportunity to suffocate or strangle herself. In the course of five or six days the symptoms abated greatly, and nine days after her admission her mental health appeared to be perfectly restored.

The dressmaker was gravely disfigured because of her previous attempts to kill herself, but otherwise she was in ‘perfect right of mind’, occupying herself with needlework. Five weeks after her admission, and during the period of her menstruation, she suffered a sudden relapse; ‘she made a violent and indecent attack upon a woman whom she believed to be a man’. She attempted again to injure herself in every possible way, by thrusting her hand down her throat, by beating her head against the wall or the floor,
and by attempting to drown herself in the bath. ‘Several nurses were with her night and
day, and upon them she made constant attacks of indecent nature. She moaned and
exclaimed, “Oh my God! Oh, blessed Jesus! Oh save me!” and evidently suffered great
mental anguish’. Large doses of opium were administered without result. At the end of
the fifth day, after the last attack of nymphomania, she died. At the post-mortem
examination the hymen was found ‘perfect’ while the ‘uterus and its ligaments, and the
ovaries, were greatly congested’. However, the conditions of her brain were in ‘tangible
morbid conditions’. The other organs were healthy.408

The interest of this case lies in the fact that the only references to sexual activities or
feelings are those towards women; not once is a man so much as mentioned. Nonetheless,
Bucknill and Tuke classified this woman under nymphomania and not under ‘unnatural crime’ — which was included in the Manual — or under other mental
diseases.409 As this case history demonstrates, female same-sex desires or acts were
grouped under the heading of nymphomania or erotomania.410 In this study there was no
hint of gender inversion, but the sexual excess of nymphomania included sexual desires
towards women.

In 1892, Gustave Bouchereau edited the section headed ‘Nymphomania’ in Tuke’s
Dictionary. Bouchereau defined nymphomania as a ‘morbid condition peculiar to the
female sex, the most prominent character of which consists in an irresistible impulse to

407 Ibid., 783.
408 Ibid., 783-84.
409 This work went through different editions. Until 1879 this case was reported under the heading
nymphomania.
410 See Skae’s analysis above.
satisfy the sexual appetite'. Sometimes the 'morbid love' could be merely intellectual, but in addition to this, 'there exists a violent, irresistible sexual appetite which must be satisfied, regardless of age or any other consideration'. Nymphomania could be caused by 'a disease of the genital apparatus: eruptions on the labia majora and minora, inflammation of the vagina, uterus, Fallopian tube, and organic affections of the Uterus and the commencement of the vagina'. Bouchereau warned that nurses and servants, to whom the care of children was confided, 'should be kept under strict surveillance by the parents, because it is not uncommon that under the influence of hysteria or of a morbid disposition, they subject the children to manipulations which affect their health and compromise their existence'.

Finally, Bouchereau made it clear that nymphomania could also include homoerotic relationships:

For many years a whole literature of romance and plays has been occupied in the description of Lesbic love, to great damage of young girls and neuropathic women; curiosity at first attracts and soon misleads them; the sensation experienced enslaved them, and then, aided by the use of morphia, ether and cocaine, nymphomania establishes itself. The word has spread from the unfortunates to the women of the theatres, and from thence has taken possession of unoccupied women of all classes of society with unsatisfied desires.

Bucknill and Tuke's *Manual of Psychological Medicine* and Tuke's *Dictionary of Psychological Medicine* were among the most important British psychiatric manuals of the day. Both of them illustrate that female same-sex desires in themselves were believed to be no more dangerous than excessive sexuality which, I would suggest, was

---

412 Ibid., 864.
413 Ibid., 865.
the main concern. So far as the physicians were concerned, it made no difference if a
nymphomaniac had sex with many men or with a woman. The real problem was her
excessive sexuality. Sex between women was thought to be a symptom of other sexual
deviations, and did not constitute an autonomous medical category. This indicates that
female same-sex acts did not imply any identification with a ‘type’ of woman in terms
of physical and psychological characteristics.

This idea might still be encountered at the turn of the century. Fred Smith edited the
1905 edition of Alfred Taylor's classic contribution to the field of forensic medicine,
The Principles and Practice of Medical Jurisprudence. In this version Smith decided to
expand Taylor's Principles and to explain ‘tribadism’, which had been ignored in
previous editions. Tribadism was included under ‘unnatural offences’ and it meant ‘the
gratification of the sexual desire of a woman by a woman’.415 It was clarified that
tribadism, like masturbation, was not an ‘indictable offence’ unless done publicly, by
contrast with ‘sodomy’, ‘bestiality’ and ‘indecent exposure’, which were considered
criminal under the British law.416 There was also little chance of ‘medical evidence
establishing proof of the act’ of tribadism. Yet, the editor of the manual decided to
publish a letter written in 1897 to Dr. Stevenson by another unreported physician. The
letter said:

DEAR DR. STEVENSON—Is tribadism a criminal offence? and [sic] if
so would the commission of it by a married woman enable her husband to
obtain a divorce supposing it could be proved? These problems were
submitted to me by a medical friend, and I find so very little on this
unsavoury subject that I venture to see if your experience can help me.

414 Ibid.
415 A. S. Taylor, The Principles and Practice of Medical Jurisprudence (1905), (5th ed. edited by Fred J.
Smith) vol. 2, 316, 321. Alfred Taylor (1806–1880), Professor of Medical Jurisprudence at Guy's
Hospital Medical School.
416 Ibid., 316.
My friend sent the married lady in question abroad a short time ago to travel with a nurse on account of great sexual excitability and suspected masturbation, and it seems that whilst abroad she has been guilty of tribadism with a lady friend. This having come to the knowledge of the husband, he has been to his mother-in-law and told her that her daughter has been guilty of a criminal offence, and that he is going to obtain a divorce.

I apprehend that the proof would have to be furnished entirely by other than medical evidence. Have you any experience on this subject? My own impression is that the problem is purely a legal one.  

Without any doubt Smith, on behalf of Taylor, reiterated that tribadism was not a criminal act. He went on to note that ‘[t]he act commonly arises in women with nymphomania, and its alleged occurrence would suggest an inquiry into her mental state’. Therefore, Smith, like Dr. Stevenson, interpreted sex between women simply as a sexual practice. Smith also suggested enquiring into the mental condition of women engaging in same-sex acts, but instead of referring to the idea of ‘sexual inversion’, he preferred to include tribadism within nymphomania. Bearing in mind the already extensive medical literature on homosexuality to be found on the Continent and the recent publication of Ellis’s Sexual Inversion, Smith’s comments on tribadism betray the reluctance of established British medical and legal practitioners to accept the concept of ‘sexual inversion’.  

Prostitution. By 1840, Parent-Duchâtelet’s work on prostitution had already reached its second English edition. The study of female prostitution also attracted British men from the world of organised religion, laymen influenced by evangelical doctrine, and

---

417 Ibid., 321.
418 Ibid.
419 The second (American) edition of Ellis’s Sexual Inversion was published in 1901.
420 A. J. B. Parent-Duchâtelet, On Prostitution in the City of Paris (1840). It was the second edition and an abridged version of the original work. Nevertheless same-sex acts among female prostitutes were extensively analysed, see at 31-39. Compare with the original French edition A. J. B. Parent-Duchâtelet De la prostitution, 162-172.
doctors like William Tait, Michael Ryan and William Acton.421 According to the historian Judith Walkowitz, British researchers were unable to duplicate Parent-Duchâtelet’s meticulous research because they did not have access to the kinds of official records that provided him with most of his statistical information.422 Yet, over the next four decades, British medical writers (and others) referred to the Frenchman’s research and occasionally tried to reproduce his catalogue of the sexual customs and habits of the Victorian world.

British physicians were generally keen to deny the existence of same-sex practices in their country; they claimed that tribadism was a foreign vice, or at any rate a rare phenomenon in Britain. Yet medical writers did not agree whether female same-sex acts were not recorded because there was no information, or because they did not want to survey the issue. In 1837 The Lancet devoted five lengthy articles to Parent-Duchâtelet’s work.423 Here, among many other matters, attention was paid to the love relationships of prostitutes. It was reported that a quarter of all prostitutes had a ‘depraved and unnatural taste’, leading them to choose women as lovers. These women were called ‘tribades’ and this sort of relationship was thought to be very common in prisons where the prostitutes were detained. The Lancet reported that to avoid this ‘horrible vice’, Parisian police forced every woman to sleep in a single bed.424 The author of the article stressed that British physicians had not investigated this aspect of prostitutes’ lives. In 1839, Ryan, a prominent London physician, noticed that Talbot — Secretary of the Society for the Prevention of Juvenile Prostitution — had no

424 Anon., ‘On Prostitution in the City of Paris’, 47.
information on the incidence of tribadism among British prostitutes. Talbot judged it to be a rare, yet Ryan believed such 'secret depraved pleasures of lust' did exist.425

In 1854 George Drysdale, a neo-Malthusian doctor, published the radical text *Elements of Social Science*. He was part of a small group of radical free thinkers in the mid-nineteenth century who deplored the lack of analysis and discussion of sexual problems in medical journals. He advocated non-procreative sex as healthy, and thought that reproduction should be limited by contraceptive methods.426 Drysdale's *Elements* was very successful, as the many editions of the work between 1854 and 1914 prove.427

In his book, Drysdale drew attention to women's condition and gender identity. He believed that men and women had 'different thoughts, feelings, and modes of judgement', and that men ought not to impose their own moral and physical codes on women. He wished women to develop their own culture of thought.428 According to Drysdale, because of the influence of religious beliefs upon women, physical virtues were scarcely thought to belong to her province at all: 'strength, vigour, courage, and activity, are not considered feminine virtues, but, if possible, rather detract from woman's peculiar charms in the eye of spiritualism'. Hence the physical character of women was, as a general rule, degraded to the utmost degree: 'poor, weak, nervous, delicate beings who can scarcely walk half-a-mile, whose muscles are unstrung, and whose nerves are full of weakness and irritability'.429 To make women's condition worse, at 'boarding school and in other places of instruction bodily strength and

---

428 G. Drysdale, *The Elements of Social Science* (1882) [1854], 14-44.
physical courage and activity are not regarded as female excellences, but rather looked upon as unfeminine; and gentleness, quietness, and timidity are cherished. Women’s education brought them to weakness in body and mind.

Drysdale believed that ‘in the higher animals, including man, there is great evidence to show that each individual is really hermaphrodite’. In the embryo there was no difference between a penis and a clitoris, and these organs differentiate when they develop. Thus, on the basis of embryological evidence, ‘the difference of sex is rather apparent than essential, and all of us are truly hermaphrodite beings’.

Drysdale also analysed female and male same-sex relations. He criticised social customs that separated the two sexes and disallowed intimacy. As a result, instead of a ‘proper amount of the natural sexual intercourse’, ‘morbid tastes’ took the place of the healthy ones, and led to ‘unnatural indulgences’. He explained why sodomy was so prevalent in contemporary society: a prurient, but stringent morality regarding all sexual activities outside marriage generated a range of sexual problems, including unnatural vices. Drysdale did not approve of ‘unnatural’ sexuality, however he argued that a society that had, through moral rectitude, created the propensity for sex between men, should critically re-examine its attitude towards the ‘vice,’ if only to understand and eradicate it.

429 Ibid., 44.
430 Ibid., 166-67.
431 Ibid., 73.
432 Ibid., 168. Constantly indulging in venereal pleasures meant that ‘the mind becomes effeminate, and the nerves lose their tone; the power of thought becomes impaired, cloyed as it were by sweetness. Nature never meant that we should be absorbed in one set of feelings, not steeped in sexual indulgences, as some of the southern nations are’. Ibid., 187.
While ‘sodomy’ was prevalent in prisons, same-sex acts between women were ‘much more frequently seen in the female venereal hospitals, especially in the one annexed to the prostitute prison’. Then Drysdale described same-sex love and practices amongst prostitutes, drawing extensively on Parent-Duchâtelet’s study. Drysdale emphasised the latter’s point about the frequency of ‘mutual loves between prostitutes’, and then stressed the highly passionate nature of such relationships:

In this singular connection, two prostitutes enter into sexual relations with each other, with all the ardour, impetuosity, and tenderness of passion, that the most intense normal sexual love could inspire. They devote themselves to each other, and practice together all devices of unnatural voluptuousness. They feel for each other the conflicting sexual passions, now burning with jealousy, now melting with tenderness; they are distracted at separation, and follow each other every where. If the one be committed to prison, the other gets herself also arrested, and they seek to leave it together. They are much more jealous of desertion by their female lover than by a male one; and if one has proved false, her companion will seek revenge in every way.

The idea that women having sexual relations with other women were particularly jealous and passionate was also widespread in Italy, both in studies on the tribade-prostitute and in medical writings that anticipated the idea of sexual inversion, as for instance, in Tonini’s work. This suggests, of course, that common sources were drawn upon in Italy and in Britain, among them Parent-Duchâtelet who was widely quoted by physicians from both countries. Yet the fact that the passionate love of these women was also noted in writings that did not deal with the tribade-prostitute implies the circulation across national borders of some shared cultural ideas about passions between women.

433 Ibid., 168.
434 S. Brady, Masculinity, 125-28.
435 G. Drysdale, The Elements, 247.
436 Ibid., 248.
437 See at 101-2.
438 For instance in Tonini’s text.
According to Drysdale, it was no surprise that ‘this class of unnatural lovers’ was formed especially of prostitutes. On the one hand, young prostitutes were confined together in prisons, often for several months. On the other hand, older prostitutes whose sexual experiences with the other sex ‘have been so painful and degrading’ come to abhor all men, and take pleasure only in these ‘unnatural relations’. Even if tribadism was veiled in the greatest secrecy, nonetheless the other prostitutes generally knew of its occurrence and regarded it with ‘something of the general feeling of disgust’. The same argument about the cause of same-sex practices among prostitutes was present in the writings of Italian physicians. Lombroso, for instance, thought that homosexual relationships among prostitutes were the result of the abuses male clients inflicted on them. Once again, it would seem plausible to invoke the influence of Parent-Duchâtelet.

In Britain both Parent-Duchâtelet’s and Drysdale’s works were widely read throughout the nineteenth century. Indeed, Parent-Duchâtelet’s study was often quoted by physicians dealing with prostitution, while Drysdale’s Elements went through many editions. Havelock Ellis spoke openly about this figure of the tribade-prostitute in both The Criminal (1890) and Sexual Inversion (1897). Ellis reported Parent-Duchâtelet’s, Albert Moll’s and Cesare Lombroso’s research regarding the link between female homosexuality and prostitution, and they each agreed that one quarter of prostitutes

---

439 Ibid.
440 See Sighele at 115.
441 See at 211.
were sexual invert as well.\textsuperscript{442} Yet the figure of the tribade-prostitute was not as widespread in British medical literature as in the Italian.

Many physicians may well have been familiar with Parent-Duchâtelet’s and Drysdale’s arguments, but unwilling to speak openly about same-sex relationships.\textsuperscript{443} Fleetwood Churchill, in \textit{On Diseases of Women}, wrote that Parent-Duchâtelet’s work was much respected.\textsuperscript{444} Dealing with the issue of the enlarged clitoris in women, Churchill spoke about those ‘females of the most unbridled passions’ who were a distinct group among prostitutes.\textsuperscript{445} Unless Churchill was differentiating between prostitutes with a more, and those with a less passionate sensibility, he was hinting at the presence of tribades among prostitutes, but he did not dare to name such passions. Yet the allusiveness of the British physicians dealing with same-sex desires allowed people with the same medical background to catch references to works on the topic without the need to refer to it explicitly. British medical writers dealt with female-sex desires to a greater extent than historians have suggested, although they were guarded and oblique when approaching the topic.

\textsuperscript{443} S. Brady, \textit{Masculinity}, 119-55.
\textsuperscript{444} Fleetwood Churchill was a fellow, and for some years president, of the King and Queen’s College of Physicians, in Ireland, and Professor of Midwifery.
4. Excess in the Female Sexual Body

Another group of medical writers who investigated female same-sex desires were gynaecologists and their work has been neglected by historians. While forensic doctors traditionally looked for signs of male same-sex acts in the anus, gynaecologists believed that various parts of female body could likewise reveal same-sex practices. Gynaecologists argued that diseased ovaries or disordered menstruation could result in injuries to the nervous system and brain, and thus to mental illness. They also tackled sexual aberrations due to the reproductive or the nervous system.

Gynaecology transferred the medical focus from the brain to the genitals in the second half of the nineteenth century. Redness, soreness, or itching of the genitals, along with an enlarged clitoris or labia, were believed to be the prominent indicators of female disease. British physicians observed that enlarged female genitalia could sometimes resemble a small penis, and since the early modern period such a characteristic was associated with tribadism. Although Parent-Duchâtelet’s study on French prostitutes refuted the widely held belief that sexual excess would result in hypertrophy of the genitals, gynaecologists throughout the nineteenth century drew attention to the size of the clitoris and other parts of the female body to indicate sexual excess. Not only an enlargement of the clitoris, but also an atrophic uterus, irregular physiology, or typically

---

446 On forensic medicine and male same-sex practices, see: I. Crozier ‘All the Appearances Were Perfectly Natural: The Anus of the Sodomite in Nineteenth-Century Medical Discourse’, in C. E. Forth and I. Crozier (eds.) Body Parts (2005), 65-84.
447 For the growth of gynaecology in England, see O. Moscucci, Science of Woman.
masculine secondary sexual characteristics might indicate the irregular sexual desires of those women who indulged in 'lesbian love'.

In 1877, the gynaecologist Heywood Smith stated that hypertrophy of the clitoris could be congenital or due to masturbation. Among the symptoms of a disproportionately sized clitoris, he listed excessive sexual desire, for example ‘craving for sexual intercourse’, and nymphomania. To cure the body of the supposed discomfort the enlarged clitoris caused, Smith suggested cold applications on the female genitalia, physiological rest, and finally, clitoridectomy.449

Psychiatrists also showed a certain interest in gynaecological observations because they believed, like gynaecologists, that there was close relationship between the reproductive apparatus and a woman’s brain. Gynaecological inspections were regularly carried out when a patient entered an asylum, and at death psychiatrists often required post-mortem examinations of the reproductive apparatus. For instance, in 1884 Savage published the second case history of male sexual inversion in Britain, based on a 28 year old single man, anaemic and ‘emotional’, who had an ‘unnatural taste’ for men and no desire for women.450 At the end of his study Savage reported that, while working at Bethlehem asylum, he had also met a female patient who showed ‘powerful lust towards those of her own sex’. She died and ‘an infantile uterus was discovered’. Savage then wondered

449 Heywood Smith was a member of the Royal College of Physicians, a physician working at the Hospital for Women, and at the British Lying-in Hospital (London). H. Smith, Practical Gynaecology (1877), 116-17.

whether ‘this perversion is as rare as it appears’, but had nothing further to say about that particular patient. 451

Examination of the genitals and of the reproductive system was also crucial in determining the individual biological sex in cases of hermaphroditism. In *Diseases of Women and Surgery* (1889), the gynaecologist Lawson Tait, while dealing with the malformation of the female genitalia, pointed out that sometimes it was difficult to determine the sex to which an individual belonged. 452 ‘There are many historic cases of males having been married as women, and of women who have been placed in the positions of men’. 453 For clinical purposes, cases were divided into individuals whose underdeveloped male sexual organs made them appear female, and ‘those in which an excessive development makes the female organs resemble those of a male’. 454 While the first class was more common, Tait suggested that in doubtful cases ‘it is a good rule to assume that it is a male child unless the contrary can be shown, for in this way lamentable mistakes can be avoided’. 455 The reason the patient should be considered male was explained by the assumption that a woman brought up amongst males could do ‘little harm’ to herself and other people, while a man brought up as a woman could be ‘raped to death’. 456 He then recounted some cases of women passing as men or vice versa. He told of a woman he met in a male prison who had lived all her life as a man,

---

452 Lawson Tait was Prof. of Gynaecology in the Queen’s College, Birmingham; surgeon of Birmingham and Midland Hospital for Women.
454 Ibid., 44.
455 Ibid.
456 Ibid., 46-47.
and who 'had never entertained any partiality for either sex — facts probably due to an infantile condition of the internal organs as marked as that of the external'.

Tait had 'several times' observed deformed external genitalia of a female kind in children, and an 'abnormal development of the clitoris' was a common form of genital deformity. He had seen a clitoris so large as to resemble an 'infantile penis', and 'to be capable, according to the statement of the patient, of distinct erection during sexual excitement'. However, he promptly warned the reader that he thought all 'the stories we read of women having this organ so large as to be capable of having, and desirous of connection with other women' must be recorded as cases of men mistakenly registered as women. Despite Tait's belief that these individuals with big clitorises were actually men passing as women, he informed the reader that medical practitioners read and knew of 'stories' and cases about women having a big clitoris, and having or seeking to have sexual intercourse with other women.

Tait was not the only physician prepared to discuss female same-sex desires. Indeed, there was real interest in the topic in British medical circles. Thus, on 13 November 1890, at a meeting of the Medico-Psychological Association, the Secretary, Dr. Urquhart, gave the 'specially disgusting' particulars of a male sexual invert who had come to Murray's Asylum in Perth after attempting suicide. Dr. Ireland, who discussed Urquhart's paper, also noted that same-sex desires existed in women, but was not clear what stance should be taken towards them: 'There are women who have a

---

457 Ibid., 47.
458 Ibid., 49-50.
459 Ibid., 57-58.
460 Ibid.
depraved taste for women. It has been so through the ages, if we are to trust classical authorities. What is the lesbian passion? Some of the finest odes of Sappho signalize this unnatural love'.

While in psychiatric circles physicians seemed puzzled about the ‘lesbian passion’, their colleagues in gynaecological circles were less confused: Sappho’s odes aside, female same-sex acts were ‘signalized’ in women’s bodies. On the 8 October 1890, Robert Barnes, consulting physician at the St. George Hospital, gave a paper at the British Gynaecological Society ‘On the Correlations of the Sexual Functions and Mental Disorders of Women’. The session was well attended, with 51 fellows of the Society and 23 visitors. Among those present were the psychiatrists Savage, Tuke, and Mercier. Barnes began by praising the advances in gynaecology, anatomy and the physiology of the nervous system that had in recent years allowed the study, ‘with scientific precision’, of the correlations between sexual functions and nervous phenomena in women. Scientific knowledge had established a close association between nervous disorders and disease, or disordered functions of the sexual organs. The paper in itself was not so markedly different from many other gynaecological studies on the influence of menstrual and ovarian diseases on nervous illnesses. The discussion that followed Barnes’s paper, however, broke new ground.

---

461 Dr. Urquhart, ‘Case of Sexual Perversion’, JMS, 1891, vol. 37, 94. This was the third case history of sexual inversion published in Britain.

462 Dr. Urquhart, ‘Case of Sexual Perversion’, 94.


464 Ibid., 395-98.
During the discussion, Savage raised the question as to whether masturbation was a symptom or a cause of disease.\textsuperscript{465} However, he soon went on to discuss the question of 'sexual perversion', observing that it was a 'marked symptom in a certain number of the cases'. He reported an example of a woman who had 'an infantile uterus about the size of a nut, although the vagina was of normal capacity', and who 'had always manifested a strong passion for another woman'. Savage remarked that the 'degenerated' woman tended in physical characteristics to approach a man. Therefore he concluded that a woman with 'unnatural' growth of hair on the face and other masculine features was particularly prone to sexual perversion. Savage raised the question as to 'whether or not this association of degenerative changes bearing on the reproductive organs' was 'commonly associated with a tendency to undue growth of hair on the face'.\textsuperscript{466}

After the fellows' comments, the session was adjourned to 22 October. On this second occasion, Dr. Heywood Smith and Dr. Percy Smith spoke about masturbation in women. Dr. Hugh Fenton referred to Savage's previous comments and alluded to the 'conditions of eunuchs'.\textsuperscript{467} Barnes, for his part, reverted to the question raised by Savage, noting that women displaying masculine attributes illustrate one of the difficulties with which gynaecologists had to contend. He pointed out that the phenomenon Savage described 'sometimes associated with degeneration or imperfect development of the generative organs had been known more or less for years, before eunuchs or spayed women were known'.\textsuperscript{468}

\textsuperscript{465} Ibid., 407-408.
\textsuperscript{466} Ibid., 408.
\textsuperscript{467} Ibid., 421-27.
\textsuperscript{468} Ibid., 430.
This discussion at the British Gynaecological Society demonstrates three things. Firstly, in official scientific debate, physicians did in fact speak about female same-sex acts; secondly, gynaecologists in particular paid attention to the female bodily signs of same-sex acts; and finally, it shows that British physicians associated female same-sex desires with masculine secondary characteristics. This association was similar to the much more sophisticated theories about sexual inverts coming from the Continent, except that masculine psychological qualities in women were not analysed systematically in gynaecological texts or debates. Discussions did not go further than a bodily description. These ideas of masculinity surrounding female same-sex desires corresponded to the male counterpart of effeminate men desiring other men.

Sexual perversion could also be acquired, or so it was claimed, after gynaecological operations. In 1894, the physician C. H. Routh published a study of the ovarian diseases. He stressed that eunuchs, who ‘are the vilest creatures of the human race, cowards and deceitful because they are weak; envious and spiteful because they are unfortunate’, seemed to resemble females in the development of bones, lack of courage and muscular force, and were more sensitive and affected by nervous diseases and low spirits than normal men. In castrated women there was development of hair on the face. In some of these women a fully developed insanity was said to occur generally in the form of melancholia, disorders of the senses, ‘perverseness of the sexual function’ and finally the loss of ‘sexual feeling’. In some women the passion exceeded all bounds, resulting in nymphomania.\footnote{C. H. F. Routh, ‘The Conservative Treatment of Disease of the Uterine Appendages’, \textit{British Gynaecological Journal}, 1894, vol. 10, 58-61.} He did not mention ‘lesbian passion’ by name, but his reference to ‘perverseness of the sexual function’ when discussing the associated...
masculine physical characteristics of castrated women strongly suggests that he had it in mind.470

Gynaecological observations show that female same-sex desires were associated with masculinity. In Britain, as in Italy, gender inversion framed medical discourse on female homosexuality. Yet gender inversion in Britain related more to the body, rather than to both the mind and the body, as was the case on the Continent. Occasionally a few traits of masculine personality were recorded, but British physicians did not go so far as their counterparts in mainland Europe in surveying their patients' childhood, habits, fantasies, and predilections. While the Italian female invert had a mannish personality and lifestyle, along with a masculine body, the British female invert had only a physical appearance. The British gynaecological discourses about same-sex desires defined not only sexual practices, but also a physical stereotype of lesbians without a corresponding psychological trait.

5. Young Females do not Sleep in the Same Bed

Historians have shown that nineteenth-century specialist medical literature displayed anxieties about the perils of masturbation for British masculinity.471 Yet Lesley Hall has noticed the surprising fact that amidst all the fears expressed about the various sicknesses emanating from masturbation, there was none relating to the creation of a permanent homosexual or 'inverted' tendency through adolescent homoerotic

470 Routh described nymphomania in a similar way to other gynaecologists who described same-sex acts, see C.H.F. Routh, 'On the Etiology and Diagnosis, considered specially from a Medico-legal Point of View, of those Cases of Nymphomania which lead Women to make False Charge against their Medical Attendants', BMJ, 1887, vol.2, 485-511.
experimentation. Sean Brady has stressed that British doctors avoided discussion and examination of sexuality between men, noting that British medical treatises concentrating on the threats of masturbation posited no links between 'self abuse' and 'inversion'.

Conversely, the association between 'self-abuse' and female same-sex acts was relatively common, although British physicians did not agree on whether women masturbated to the same extent as men. Medical writers highlighted the perils of girls sleeping in the same bed or in an overcrowded room, warning that the 'vice' was often taught in boarding schools. They thought that woman-only environments, especially where young girls were gathered, fostered sexual feelings which were difficult to contain. It was a short step for the reader to assume that women could easily go from masturbating together in the same bed, to mutually pleasing each other and then actually having sex with each other. Within these anxieties physicians indeed hinted at female same-sex acts.

In these studies physicians were not only preoccupied with women-only environments, but also with female adolescence. Within British medical practice it was well established that puberty was a dangerous period for women. During this period the development of the sexual organs imparted excitement throughout the body and brain,
which could easily turn into various diseases. Furthermore, education might diminish or augment the sexual appetite, and therefore the impression received during puberty had a great influence on female development. 475 The young girls’ surroundings were crucial for the appropriate sexual development.

These anxieties that focused on girls’ sexual awakening and on schools bore a distinct resemblance to the fears surrounding the ‘fiama’ in the Italian medical literature. Again, as in the case of discussions about female homosexuality and prostitution, British physicians were more cautious and indirect than Italians when approaching same-sex desires in women-only environments. Moreover, while it was in the 1890s that Italian physicians paid the most attention to the ‘fiama’ phenomenon, the British disseminated encoded information on the topic throughout the century, but without ever going so far as to formulate a psychological description of young girl engaging in same-sex acts or a structured discourse on the phenomenon.

In the first half of the nineteenth century, medical manuals already advised those responsible to take care during female puberty ‘not to allow the young to sleep in the same bed with the old, nor even with those advanced in age or debilitated, nor with too many — not more than three — in the same sleeping apartment, which ought to be large and well aired’. 476 Academies and boarding schools for both sexes were continually furnishing numerous proofs of this generally overlooked cause of diseases. 477 Dealing with hysteria, the London physician James Copland warned that whenever females lived

---

475 Throughout the nineteenth century medical writers stressed the role of female education in moderating sexual feeling, see II. Tuke (ed.), A Dictionary of Psychological Medicine, vol. 2, 864.
476 J. Copland, Dictionary of Practical Medicine, vol. 1, 42.
in close proximity during puberty, and especially where several used the same sleeping apartment, and were subjected to:

a luxurious and over-refined mode of education, some will manifest a precocious development of both mind and body; but in proportion to precocity will tone and energy be deficient, and susceptibility and sensibility increased. (…) There can be no question, although the subject has been but rarely approached by British medical writers, that indulgences in solitary vices and sexual excitement, is not an infrequent cause of this, as well as of other disorders. 478

Lifestyle, environment and education of women were believed to be important in shaping the physiology of individuals because these elements could affect women’s health. In 1840 the surgeon Thomas Laycock, following Copland, warned against female association because it could result in masturbation:

Young females of the same age, and influenced by the same novel feelings toward the opposite sex, cannot associate together in public school without serious risk of exciting the passion, and of being led to indulge in practices injurious to both body and mind. 479

In Britain the public debate over the right of women to have access to higher education reached its peak in the 1870s and 1880s. This debate was characterised by an increasingly conspicuous contribution from scientists and physicians. 480

There was not a particular medical category dealing with the subject, but all agreed that girls learned the habit of ‘self-abuse’ from each other. In the second half of the century

477 Ibid.
479 T. Laycock, A Treatise on the Nervous Diseases, 141. Thomas Laycock (1812-1876) was educated at the University College London, but entered his medical education while studying in Paris. He became a member of the Royal College of Surgeons and practiced at the York County Hospital.
psychiatrists and gynaecologists tackled the topic as well. In 1882 the psychiatrist Savage, who, as it has been shown, wrote also on sexual inversion, observed that ‘the modern way of associating the sexes as established by society is altogether unnatural and arbitrary’. The sexual instincts, which were originally intended for continuation of the species, had been in men and women cultivated for ages as a special source of pleasure, regardless of the function of reproduction.\textsuperscript{481} One such sexual indulgence was masturbation which, in a high proportion of cases, was ‘an educated vice. It is taught by one to another’.\textsuperscript{482}

The gynaecologist Tait, who had written about women passing as men, believed that ‘self abuse’ was common in boys, but rare in girls. He also believed the practice had different origins in boys and girls: boys discovered it by themselves, while girls learned it from other girls. In girls, masturbation was ‘the result of direct contamination’.\textsuperscript{483} According to Tait ‘the most pernicious effects are met with when the contamination reaches a congregation of young women, as in a girl’s school’.\textsuperscript{484} Not only did girls learn to masturbate from other girls in schools, but also from servants:

The method of practice of the vice is usually by the finger, but devices of a still more mischievous character have come under my notice. In young children, masturbation is often associated with defective mental development, and it should always be a ground for placing them under special care. (...) In every instance where I have found a member of congregated children to be affected, the contagion has been traced to a servant.\textsuperscript{485}

\textsuperscript{481} G. Savage, \textit{Insanity and Allied Neuroses}, 59. Savage also made connections between children’s insanity and masturbation, see section 2 above.
\textsuperscript{482} Ibid., 63.
\textsuperscript{483} L. Tait, \textit{Diseases of Women and Surgery}, vol. 1, 60.
\textsuperscript{484} Ibid., 61.
\textsuperscript{485} Ibid., 61-62.
To Tait 'self abuse' in girls was so dangerous a problem that he thought that 'clytoridectomy might be beneficial' in incorrigible cases, and indeed he had performed the operation himself on one occasion. However, Tait did not inform other practitioners whether his method had been effective.\footnote{Ibid., 62.}

H. Macnaughton Jones, a surgeon and gynaecologist, had from his earliest gynaecological works condemned female boarding schools, overcrowded sleeping apartments, heated rooms, ill-ventilated sitting rooms and bedrooms, prolonged sedentary employment, too much stooping or standing, excessive study and long-school hours, want of suitable outdoor exercise or amusement, excessively violent exercise and masculine attire. These bad habits resulted in future uterine troubles in adult life.\footnote{H. M. Jones, \textit{Practical Manual of Diseases of Women} (1884), 107. Throughout his career Henry Macnaughton Jones had worked in Ireland, Scotland and England, and at the beginning of the twentieth century became President of the British Gynaecological Society.} In later works Jones explained that masturbation was the cause of a vast range of nervous and mental perturbations, from 'immoral tendency' and nymphomania, to every kind of sexual perversion and 'unnatural tendencies'.\footnote{H. M. Jones, \textit{Points of Practical Interest in Gynaecology} (1901), 83-84.}

As late as 1915, the feminist, sex radical, and campaigner for women's rights to reproductive control, Stella Browne, giving a paper at \textit{The British Society for the Study of Sex Psychology}, openly linked female sexual inversion with the separation of sexes and with female education. She believed that much of the 'unhealthiness of sexual conditions' at that time was due to the habit of segregating the sexes in childhood, and...
partly in later life, and making them into 'alien enemies' to one another.\textsuperscript{489} Even though British physicians had approached the topic circuitously and there was no coherent analysis comparable to that Marchesini and Obici had undertaken with regard to the 'fiamma' phenomenon in Italy, Stella Browne's remarks about female homosexuality reveal just how deep-rooted medical ideas associating female same-sex desires with the school environment were also in Britain.

Conclusion

In the specialised medical literature produced in Britain, information about female homosexuality was presented in a piecemeal fashion. Psychiatrists observed both male and female same-sex desires in the context of taxonomies of mental diseases, the general study of sexual instinct and the passions, degeneration theory, and as symptoms of other mental illnesses such as monomania. Female same-sex desires assumed peculiar characteristics when discussed in terms of nymphomania and prostitution. Sexual excess was considered a common characteristic in nymphomaniacs and prostitutes, who also readily engaged in same-sex acts. Yet female homosexuality was not regarded as more dangerous than nymphomania or other female sexual perversions, for medical writers were worried about inordinate female sexuality \textit{per se}. It did not greatly seem to matter whether a woman had sex with many men or with other women.

The description of female same-sex desires in the context of nymphomania and prostitution reveals that female homosexuality did not constitute an autonomous

medical category. In short, Foucault's explanation of the appearance of the homosexual individual as a type of person is problematic when applied to Britain. Well into the twentieth century tribadism was a matter of sexual acts related to nymphomania, and not a matter of sexual identity.

Gynaecologists explained that if sexual or reproductive female organs were anomalous, they might be marks of same-sex acts, and such investigations were of particular interest to them. During the second half of the nineteenth century a masculine woman emerged within gynaecological texts as a sign of sexual anomaly associated with same-sex desires. Gynaecologists therefore began to focus on physical masculine characteristics in women, and in this respect they were closer than British psychiatrists to Continental psychiatrists, who framed homosexuality in terms of gender inversion. Yet, gynaecologists did not go further than discussing physical characteristics, without portraying any kind of personality.

Physicians did not associate sex between women only with nymphomania, prostitution or other medical diseases. They believed that girls could learn 'vicious' sexual habits from each other in schools, and thus develop an 'unnatural tendency'. In this case masturbation represented a form of disease that could lead to homosexual practices. To avoid this danger British physicians recommended a proper education and a healthy environment.

British medical literature on female homosexuality was characterised by discretion and circumlocution. Thus, physicians judged it important to avoid titillation, while psychiatrists were more constrained by the government than was the case in Italy. This
did not only mean regular inspections of asylums and legal regulations, but government censorship of materials touching on sexual issues through the Obscene Publication Act (1857). In principle, physicians were allowed to write about sexual matters because they were experts and professional scientists. In practice, however, as the cautious language of physicians describing same-sex desires reveals, there was a considerable degree of prudery even among medical practitioners.

In Italy, as in Germany and France, criminal anthropological discourses played a critical role in shaping sexological analysis. In Britain, criminal anthropology was looked at with suspicion within medical circles. It was no coincidence that a number of the psychiatrists dealing with same-sex desires, such as Mercier or Savage, were more closely associated, if not with criminal anthropology, then at least with the study of criminality.

British physicians did not systematise sexual perversions to the same extent as the Italians. Havelock Ellis embarked upon this enterprise during the late 1890s, but in many respects he was an outsider to the medical establishment (chapter 7). British psychiatrists were also reluctant to embrace the recently introduced medical category of 'sexual inversion'. While Italian psychiatrists wasted no time publishing case histories of sexual inverts and gaining recognition for such studies from their European colleagues, the British held back.

---

490 Only medical texts could deal freely with sexual matters. The selling of Zola's novels, for example, was forbidden because of the Obscene Publication Act. P. E. Stepansky, 'A Footnote to the History of Homosexuality in Britain', 96-97.
While Italian physicians indulged in titillating images of sex between women, and the British were guarded in the extreme, the contrast between the two medical communities was belied by the ideas they in fact held in common. The image of the tribade-prostitute derived from medical sources upon which the British and the Italians might draw. The stereotype of masculine women was likewise associated with same-sex acts in both countries. Yet, while for the Italian physicians masculinity referred to a personality also, for their British counterparts masculinity remained a predominantly physical characteristic. Italian and British practitioners also shared common concerns over girls schools in which allegedly same-sex practices spread through a sort of 'contagion'.

The adoption and elaboration of the above ideas by specialists was not without complications. The study of female sexuality was part of traditional medical enquiry, but in the last decades of the nineteenth century sexologists increasingly focused on deviant female sexuality, thereby bringing to light a disorderly female sexuality. As the following part of this thesis will show, sexological research could serve a number of different professional and political purposes. Sexology itself might be a conservative, or, conversely, a radical endeavour, depending on the scientists involved, and on their professional and historical context.
Part III

Case Studies

Some of the ideas and images surrounding female same-sex desires that have been observed in the general context of sexological research in Italy and Britain may also be found in the works of individual physicians engaging with the same topic. The third part of this thesis therefore focuses on case studies. With this purpose in mind, I have selected two physicians for each country, namely Cesare Lombroso and Pasquale Penta for Italy, and Henry Havelock Ellis and William Blair-Bell for Britain. The analysis of their work within their national context illustrates further the developments of sexological discourses and ideas regarding female same-sex desires.

Lombroso and Penta were two physicians who had specialised in criminal anthropology and who represent the mainstream of sexological research in Italy. Ellis is generally considered to have been a psychologist of sex, and represents a remarkable exception in Britain. Blair-Bell was a gynaecologist and typifies the stance taken towards female inversion within the British scientific community. For each country I have also chosen a representative of the ‘conservative’, and of the ‘progressive’ position within sexological research. Lombroso’s and Blair-Bell’s views might be interpreted as traditional, yet their beliefs were not monolithic. Penta and Ellis maintained radical positions in their respective scientific and cultural contexts, and had to face professional ostracism for their views on sexuality.
Alberto Asor Rosa, the well-known literary critic and historian, has suggested that Lombroso exhibited the typical late nineteenth-century 'cult of normality' shared by the middle class of his time. In apparent contrast, Renzo Villa has explored how Lombroso and his criminal anthropology focused on the phenomena of deviancy. Yet these two interpretations are only apparently contradictory. In line with the Italian psychiatry of his day, Lombroso thought that phenomena like madness were linked to a normal physiological state, and that passions in the insane exaggerated tendencies present in the healthy. The study of the pathological allowed insights into the character of 'normal' men.

Scholars have explored Lombroso and the birth of criminal anthropology in relation to scientific concerns with the body, gender and women. There is a broad consensus that female deviancy in Lombroso's thought was rooted in sexuality. Mary Gibson and David Horn have suggested that Lombroso's work on the female offender was a turning

---

point in the rise of scientific interest in the female body. Bruno Wanrooij, and more recently Lorenzo Benadusi, have each pointed out that Lombroso was interested in deviant sexuality, namely homosexuality, and Nicole Hahn Rafter and Gibson acknowledge Lombroso as a pioneer of sexology. However we still lack an exhaustive analysis of Lombroso's contributions to sexology and to the theorisation of homosexuality.

This chapter is designed to show how, in Lombroso's criminal anthropological writings, the old ideas of pederasty and tribadism were intertwined with the 'new' psychiatric category of sexual inversion. Through a close reading of Lombroso's early sexological research, and of the different editions of L'uomo delinquente, and through an analysis of his ideas about female same-sex desires, I will challenge Foucault where he argues that the psychiatric idea of a homosexual with a specific psychology supplanted the older concept of a 'sodomite' as a person who simply engaged in a sexual act.

Given that Lombroso was a central figure in the field of sexological research from at least the early 1880s, abreast of the latest theories of sexuality in European psychiatry and forensic medicine, an analysis of his studies on sexuality is important to understand medical ideas of same-sex desires. In this chapter, I suggest that the Lombroso's concept of 'pederasty' included ideas that anticipated, and were incorporated into, the medical category of sexual inversion. As Lombroso's writings show, medical writers believed that pederasts displayed a cluster of specific psychological characteristics. Moreover, the concept of sexual inversion was perceived by some medical writers, such

as Lombroso, as a continuation of older medical and legal ideas regarding male same-sex desires. This reinforces the analysis of Italian medical writings of female same-sex desires presented above (chapter 3).

I will briefly explore the role played by Lombroso in popularising sexology in Italy, and I will then move on to the extent to which Lombroso was interested in female same-sex desires. Tribadism reflected the persistence of older medical and cultural assumptions regarding female same-sex desires, such as excess of sexuality, the figure of the tribade-prostitute and environmental explanations of homosexuality. Historians have seen Lombroso’s *La donna delinquente* (1893) as a crucial work for framing ideas on female sexual deviancy and also as a response to Italian feminism. Yet Lombroso’s interest in female deviancy long predates that text. Indeed, Lombroso’s work on women’s sexuality should, in my view, be seen in the larger context of his researches into normal and abnormal sexuality, and of an engagement with sexological research that went back at least to the early 1880s. Finally, Lombroso’s writings demonstrate that female same-sex desires occupied sexologists to the same extent as male homosexuality. In these studies sexologists were unveiling a disorderly female sexuality.

1. Sexual inversion and Pederasty

Lombroso was born in Verona in 1835 to a Jewish family, studied medicine in Pavia, Padua and Vienna, and obtained his degree in 1858. Between 1859 and 1863 he was a volunteer doctor in the national army. While working in Calabria and conducting anthropometrical research on some three thousand soldiers in order to investigate racial

---

'The History of Sexuality in Italy (1860-1945)', in P. Willson (ed.) *Gender, Family and Sexuality*, 176-177.
variations within Italy, he was able to judge for himself just how insalubrious conditions were in the South.\(^{496}\) Measuring, classifying and differentiating the human body and its history remained a central obsession throughout his career. In 1863, Lombroso began working at Pavia University, lecturing in clinical mental disorders and anthropology. He used case histories from the psychiatric department at the Sant’Eufemia hospital for his research and teaching activities. In 1866, when he was thirty-one years old, he was appointed ‘Professore straordinario’ [Professor] of Clinical Mental Pathology at Pavia University. In 1870, though still active in academia, he was appointed Director of the asylum at Pesaro, and at the same time he began using prisons to study human deviancy. In 1874 he obtained the Chair of Legal Medicine, along with that of Psychiatry, at Pavia University. In 1876 he moved to Turin where he was appointed Professor of Legal Medicine and Public Hygiene; in 1896 he obtained the Chair of Psychiatry, and finally in 1905, that of Criminal Anthropology.\(^ {497}\)

Being a Professor of Clinical Mental Pathology and a psychiatrist, Lombroso was often called upon to express his professional opinion in criminal cases in which the suspect was thought to be insane. The violence or rarity of certain crimes required more expertise than the legal authorities possessed. In such circumstances Lombroso often came across sexual crimes and ‘abnormal sexualities’, valuable material for the investigation of sexual proclivities. For instance, in 1873, he was called upon to defend Vincenzo Verzeni, who was accused of having murdered two young women, removing their genitals and sucking their blood.\(^ {498}\) Lombroso’s sexological research grew out of

\(^{496}\) On the role of southern Italy in the thought of Lombroso, see D. Pick, *Faces of Degeneration*, 114-115.


extreme pathological cases such as Verzeni's, together with observations conducted in asylums and prisons.

Sexual Inversion. Lombroso, like most of the European psychiatrists of the time, was tireless in his cataloguing, naming and describing of deviancy, and the development of sexual taxonomies can be seen as an extension of a more general interest in medical classifications. A first attempt to classify non-procreative sexual behaviour in a psychiatric text appeared in 1877 in *Archiv für Psychiatrie und Nervenkrankheiten* by Krafft-Ebing. In an article entitled 'Certain Anomalies of the Sexual Instinct', the German psychiatrist had distinguished between classes of sexual abnormalities depending on the 'wrong time' of sexual activity, such as during childhood or old age; 'wrong amount' of sexual activity, such as absence or pathological increase of the sexual drive; and 'wrong aim of the sexual act' such as 'contrary sexual feeling', cannibalism, and necrophilia. This first attempt to classify sexual perversions was later systematically developed in *Psychopathia Sexualis* (1886). In the late nineteenth century sexual taxonomies increasingly differentiated non-procreative sexualities and associated them with defined groups of men.499

In 1881, a seminal article by Lombroso entitled 'L'amore nei pazzi' [Love in the Insane] appeared in *Archivio di psichiatria*. In this work Lombroso attempted to classify different kinds of pathological love: 'necrophilomanie' (broadly speaking, necrophilia); 'eroto-maniaci' subjects (a form of mystical love); 'amore zoologico' (love for statues

499 In 1877 Ernest-Charles Lasègue introduced the concept of 'exhibitionism', in 1887 Binet launched the term 'fetishism', in 1890 Krafft-Ebing proposed the new sexual categories of 'sadism' and 'masochism' and in 1896 he introduced the term 'paedophilia'. Modern categories of sexual behaviours do indeed derive from late nineteenth century sexual taxonomies. H. Oosterhuis, *Stepchildren of Nature*, 44-45.
or animals); ‘amore paradosso’ (literally ‘paradox love’, broadly speaking fetishism and exhibitionism) and finally ‘amore invertito’ (literally ‘inverted love’). In the section examining ‘amore invertito’, Lombroso reported eight case histories of sexual inversion.\(^{500}\) Of these studies, two focussing on men were Lombroso’s own, while the other six were drawn from Westphal, Tamassia, Gock and Krafft-Ebing. Three out of the eight cases dealt with women, namely, one recorded by Westphal, and two by Krafft-Ebing.\(^{501}\) On this occasion, Lombroso noticed that many sexual inverts had anomalies such as sparse beards or narrow intelligence, indicating an impediment in cerebral development.

Lombroso’s case histories consisted of a list of physical stigmata indicating the degeneration of the subjects, together with illness or anomalies recorded for the subjects’ family trees. The only psychological trait manifested was a tendency to display feminine behaviour, such as dressing up like women or preferring to work at home. According to Lombroso, sexual inversion was a ‘transition point’ for the ‘species of pederasts’ that had been drawn to the ‘vice’ of same-sex acts since birth. Such pederasts, wrote Lombroso, had been noticed by the German legal expert Johann Casper.\(^{502}\) In 1852 Casper had indeed pointed out that the vice of pederasty was in some cases ‘hereditary’, and appeared as ‘a kind of mental hermaphroditism’. He had pointed out that a certain number of pederasts had ‘a somewhat womanish exterior, which they


\(^{501}\) These history cases soon became well-known within the international medical community. At the time they were among the first cases of ‘sexual inversion’. In 1884, in *JMS*, Gasquet praised the *AP* which he said contained ‘much interesting matter’, mostly bearing on ‘Lombroso’s opinions on the connection between crime and insanity’. ‘[P]robably the most striking paper’ was ‘On the Sexual Passion (*l’amore*) in the Insane’. As Gasquet explained, Lombroso believed that disappointed love is a very rare cause, and successful love a still rarer cause of insanity. Those cases which Lombroso had collected on sexual passion being complicated with various kinds of cruelty or violence were ‘more remarkable’. J. R. Gasquet, ‘Italian Psychological Literature’, *JMS*, 1884, vol. 29, 587-88.

have exhibited in their manner of clothing and adorning themselves'. Casper’s text has been considered a turning point in medico-legal discourses about same-sex desires because he associated pederasty with a ‘congenital psychic condition’. Yet in this text, Lombroso thought that sexual inversion was different from pederasty; the former was a mental illness, the latter a typical vice of a specific group of persons.

Lombroso wondered about the significance of deviant sexual behaviour in the insane. He argued that ‘insanity is also linked together with physiological conditions’ and that ‘love in the insane reproduces the tendencies — but exaggerating such tendencies — of the healthy man’. Mental illness or criminality disclosed the deepest nature of man. In line with the Italian psychiatry of the time, Lombroso thought that pathological manifestations of love made it possible to understand normal love. At the same time the boundary between normal and pathological was not well defined. Just as necrophilia was thought to recall the violent love that our ancestors felt at the origin of humankind, and ‘eroto-maniaco’ was an exaggeration of platonic love, so too:

inverted love reminds us of Lesbian and Socratic horrors and it explains them, and perhaps sexual inversion goes farther as it is linked to that hermaphroditism that Darwin recognised in our oldest ancestors; and we can have a vague idea of that hermaphroditism in the first months of the foetal period, (…) and also in that analogy of sexes that I discovered in criminals.

It is worth highlighting the fact that here, as in later studies, Lombroso associated the culture of Classical Greece (Socrates and Sappho) with same-sex desires.

---

505 Ibid., 30. On the study of pathology in order to understand the normal in Lombroso’s teaching activity, see L. Bulfaretti, *Cesare Lombroso* (1975), 124.
506 See Livi at 79.
Subsequently, sexual inversion was explained through Lombroso’s theory of atavism, a concept of crucial importance to the explanation of deviant behaviour in criminal anthropology. Atavism was thought to be the tendency to reproduce ancestral types in plants and animals and, where humanity was concerned, to resemble one’s grandparents or great-grandparents more than one’s parents. Atavism was a ‘throw back’, so to speak. The atavistic criminal man represented an earlier stage of human evolution. This ancestral type was identified by Lombroso through several stigmatised physical characteristics — including the length of ear lobes and fingers, and the bone structure of the head. This supposed physical atavism was associated with moral corruption. Atavism became manifest in the criminal, in the insane person and in other human deviations, but the white civilised ‘normal’ man was at risk of reverting to the ancestral type because it was the earliest stage of individual and human evolution. Interestingly enough, if the sexual invert represented a regression to a primitive type, it was also possible to argue that all men hid a latent sexual inversion, as Lombroso thought that same-sex desires were common in the remote past. Linking sexual inversion to the concept of atavism, and accepting the idea of a form of hermaphroditism in human history and in embryological development, Lombroso was laying the foundations for a theory of latent bisexuality in every individual. This, however, was to be a future development and in 1881, Lombroso was merely concerned to explain same-sex desires in terms of atavism.

**Pederasty.** Lombroso had already dealt with same-sex desires prior to this 1881 article, and even before Tamassia introduced the term ‘sexual inversion’ to Italy. In 1876, Lombroso published *L’uomo delinquente* [Criminal Man], which delved into the field of
criminal anthropology, while continuing to explore the related fields of legal medicine, forensic psychiatry, anthropology, and statistics.\textsuperscript{508} \textit{L'uomo delinquente}, usually considered the founding text of criminal anthropology, went through several editions in the course of which Lombroso elaborated upon his research.\textsuperscript{509} In the first edition, Lombroso argued that crime was rooted in multiple causes, including education, hunger and urbanisation. Challenging classic legal views, Lombroso argued that individuals committed crimes not out of free will, but due to biological and environmental causes.\textsuperscript{510}

Throughout the book, Lombroso described the criminal as a person unable to control his passions, indulging in wine, unable to display sexual differentiation, and thus physically resembling women.\textsuperscript{511} Sexual offences were among the topics explored in \textit{L'uomo delinquente}, in part because civilisation and urbanisation, according to Lombroso, created an atmosphere conducive to 'sex crimes'. Ancient peoples were more family oriented than contemporary society: civilisation increased excitement and sexual desires. Lombroso stressed that a rise in sexual offences and prostitution was a characteristic feature of modern society.\textsuperscript{512}

\textsuperscript{508} \textit{L'uomo delinquente} was reissued five times between 1876 and 1897. In each edition Lombroso added observations and revised his theories. For an overview of the changes in the five editions, see M. Gibson and N. H. Rafter (eds.), 'Introduction', 1-41.

\textsuperscript{509} Ibid.

\textsuperscript{510} C. Lombroso, \textit{L'uomo delinquente} (1876). The principles of the classic legal school came from the famous treatise \textit{Dei delitti e delle pene} (1764) written by Cesare Beccaria (1738-1794). They included equality before the law, presumption of innocence, and proportionality between crime and punishment. All citizens were assumed to have the same inalienable rights and to exercise free will when committing crimes.

\textsuperscript{511} In other words, male and female offenders, savage and black people did not display feminine and masculine secondary sexual characteristics according their biological sex. In the context of evolutionary theory this was a sign of atavism. C. Lombroso, \textit{L'uomo delinquente} (1876), 199.

\textsuperscript{512} Ibid., 129-132.
Among other things, Lombroso used the concept of atavism to clarify the phenomenon of 'pederasty'. The pederast was a throw back to ancient Roman and Greek times, when pederasty was not a crime but a normal 'moral custom'. Lombroso displayed a measure of a cultural relativism here. Indeed, he argued that if a specific form of conduct was widespread in a particular culture, it should not be considered a crime. Thus, as pederasty was commonly practised in antiquity, it was not to be considered a moral offence in the past, but in modern times it was a sign of atavism. He argued that atavism also explained why pederasts share 'aesthetic tastes' similar to those of ancient Greeks. Lombroso did not offer further comment on pederasty, but it is clear that he viewed pederasts as a group with specific characteristics. Having established that pederasty was a sign of atavism, Lombroso did not let the issue rest, but continued to explore same-sex practices in subsequent editions of *L'uomo delinquente*.

In the second edition of *L'uomo delinquente*, issued in 1878, Lombroso rehearsed the same arguments about same-sex desires. Before publishing the third edition, in 1883, Lombroso wrote an article 'Delitti di libidine' [Sexual Crimes] in which he developed some of the points originally elaborated in the first edition of *L'uomo delinquente*. He explained that civilisation affected the incidence of sex crimes: with evolution, psychological activity and general needs increased, especially sexual needs. In an advanced society, sexual desires became more sophisticated. Civilisation influenced sexual crimes not only against women, but also against children and the young, with schools and factories offering offenders with many opportunities. Lombroso argued that the ancients had had their own sexual habits: female prostitution was

---

513 Ibid., 200.
institutionalised and sodomy was a widespread cultural phenomenon, as it was in some nineteenth-century primitive populations. In Catholic society, priests in particular committed sexual crimes linked to pederasty. Lombroso, who rarely missed the opportunity to express anti-clerical sentiments, stressed that the percentage of priests accused of violent sexual crimes was high. He pointed out that it was well-known that, along with priests, many famous writers were sodomites. He explained that sexual habits derived from social context. Thus, for example, in his own day pederasty was fostered by the fear of having children. Lombroso hypothesised that people ended up hating sex within marriage and searched instead for love ‘against nature’, because marriage was often a business arrangement and not a choice made out of love. Finally, Lombroso suggested institutionalising female prostitution to limit pederasty and rape.

Along with sexual behaviours that derived from specific historical periods, Lombroso thought that there were ‘born sexual criminals’, a subcategory of ‘born criminals’. ‘Born rapists’ were an example of ‘born sexual criminals’. He observed that among those incarcerated for rape, most were insane and displayed a ‘perverted sexual instinct’. They ‘feel sexual instincts as if they were female’. These sexual perverts were usually old and feeble, but earlier in their lives they had been intelligent and respectable, with normal sexual desires.

515 Ibid., 342.
516 Ibid., 169-178.
517 Ibid., 338.
518 Ibid., 342.
519 Ibid., 345-46.
520 Ibid., 332-334. Lombroso used the words ‘rei nati’, ‘rei nati di libidine’ and ‘stupratori nati’.
521 Ibid., 335.
Lombroso repeatedly drew attention to ‘pederasty’ or ‘sodomy’, meaning same-sex acts, but only a few lines were dedicated to sexual inversion:

Pederasty and tribadism are often a clear effect of mental sickness. Casper was the first to show this morbidity in Germany, and then Griesinger, Westphal, Gock, and Krafft-Ebing called it Conträre Sexualempfindung.\(^{523}\)

Despite his article of 1881, in which he had analysed sexual inversion, in this 1883 text Lombroso continued to talk about pederasty and only briefly mentioned the German term ‘contrary sexual feeling’. Lombroso thought that Conträre Sexualempfindung was a cause of pederasty and tribadism (sexual acts), and he accepted Casper’s idea that these behaviours were ‘often’ pathological. Yet Lombroso preferred to use the more classic term pederasty to speak about same-sex acts and desires, once again differentiating between pederasty or sodomy, and ‘contrary sexual feeling’.

The same stance is evident in the third edition of *L’uomo delinquente*, published in 1884. In this edition Lombroso elaborated upon the category of the ‘born criminal’, which had featured in his 1883 article, and acknowledged that the concept of atavism was inadequate to explain all criminals. This correction was in part a rejoinder to widespread criticism of his key concept. He added the notion of degeneration to that of atavism to explain physical and psychological malformation resulting from foetal disease, rather than from inherited weakness.\(^{524}\) Lombroso also accepted the concept of ‘masked epilepsy’—a term used by British psychiatrists, in particular by Henry Maudsley, since the 1860s, in the context of the debate on ‘moral insanity’. Both in Italy and in Britain

---

\(^{522}\) Ibid.

\(^{523}\) Ibid., 337.

\(^{524}\) M. Gibson, *Born to Crime*, 22-26. Lombroso published an article in 1884 on moral insanity; on this occasion he noted in passing that Krafft-Ebing’s observations on sexual inversion were linked to theories of moral insanity: C. Lombroso, ‘Pazzia morale e delinquente nato’, *AP*, 1884, vol. 5, 17-22.
the concept of moral insanity was applied to individuals who appeared normal in their bodies, but who were unable to distinguish between good and evil. Finally, Lombroso incorporated the concept of ‘degeneration’ as used in Continental psychiatry at that time.525

In the 1884 edition of *L’uomo delinquente*, the Italian anthropologist argued that ‘pederasts’ felt the ‘need to join each other in crime’ and in ‘confraternity in which they recognise each other just through a glance’.526 Lombroso did not interpret same-sex desires as a symptom of arrested mental development, as he had done in his 1881 article when dealing with sexual inverts. On the contrary, he noted that pederasts often had a ‘high level of education and intelligence’.527 In this edition he spoke about pederasts’ atavism, despite his admission that the notion was conceptually flawed. In the context of his discussion about pederasty, atavism referred to those ‘vices’ and proclivities of men, especially those from the upper classes, who engaged in same-sex acts, as well as their predilection for women’s clothes and ostensibly feminine activities.528 Therefore, according to Lombroso, pederasts recalled ancient Greeks in their tastes, which was due to their atavism. On this occasion, Lombroso still associated same-sex desires with criminal acts, rather than mental pathologies.529

In part this made sense, since in northern Italy sodomy was still a crime, and Lombroso perhaps preferred to analyse same-sex acts from a legal point of view. Yet it is surprising that he did not update his observation and employ the term ‘sexual

525 D. Frigessi, Cesare Lombroso, 105-06.
527 ‘[G] rande cultura e ingegno’, ibid.
528 The feminine tastes of upper-class men was a stereotype of bourgeois culture, which assumed that pederasty belonged particularly to the aristocracy. The latter was considered depraved, corrupt and idle.
inversion'. Moreover, his remark on pederasts’ great intelligence was odd. As I have explained above, Lombroso had already published observations on sexual inversion in 1881. Why, then did he not expand his analysis and deploy the psychiatric category of ‘sexual inversion’?

It would be fair to assume that in 1884 ‘sexual inversion’ as a form of mental alienation was not obvious or widely acknowledged in the Italian medical community. Yet Westphal and Krafft-Ebing’s study on sexual inversion had been known in Italy since at least 1878. Lombroso was familiar this new medical category and he understood it to derive from Casper’s study, but one might assume that Italian physicians only started to acknowledge ‘sexual inversion’ en masse in the late 1880s. Moreover, Lombroso would have been unlikely to miss the opportunity to put forward medical novelties, especially when we note that he considered himself a pioneer in the study of sexual perversions, and was recognised as such abroad.

There are at least two other plausible explanations for Lombroso’s failure to mention ‘sexual inversion’ in the 1884 edition of L’uomo delinquente. The first possible explanation is that in 1884 Lombroso still considered ‘sexual inversion’ and ‘pederasty’ to be two different phenomena. Both might well have to do with same-sex practices, yet there were differences between them. ‘Pederasty’ was considered a crime and ‘sexual inversion’ a psychiatric category indicating a psychological condition. However this explanation is not unproblematic. Lombroso identified effeminate behaviour and characteristics such as aesthetic tastes with pederasts, and he spoke of the ability of

---

529 C. Lombroso, L’uomo delinquente (1884), 453-54.
530 See at 85-90.
pederasts to recognise each other and create 'confraternities'. Therefore, pederasty was not simply a matter of sexual acts. Lombroso thought of pederasts as a defined group of people who shared certain psychological characteristics.

Another possible interpretation is that Lombroso, when he was updating L'uomo delinquente in 1884, did not consider it a priority to re-work his observations on same-sex practices. Lombroso's method of working was to add new theories and observations, used to reinforce his principal arguments, as is evident from the structure and increasing size of the five editions of L'uomo delinquente. Taking into account the sheer scale of his output, it is reasonable to assume that when revising the 1884 edition Lombroso preferred to elaborate other ideas. This indicates — among other things — that he did not consider the new psychiatric category of 'sexual inversion' 'revolutionary', and that he preferred to highlight other concepts, such as 'degeneration' and the 'born criminal', that were introduced in this edition.

An analysis of the 1889 edition provides further insights. This was greatly expanded and consisted of two volumes: the first dealt with 'the born criminal' and the 'morally insane', and the second with 'the epileptic criminal, furious criminal, the insane, and the criminaloid'. In the first volume, Lombroso repeated what he had already said about pederasty and tribadism in previous editions adding a section on psychiatric case histories of 'sexual perversions', mainly dealing with fetishism. 532 He highlighted the precocity of sexual perversions and noted that 'sexual inversion' became clear during

532 C. Lombroso, L'uomo delinquente (1889), 1 vol., 36-37; 294; 300; 452-453.
childhood. He was keen to underline what Krafft-Ebing had already pointed out: that excessive sexuality was followed by impotency in the morally insane, which he had shown also occurred in the criminal. However, in this first volume, he did not give a systematic account of sexual inversion.

In the second volume, Lombroso explored psychiatric categories that could be said to have 'parallels' in the criminal sphere: for example the pyromaniac and the crime of arson, the kleptomaniac and theft, and so on, with sexual inversion appearing as an autonomous psychiatric category. Thus, the '[l]egal category of pederasty and rape has its double in sexual inversion'. Lombroso explained:

(In his Treatise Kraepelin writes) that in individuals who normally show signs of psychological degeneration (especially emotional disorders); sometimes morbid impulses are displayed that once were considered a special sickness (the so called Esquirol monomania); these [Esquirol monomania] are instead signs of mental pathology and incomplete mental organisation.

Sexual inversion was a form of degeneration: a symptom of a faulty disposition of feelings and instincts. It is important to note here that Lombroso acknowledged that sexual inversion had its medical genealogy in Esquirol's monomania. In trying to explain the category of 'sexual inversion', on this occasion Lombroso did not look to the ancient Greeks, referring instead to the medical tradition and to the derangement of feeling and instincts (by way of Esquirol's monomania). Then Lombroso further explained the phenomenon; sexual inversion was not only a

---

533 Ibid., 120, 593.
534 Ibid., 595
536 Ibid., 235. Italics are in the text.
537 Ibid., 223.
538 Ibid., 224.
sexual perversion, but also an ‘odd anomaly’ that influenced the psychological characteristics. Sexual inverts feel as though they belong to the opposite sex. Sexual inversion could include platonic love, and showed the same characteristics as heterosexual love, but it was usually more emotionally violent. 539

A close reading of Lombroso reveals a conceptual continuity in his thinking between pederasty and sexual inversion at least until 1889. As has been shown in chapter 3, in the second half of the nineteenth century there were ideas about female same-sex desires that anticipated the concept of sexual inversion. The same continuity of ideas was evident in Lombroso’s analysis of male same-sex desires. Pederasty, understood by Lombroso to be a criminal act, was not just a sexual act, since it defined a group of people with specific psychological characteristics. Both pederasty and sexual inversion referred to a defined group of men, and therefore bore a strong resemblance to one another. Yet Lombroso used different words depending on whether he considered the phenomenon from a legal or from a psychiatric point of view. The constant reference to ancient Greek sexual practices when dealing with both sexual inversion and pederasty is also indicative. Lombroso’s efforts to explain both sexual inversion and pederasty in terms of classical references suggests that to him, they were one and the same phenomenon. In the nineteenth century there was a revival in classical studies, especially in relation to Greek culture, and some intellectuals invoked Greek sexual customs when defending their same-sex desires. 540 Lombroso might have easily drawn on this revival for his reference to ancient Greece.

539 Idid., 235-36.
540 For example John Addington Symonds, see chapter 7.
Lombroso was also aware that Casper had identified same-sex desires with a psychological disorder, and that Westphal’s and Krafft-Ebing’s studies derived from Casper, yet it has been shown in chapter 3 that traditional ideas of same-sex desires implied gender inversion. On the one hand, one could look at same-sex desires from a legal point of view, and it was in this spirit that Lombroso had analysed pederasty, a crime associated with the idea that pederasts were effeminate, had specific tastes and so on. On the other hand, one could look at same-sex desires from a psychiatric point of view: sexual inversion was a derangement of feeling belonging to the same category as Esquirol’s monomania, and the invert felt as if he belonged to the opposite sex.

Finally, the publication in 1881 of two case histories of sexual inverts can be interpreted as a bid to fashion a new subject within the international medical community. At the time only a few such case histories were known, and a new observation in the growing field of sexology meant that there was a strong possibility that peers abroad would pay attention to Lombroso’s research, which was precisely what happened.541
2. Popularising Sexology

Lombroso contributed to sexological research through his journal, which popularised foreign studies of sexuality, and through his own original enquiries. The Archivio di psichiatria concerned itself with the study of sexual pathology from the time of its launch in 1880, publishing reviews of foreign works in the field and of original contributions from Italy. From 1899, the Archivio devoted a specific section to the subject under the heading ‘Psicopatie sessuali’ [Sexual Psychopathies]. Psychiatric research on non-procreative sexual behaviours reached a wide audience through this journal, which served to link quite distinct institutions, including asylums, prisons, universities and the law courts. The Archivio also provided an arena where different disciplines, among them anthropology, psychiatry, medicine, jurisprudence, physiology, sociology, psychology, and pedagogy, could share ideas. Finally, Lombroso’s journal was in close contact with Italian culture at large, the political class and the government.

Lombroso popularised foreign sexologists such as Krafft-Ebing, reworking a few case histories in articles published in the Archivio and in his own books. In 1889 the translation of Psychopathia Sexualis, a project sponsored by Lombroso, was published by Bocca, a well-respected medical publishing house. Lombroso wrote the introduction and drew a parallel between Krafft-Ebing’s success and that of his own ‘school’ in Europe and South America. Then he expounded the most recent Italian research in sexual science, noting that all the researchers in the field were his own

---

542 For example, see C. Lombroso, ‘L’amore nei pazzi’, 1-32; C. Lombroso, L’uomo delinquente (1889), vol. 2, 235-240.
followers. Lombroso underlined the part he himself had played in the founding of a *scientia sexualis*, which was acknowledged even abroad, and highlighted Krafft-Ebing’s contribution to the study of sexual inversion.\textsuperscript{544} Immodesty aside, criminal anthropology in Italy had indeed done much to promote sexological research.

Proof of the prestige enjoyed by sexological categories within criminal anthropology was supplied by Lombroso’s decision to give a paper on innate homosexuality at the VI International Congress of Criminal Anthropology in Turin in 1906.\textsuperscript{545} In this paper Lombroso argued that a ‘kind of temporary homosexuality’ occurred in a normal childhood, a phenomenon akin to ‘temporary criminality’. All children’s friendships thus had a homoerotic basis. Lombroso recalled the well-known female homosexual phenomenon of ‘fiamme’ to illustrate his point. He then compared homosexuality with criminality: in nature there existed ‘occasional criminals’ and ‘born criminals’, and by the same token ‘occasional homosexuals’ and ‘born homosexuals’. Occasional homosexuals might have ‘normal’ relationships, but when they were forced to live in single-sex environments, such as prisons, colleges or asylums, they would engage in obsessive relationships of a homosexual kind. Born homosexuals had felt sexual attraction towards their own sex since childhood.

\textsuperscript{544} Ibid., XI.
\textsuperscript{545} C. Lombroso, ‘Du paralléisme entre l’homosexualité et la criminalité innée’, *AP*, 1906, vol. 27, 378-81. It was not the first time that a scientist had given a paper on homosexuality. Italian medical literature records the Viennese physician, Luzenberger, who in 1896 participated at the IX Conference of the *Società di freniatria* at Florence, see A. Luzenberger, ‘Sul meccanismo dei pervertimenti sessuali e la loro terapia’, *APS*, 1896, 265-71. In 1901 Aletrino, Professor of Criminal Anthropology at Amsterdam University gave a paper on the theme of homosexuality to the V International Congress of Criminal Anthropology in Amsterdam. A. Aletrino, ‘La situation sociale de l’uraniste’, *La scuola positiva*, 1901, vol. 11, 481-96.
According to Lombroso, just as born criminals manifested a ‘special physiognomy’, so too did born homosexuals display bodily features typical of the opposite sex. Born criminals and born homosexuals exhibited a similar psychology: they were frivolous, vain, selfish, jealous, and mendacious, much given to acting on impulse and fond of gossip. All these characteristics were generally associated with women. Homosexuals, Lombroso explained, had sexual drives since early childhood, were prone to feigning madness, lacked all modesty, and tended to be aesthetes. For this reason artists, musicians and actors were often sexual invertes. Born criminals and born homosexuals shared a similar aetiology in crime or in illness. Both might be epileptics or neurotics, or have parents who were old and odd; consequently they were pathological, naturopathic and incorrigible. However, Lombroso concluded, the social and legal solutions to deal with the two groups had to be different. Homosexuals were less dangerous than criminals because sooner or later their sexual activity would end, whereas criminals would continue to be socially dangerous for the rest of their lives.546 Lombroso did not suggest how one might treat homosexuality or limit its dangers, but he probably contemplated locking up homosexuals in asylums.

Apart from the unsurprising description of sexual invertes, since for Lombroso homosexuality was akin to criminality, he conceded that transitory same-sex practices were all but normal in childhood. Lombroso’s paper also indicated that homosexuality was now of critical importance within criminal anthropological discourses. By 1906, Lombroso was widely known, and despite having already faced criticism from many scientists for his research methods, he remained the acknowledged founder of criminal

anthropology. The founder of the ‘science of deviance’ had discussed homosexuality at an international conference. Homosexuality was not a footnote referring to a peculiar sexual perversion, but a central chapter. Yet, homosexuality, in Lombroso’s thinking, remained associated with sexual crimes.

3. Tribadism

Tribadism and asylums. In 1885, Lombroso made his first systematic contribution to the study of female same-sex desires, linking tribadism to specific environments like prisons, syphilicoms, harems and, in particular, mental hospitals. Lombroso thought same-sex acts tended to flourish in female asylums. Tribadism, he wrote, was ‘a completely special vice’, the ‘pederasty of the fair sex’, a ‘dreadful practice’, and was less common than male pederasty. In the mental hospital at Pavia, where Lombroso was employed at the time of his study, five per cent of the patients were tribades: 10 out of 200. In women, however, this perversion was worse than in men. As proof, the psychiatrist provided some examples: two old female ‘maniaes’ who had been masturbating with a crucifix and eggs. Among men, he knew ‘only’ of a pyromaniac who, when he was seven, tried to rape his mother; and a ‘half idiot’ who confessed to having raped a goat. Despite his examples, Lombroso had no doubt: sexual aberrations in women were worse.

Most of Lombroso’s analysis consisted of a physical description of the patient and he did not engage in any psychological investigation of tribadism. Lombroso also avoided using the term ‘sexual inversion’, referring instead to ‘tribadism’. The case was based on a virile 50 year old woman, a lame ‘cretin,’ affected by goitre. Her masculine appearance

---

547 C. Lombroso, ‘Del tribadismo nei manicomi’, AP, vol. 6, 219. Also in this article Lombroso preferred to avoid the term ‘sexual inversion’.
was ‘nearly martial’, the skull dolichocephalous, a low forehead, ‘badly implanted’ ears, a marked ‘prognatismo’, dark skin, and atrophic breasts. Her genitals were abnormal: her left lip was hypertrophic, four times the normal size, nearly as hard to the ‘touch’ as cartilage and the clitoris was larger at the base. However, such deformations of the genitals were due more to the cretinism than to the tribadism. Cretinism was a condition that tended to produce degeneration in the genitals, or so it was supposed, as well as abnormal erotic impulses. According to Lombroso, in a tribade couple there was usually a ‘male part’, even if tribades, or ‘sad loves’, could change partners more than once a night because they were different from normal couples. Tribadism, like every other sexual vice, was caused by organic anomalies and a certain degree of moral insanity. To prove this, Lombroso published during the same year a case study of ‘paradox nymphomania’. Yet, Lombroso was unable to identify abnormal genitals, and therefore concluded that sexual perversion had its origin in the brain, as Magnan had confirmed in Paris, also in 1885.

In his case history, Lombroso described how the tribade ‘infected’ the other inmates with her ‘vice’. It was all too apt to speak of an ‘infection’ since her tribadism — in the guise of a contagious disease — spread to nearly all the other patients in the end. In fact to start with, the women in Lombroso’s asylum had merely masturbated, and to prevent it, their hands were chained at night. When the aforesaid ‘cretin’ entered the madhouse, however, the first sexually inverted practices began. Lombroso saw the old woman couple with a ‘maniac prone to furious excesses’. The former wrapping some clothes

548 This study was originally conducted before 1876, since Lombroso moved in Turin in 1876.
550 Ibid., 219.
551 Lombroso was referring to a paper on ‘sexual aberration’ and its cerebral origin. Magnan gave the paper at the Medical Academy of Paris. C. Lombroso, ‘Ninfomania paradossa’, AP, 1885, vol. 6, 362-69.
around her hand, like a dildo, imitated the actions of a man, and the latter was astride her. The two women were isolated for some months, but no sooner had they been returned to the other patients than tribadism spread to all the nymphomaniacs and to the other inmates. In order to suppress this ‘wicked custom’, Lombroso experimented with the use of a bromide of potassium, belladonna, camphor, and crucially, he imposed the strictest surveillance; but the ‘evil’ seemed to be out of control. Thus, he decided in favour of ‘cauterisation’ of the clitoris for ‘all these individuals’.\textsuperscript{552} This measure was only temporarily successful, since after six days, the practice of tribadism revived. After this occurrence, Lombroso believed that the most effective treatment would be to expel the ‘cretin’ tribade.\textsuperscript{553}

It was not only in the treatment of female same-sex acts that Lombroso resorted to surgical operations. In the 1881 article on sexual inversion analysed above, Lombroso paid particular attention to female abnormal sexuality. He noticed that the female mentally ill patient exceeded the male in all ‘sexual aberrations’, which was proven by the observation that two thirds of the female patients studied had anomalies in the genital organs. Love feeling and the ‘sexual apparatus’ affected more women than they did men. For this reason, Lombroso wrote: ‘many centuries ago man used to call woman racham, or uterus in the language of the Semites’.\textsuperscript{554} Lombroso indicated that removal of the ovaries might curb progressive degeneration and abnormal sexual behaviours in insane women.\textsuperscript{555}

\textsuperscript{552} Italics are mine.
\textsuperscript{553} C. Lombroso, ‘Del tribadismo nei manicomi’, 219-21.
\textsuperscript{554} C. Lombroso, ‘L’amore nei pazzi’, 32.
\textsuperscript{555} Ibid., 29-30, 32.
Lombroso was not alone in thinking thus. Indeed, the removal of the ovaries was a widespread remedy for virtually every gynaecological problem, not only in Italy, but also in Britain, France, and Germany.\textsuperscript{556} A range of other surgical operations — including cliterodectomy — could also be used to treat self-eroticism in women.\textsuperscript{557} It is difficult to assess the extent to which this surgical operation was used to curtail female masturbation, but in 1883 Lombroso himself published two cases histories of female children who had been practicing onanism since they were very young. He resolved one case by applying 'some heat' on the clitoris, and the second case through its cauterisation.\textsuperscript{558} The fact that in his studies Lombroso casually referred to the removal of the ovaries or other surgical operations as a cure for female abnormal sexuality suggests that these kind of interventions were routine and taken for granted.

**Tribadism and Prostitution.** Lombroso's analyses of tribadism were presented in *La donna delinquente, la prostituta e la donna normale* (1893) — Guglielmo Ferrero, Lombroso's son-in law, co-authored the book. This study is generally taken to be one of the key texts produced in the milieu of Italian positivism to consider the topic of the normal and deviant woman, and in it Lombroso and Ferrero systematised widely held notions within medical science. Published eight years after Lombroso's first extended contribution to the study of female same-sex desires, *La donna delinquente* dealt with tribadism within a general theory of female sexuality. The authors portrayed the normal woman as the quintessentially good bourgeois mother, sexually passive, without any

\begin{itemize}
\item \textsuperscript{556} For gynaecological methods, see O. Moscucci, *The Science of Woman*.
\item \textsuperscript{557} On the use of surgical operations to treat not only self-eroticism, but also tribadism, see L. Martineau, *Le deformazioni vulvari ed anali* (1896), 103.
\item \textsuperscript{558} C. Lombroso, 'Amori anomali e precoci nei pazzi,' *AP*, 1883, vol. 4, 23-25. These two children were not identified as tribades, as they masturbated. However, one of the children 'corrupted' ['*corruppe*'] her four year old sister.
\end{itemize}
autonomy, dependent on the father of her children, naturally and organically monogamous and frigid.\textsuperscript{559}

Contradicting his previous studies on female sexual pathologies, Lombroso observed that woman’s lesser sexual sensibility was proved by the rarity of sexual psychopathologies; platonic love, although fundamentally physiologically impossible, was more accepted by women than men. The long time women kept themselves chaste, the constraint of virginity, which had become general among many people but was required only for women, was evidence of this.\textsuperscript{560} Then he clarified: ‘opposing views on the sensibility of women depend on the paradox that love is the most important thing in their lives’.\textsuperscript{561} Yet that trait stemmed not from eroticism, but from women’s need to satisfy the maternal instinct and to be protected, without which their existence was incomplete. A ‘famous obstetrician,’ Giordano, told Lombroso: ‘\textit{Man loves woman for the vulva, while woman loves man as a husband and father)}.’\textsuperscript{562} In woman’s organism, the species needs to prevail: individuality disappeared in the face of the biological world. Not only was sexuality subordinate to maternity, but sexuality and maternity were incompatible.

Lombroso and Ferrero pointed out that female delinquency was less common a phenomenon than male criminality, a fact that was at odds with female inferiority. However, they thought that if one viewed female prostitution as the typical female crime, male and female criminality could be seen as similarly widespread in society. Prostitution was the most characteristic female crime, and a woman became a prostitute

\textsuperscript{559} C. Lombroso and G. Ferrero, \textit{La donna delinquente} (1893), 57.
\textsuperscript{560} Ibid., 56.
more through a special tendency of her organism than because of her poverty. In this book, Lombroso shifted his position on prostitution. In the 1876 study, Lombroso had indeed written that female prostitution was caused by poverty and laziness, but by 1893 he had decided that it was due to nature.\textsuperscript{563} Moral insanity might also be the cause of prostitution. Since moral evolution had strengthened modesty in women, the greatest degeneration from which they suffered was the lack of modesty — a salient trait of the born prostitute. Lacking modesty, the prostitute was also a ‘moral degenerate’.\textsuperscript{564}

Although physical descriptions were still a key element in the study of female deviancy, Lombroso now paid more attention than in the past to psychological characteristics. Thus, the ‘criminal woman’s psychology’ was characterised by ‘excessive eroticism’, a trait that made her similar to men. This being the case, all women who were born criminals would also become prostitutes. Their personality would likewise be marked by the inability to express maternal affection, explicable in terms of their masculine qualities, as well as a fondness for dissipation, low cunning, and boldness. Women of this kind tended to dominate submissive persons, to relish strenuous exercise, to indulge in vices and to favour clothes resembling those of men. To these virile qualities Lombroso added the ‘worst qualities of women’s psychology’: a passion for revenge, deviousness, cruelty, the love of finery and mendacity.\textsuperscript{565}

\textsuperscript{561} Ibid., 57.
\textsuperscript{562} Ibid. Italics are in the text.
\textsuperscript{563} Ibid; C. Lombroso, \textit{L'uomo delinquente} (1876), 142. In the 1876 edition of \textit{L'uomo delinquente}, Lombroso also mentioned again that old prostitutes often tattooed their tribade lovers’ names on their bodies (see at 47), repeating his earlier observations from an article published in 1874, see below footnote 579.
\textsuperscript{564} C. Lombroso and G. Ferrero, \textit{La donna delinquente}, 541-43.
\textsuperscript{565} Ibid., 467.
The prostitute could be identified with, and compared to, the morally insane and the criminal woman. They shared a lack of modesty, a brazen attitude to vice, an irregular lifestyle, a love of idleness, a fondness for amusements and for having a good time, orgies, alcohol, and vanity. Finally, the prostitute brought to mind the 'primitive type' of woman. Atavism could be discerned in the virility that formed the essence of the criminal type: ‘because what we look for above all in the female is femininity, and when we find its opposite, we usually conclude that there must be some anomaly'.

Lombroso and Ferrero found in prostitutes limited cranial capacity, narrow or receding foreheads, prominent cheekbones, short stature, short arms (because they worked less), excessive weight, left-handedness and prehensile feet (like monkeys). Prostitutes shared with delinquent women a tendency to have especially dark hair and eyes. Conducting sensitivity tests, Lombroso found touch, taste, and smell to be duller in prostitutes than in any other group of women. Insensitivity extended even to the clitoris in prostitutes, a finding that contradicted the theory that prostitutes were sexually unconstrained.

Lombroso analysed tribadism in chapter 3, 'Sensibilità sessuale' [Sexual Feeling], which constituted the fourth part of 'Biologia e psicologia delle criminali e delle prostitute' [Biology and Psychology in Female Criminals and Prostitutes]. However, it is possible to find references to tribadism throughout Lombroso's oeuvre, as, for example, in his discussion of 'donne di genio' [talented women], 'who look like transvestites', the insane or hysterics. Some animals displayed tribadism: cows,

---

566 Ibid., 571-73.
567 Ibid., 359.
568 Ibid., 284-334.
569 Ibid., 388-89.
570 Ibid., 186, 365, 369, 532, 594-95, 613-14.
ducks, hens and geese might replace males in sexual intercourse and show male secondary sexual characteristics when they grew older. Tattoos, an atavistic manifestation, he stated, were widespread among old tribades. Lack of maternal feeling was a characteristic of the female sexual invert. The mentally insane and hysteric ships were quite often sexually inverted. Lombroso and Ferrero used interchangeably the terms ‘tribadism’, ‘sexual inversion’, ‘homosexuality’ and ‘lesbianism’ to refer to female same-sex desires.

According to Lombroso, degeneration influenced the rise of sexual perversion in general. Physical degeneration was due to an ‘atavistic tendency to return to a stage of hermaphroditism’ that ‘tends to bring closer and to confound the two sexes,’ as a result of which one finds in male criminals a ‘feminine infantilism that leads to pederasty’, and a corresponding masculinity in female criminals. In women this tendency to hermaphroditism often set in before puberty, with many dressing like men, deriving pleasure from looking at female organs, and shirking female work. The stereotype of female sexual inversion comes explicitly from Krafft-Ebing:

The female homosexual feels herself to be like a man; she delights in displaying courage and virile energy, traits that please women. She wears her hair and clothes in masculine style and delights in appearing in public dressed as a man. She has a liking only for male games, pastimes and pleasures; in her mind she feels longing for feminine personalities; in the circus and the theatre she desires only actresses; similarly in art exhibitions only portraits and statues of women awake her aesthetic sense and her sensuality. Her general appearance and clothes are male.

571 Ibid., 186. If a comparison implies the existence of similar qualities in different categories, one could point out here that the animals listed are traditionally associated with dullness.
572 Ibid., 365, 369.
573 Ibid., 532.
574 Ibid., 594-95, 613-14.
575 Ibid., 417.
According to Lombroso, instinctive acts and the ‘fact’ that many tribades were ‘born criminals and epileptics’, would have explained ‘the extraordinary violence of these loves’. However these homosexual loves were less stable and ‘physical’ than normal heterosexual loves.\(^{576}\) A special kind of prostitution was represented by the tribade-prostitute. This, Lombroso stressed, was a widespread female sexual deviation.\(^{577}\) Indeed, it was so common that Lombroso had already drawn attention to it in 1874 when he had published an anthropological article about the habit of tattooing among Italian criminals in the journal directed by Mantegazza — the *Archivio per l'antropologia e l'etnologia* [Archive of Anthropology and Ethnography]. On this occasion, he observed that among ‘the most dissolute\(^{578}\) female prostitutes, tattoos were very common; a young prostitute would often tattoo the name of her male lover on her body, while older prostitutes frequently tattooed the initials of their ‘tribade’ lovers close to their pubis.\(^{579}\)

Lesbianism had five causes in Lombroso’s analysis:

1. Excessive lustfulness, which sought outlets in all directions, ‘even the most unnatural’.

2. Influence of the surroundings, in particular women-only environments like prisons, which were ‘schools for lesbianism’, and asylums in which the appearance of a single lesbian was sufficient to ‘infect’ all the other inmates.

\(^{576}\) Ibid., 417-18.

\(^{577}\) Lombroso relied heavily on Parent-Duchâtelet for this association and to a lesser extent, also Sighele.

\(^{578}\) [Le] ‘più degradate’.

\(^{579}\) C. Lombroso, ‘Sul tatuaggio in Italia fra i delinquenti. Studio medico legale’, *Archivio per l'antropologia e l'etnologia*, 1874, vol. 4, 393-94, 400. At that time a prostitute could be considered old when she was merely twenty-five years old.
3. Imitation: women were naturally imitative creatures, even of abnormal behaviours. Imitative conduct intensified the vices of each individual and increased collective vice. Again, prostitutes and lascivious women were more affected by female homosexuality, but even the congregating of women at boarding schools, or during carnival orgies and religious festivals, increased the diffusion of lesbianism.

4. Maturity or old age tended to invert sexual characteristics, which further encouraged sexual inversion among women. Ageing itself was a form of degeneration, which explained why older females adopted 'masculine sexual habits'.

5. Among prostitutes or immoral women, another cause of lesbianism was the 'apathy towards, and disgust for men occasioned by physical and sexual maltreatment'. Surprisingly, Lombroso sympathised with prostitutes who rejected heterosexual love because of a sense of revulsion produced by male abuse.\(^{580}\)

The first cause in the above list was clearly an old medical stereotype that linked female same-sex desires with excessive sexuality, as described in 1862 by Tonini.\(^{581}\) The second, third and fifth causes were environmental explanations. The fourth cause listed was a physical interpretation linked to degeneration theory. Interestingly enough, at the very moment that Lombroso was summarising the phenomenon of female same-sex desire and laying down guidelines for its understanding, he did not say that female homosexuality was due to the inborn nature of certain women with precise physical and

\(^{580}\) C. Lombroso and G. Ferrero *La donna delinquente*, 411-415.
\(^{581}\) See at 101-102.
psychological characteristics. This suggests that Foucault’s interpretation of the emergence of a homosexual type, replacing the ‘sodomite’ in the medical writing of the second half of the nineteenth century, cannot properly be applied to medical writings at large. In Lombroso’s writing the homosexual type coexisted with other medical notions of same-sex desire. When Lombroso described the female sexual invert using Krafft-Ebing’s stereotype, he was referring to a type of person. Yet the association of female same-sex desire with prostitution, women-only environments, and excessive lustfulness did not describe a type of person. These ideas, I suggest, were older medical and cultural notions still alive and current within the medical community at the turn of the century. When dealing with medical ideas regarding same-sex desires, scholars would do well to exercise caution in invoking epistemological ruptures.

Tribadism and murder. Lombroso not only linked female same-sex desires with prostitution, but also with other forms of criminality. Female homosexuality might on occasion serve to explain violent criminal offences. In 1903, Lombroso published an article on ‘the psychology of a tribade wife-murder’, referring the story of a horrifying atrocity. A 30 year old woman, Celli, killed her husband: she poisoned and strangled this ‘honest man’, and then cut him into pieces. Celli’s past — probably uncovered during the trial — was also extraordinary. Celli had been educated in a convent, but expelled because of her ‘obscene’ relations with her fellow classmates. After leaving the convent, she entered into ‘illicit affairs’ with both women and men. It was then discovered that Celli’s 18 year old niece and occasional lover took part in the murder. The motive of the crime was Celli’s ‘pathological love’ for a certain woman, called Battalini, known to her from the convent where both had been educated. Though
already married to her husband, Celli celebrated a second marriage with Battalini on the
curch altar of her home town, in the presence of two witnesses. Since this second
‘wedding’ she had not slept with her husband, but instead slept with Battalini.583

Lombroso described Celli as ‘degenerate’ because of her masculine ‘sexual habits’. The
vire energy shown in killing her husband and the wearing of male clothes in the
attem to evade the police were signs of her degeneration. Not only was her behaviour
masculine, but also her body. In turn, her homosexual love explained her vire
characteristics and her ability to commit murder. Since his first observations on sexual
version, Lombroso had highlighted the ‘violence’ of homosexual love. This violence
was manifested not just in an intensity of passion, but in a love so strong that it bordered
on crime. To judge by Celli’s murderous act, tribades loved with a violence unknown to
‘normal’ women. Thus, Celli’s second ‘wedding’ — which recalled the ancient Roman
ddities of Nero — showed the extent to which homosexual love was excessive. Even
her convent life might help to explain her homosexual behaviour, since there Celli had
developed a mysticism that fused with her sexuality.584

All forms of female sexual deviation — in lesbians, in prostitutes, or in criminals —
were characterised by a physical, and consequently by a psychological, virility. Body
and mind were a unity so far as Italian positivists were concerned. Prostitution may
have been the special crime of the ‘fair sex’, but lesbians and prostitutes lived in the
very same places and were intertwined in the figure of the ‘tribade-prostitute’; female

582 For the reception of this case in newspapers, see E. Oliari, L’omo delinquente, 61-69.
584 Ibid., 7-10.
homosexuals were also extremely violent criminals. On occasion female homosexuality could explain, as in Celli's case, criminal offences. Once again, female sexuality provided an explanation for female criminality.

4. Lombroso and Feminism

The historian Mary Gibson finds La donna delinquente 'the defining event' in the shift of emphasis in criminal anthropological research from men to women. Modern criminologists, Gibson says, 'recognise this book as posing the first theory of female crime in the Western World'. Gibson goes on to argue that Lombroso was responding to Italian feminism. She says that after 1881, when Anna Maria Mozzoni founded the league to promote female interests in Milan, the Italian feminists started to organise themselves. After 1890, the trend toward organisation accelerated, and according to Gibson, in challenging their subordination, women defied traditional categories of 'normal' and 'deviant'. Gibson's interpretation, however, overstates the impact of Italian feminism in Italy.

Lombroso, like most of his colleagues, thought that women were inferior to men, and he was certainly keen in separating men's and women's spheres. In his view, maternity and family defined the woman's role. Valeria Babini has argued instead that in the nineteenth century, medicine proposed a naturalistic stereotype of femininity that made it easier to justify social and political discrimination against women. She explains that differences between men and women were interpreted in terms of biological phenomena.

585 M. Gibson, Born to Crime, 60.
of sexual differentiation, where every 'natural' phenomenon was deemed to be normative. In these interpretations the physiological aspect of sexuality had a crucial function: the different role of the two sexes in reproduction was thought to guarantee the perpetuation of different roles in society. Man looked for pleasure in the sexual act, woman looked for motherhood. ⁵⁸⁸

In this context it was easy to interpret the physiological differences between men and women in terms of two complementary biological purposes that were transposed into two dissimilar social fates: nature had designed men for an active role in the animal world and society, and women for a subordinate role, maternity and social sacrifice. As Babini notes, in the second half of the nineteenth century, few people thought any differently. At that time, most Italian feminists associated femininity with maternity and demanded civil rights on the basis of the importance maternity had in the family and the social sphere. The issue of maternity as a choice was absent from the political debate, apart from a few anarchist contributions. ⁵⁸⁹

This is no disputing the fact that the naturalistic interpretation of sexual differences served to legitimise social discrimination. However, Italian feminists did not want to challenge the authority of science. By contrast with their British counterparts, Italian feminists did not engage in public discussion of women's sexuality. The Italian feminist Mozzoni, writing to Josephine Butler about prostitution in 1877, thought that the problem of women selling themselves might be solved by eliminating male celibacy. She thus underlined the importance of the traditional family in curbing prostitution. To

⁵⁸⁶ Ibid.
⁵⁸⁷ Ibid., 60-61.
support her argument Mozzoni wrote that in rural areas, where all men were married, prostitution did not exist.\footnote{590} Italian feminists demanded equal opportunity in education and in the world of work, but they did not dare talk about women’s sexuality. Indeed, historians have found nothing in Italy to compare to the English Men and Women’s Club, where traditional assumptions about sexuality were challenged.

Most positivist scientists certainly did not support feminism, but in Italy sexological discourses on women’s sexuality were not a response to local feminism, which was silent on sexual issues. The study of women’s physiology was certainly influenced by the political debates of the time and scientists never hid this (chapter 4). Yet feminists were not doctors’ interlocutors.

Should we seek further proof of Gibson’s propensity to exaggerate the role of Italian feminists in shaping sexological discourses such as that of Lombroso, it may be found in the association between lesbians and feminists in medical theories. The historian Anna Rossi-Doria has highlighted the fact that, at the turn of the century, feminists — along with Jews — were characterised as belonging to the ‘third sex’.\footnote{591} Rossi-Doria’s argument implies that Italian science displayed anti-feminism at the very moment at which feminists were being described as homosexuals. Rossi-Doria is right to point out that a medical literature existed that popularised the stereotype of the virile lesbian feminist threatening male social roles and that such stereotypes were a reaction to feminism. However, in all the literature dealing with female homosexuality considered

\footnote{588} V. P. Babini, ‘Un altro genere’, 475-89.\footnote{589} Ibid.\footnote{590} R. Macrelli, L’indegna schiavitù (1981), 137.
in my study, the first association between feminism and homosexuality to be found was proposed by the German Hans Kurella in an article on the phenomenon of bisexuality, published in the *Archivio di psichiatria* in 1896. Such a stigmatising lesbian feminist stereotype was then absent from the medical literature until popularised in Italy by the German doctor Ivan Bloch (pseudonym of Eugen Dühren) in *The Sexual Life of Our Time in its Relations to Modern Civilization* (1901), and by Otto Weininger in *Sex and Character* (1903). This stereotype became more widespread at the end of the first decade of the twentieth century, once sexology had arrived at a more systematic theory of sexual inversion and at a time when positivism was in a state of a crisis. In the final years of the nineteenth century, an association between the female homosexual and genius, or between the virile woman and intelligence was more common than any connection between feminism and homosexuality in criminal anthropological writings. Lombroso, among others, believed that virile women were extremely intelligent and he had never compared the sexual invert to the feminist.

At the beginning of the twentieth century, sexologists did in fact react to feminism and set out to stigmatise, but this only when their discipline was well established and sexological researchers had been studying human sexuality for at least 30 years. In *La donna delinquente* Lombroso was not so much responding specifically to feminism as

---

591 Rossi-Doria has studied Lombroso theorisation of female sexuality in some depth, but has nevertheless failed to identify any association between lesbianism and feminism in his writings. A. Rossi-Doria, *Antisemitismo e antifemminismo*, 455-473.


expanding the study of sexuality, which was already well advanced within the Italian and the international scientific community. It is easy enough to argue that Lombroso was concerned with women's changing role in society and that he felt threatened. Scientists, and psychiatrists among them, create models to interpret reality and solve the problems (or the supposed problems) that society poses. Lombroso was proposing solutions to a cluster of issues arising in a specific historical context.

For example, he drew attention to the phenomenon of children sexually abused in factories and mines, and wrote that harsher punishment did nothing to reduce the incidence of such crimes. As a practical solution, he recommended that female guardians supervise places where children worked and that the latter be prohibited altogether from working in mines. Along with these proposals, Lombroso also thought to increase female prostitution in rural areas, because he thought that men could not be restrained from looking for sex. Statistics had in fact established that children were abused not only in the city, but in rural areas also. Before Catholic priests and later some feminists called for chastity, Lombroso, who was of a pragmatic cast of mind, thought that it was not possible to ask men to be celibate. This is not to underestimate the fact that he thought that women could be chaste and men could not. However, he also acknowledged that there was a moral double standard involved in attitudes towards adultery, at the time a crime for a woman: 'let me once again state quite plainly, setting aside any hypocritical prudery, that [adultery is also caused] by the prejudice that makes us condemn one sex for something that in the other sex is not even thought to be an infringement'.

---

597 Ibid., XXXI.
Lombroso also acknowledged that some professions, including medicine (doctors), might have a part to play in exacerbating the sexual abuse of women and children. To solve this problem he stressed that it was necessary to make women's academic study easier to pursue, thereby supporting women entering university and embarking upon a medical career. He was in favour of divorce and of the 'ricerca di paternità'. While Lombroso may have been motivated by a fervent anti-clericalism, in the late 1880s some of these statements were neither conservative nor misogynist and his daughter Gina went to university, studied medicine, and, as Lombroso said, she was his most valued collaborator. Moreover, the feminists Ellen Key and Anna Kuliscioff, as Gibson herself acknowledges, were often guests at Lombroso’s house in Turin.

Conclusion

From the very beginning of his career, Lombroso was interested in degenerative illnesses, as his inquiry into the physical and psychological deterioration of southern Italians demonstrates. These investigations were the starting point for later contributions to the study of other forms of degeneration. Lombroso’s interest in same-sex desires stemmed from a more general concern with deviancy. As my analysis of Lombroso's sexological contributions has revealed, he was well aware of the significance of studies of sexual inversion. Yet his ideas about pederasty suggest that before the notion of sexual inversion was introduced, in forensic medicine same-sex desires were associated

598 Lombroso states these points both in 'Delitti di libidine' and in introduction to Krafft-Ebing's Psychopathia Sexualis.
599 On the relationship between Lombroso, his daughters and feminism, see D. Dolza, Essere figlie di Lombroso (1990).
with a defined group of people who shared a cluster of psychological characteristics. These ideas had preceded the medical notion of sexual inversion.

Lombroso dealt extensively with female deviant sexuality. The criminal woman was characterised by an irregular sexuality, so that female prostitution, for example, was the equivalent of male criminality. 601 Throughout his career Lombroso argued that sexuality was central to the manner in which appropriate and deviant female roles should be defined. This assumption fostered the sexological studies and the investigation of female same-sex desires by Lombroso and his followers in the *Archivio di psichiatria*.

Female criminals, prostitutes and lesbians shared a common virility, that is to say, they were not developed because they failed to manifest sexual dimorphism from men. They were abnormal in displaying an excessive sexuality. Lombroso’s ideas about female same-sex desires reflect the manner in which older medical and cultural assumptions coexisted with the concept of sexual inversion. The handling of both pederasty and female same-sex desires in Lombroso’s writings undermines Foucault’s argument regarding the emergence of a homosexual type as an epistemological rupture within medicine.

Historians have argued that Lombroso’s position on women was inspired by anti-feminism. 602 Surprisingly, Lombroso — unlike Havelock Ellis — did not associate feminist movements with deviant sexual behaviour, or specifically with lesbians. Certainly

---

601 Such a link between sexuality and criminality was not so strong in man.
Lombroso was no feminist, nor did he advocate equality between homosexuals and heterosexuals. Indeed, his writings contain many controversial assertions, which combine his 'progressive' and 'conservative' stances in politics. Yet one should acknowledge that he was endeavouring to find practical solutions to some major problems faced by Italian society at the time. Lombroso was not responding directly to feminism when he wrote about female sexual deviations; he was writing within a medical and sexological tradition that had already formulated theories regarding the nature of women. At the same time, like many other scientists of the day, he brought a disorderly sexuality into view. He spoke about sex, conferring legitimacy upon sexological research, which was perhaps his greatest contribution to the *scientia sexualis* in Italy.
Lombroso’s research and the *Archivio di psichatria* drew attention to, and fostered the study of, deviant sexuality. Pasquale Penta, a Neapolitan, was the first of Lombroso’s disciples to establish sexology as an autonomous discipline from medicine. Penta had originally trained as a criminologist, and his professional duties had allowed him to devote a great deal of time to observing the behaviour of prisoners and to investigating the extremes of human deviancy. Like Lombroso, Penta had initially endorsed arguments based on deterministic theories of degeneration, and had believed that irregular sexual activities were not immoral choices, but symptoms of innate characteristics. While still in the early stages of his career, however, Penta began to challenge Lombroso and to favour more psychological and environmental explanations of crime and deviant sexuality, turning away from the classic principles of criminal anthropology.

While Lombroso gained international fame amongst his contemporaries (and later historians), Penta remains all but unknown. Yet, at the turn of the century, Penta enjoyed an impressive reputation in sexological circles. In 1908, the psychiatrist Paul Näcke, writing in the *Zeitschrift für Sexualwissenschaft* [Journal of Sexology], stated that the Neapolitan ‘first class sexologist’ Penta, could ‘claim the glory of having

---


223
founded the very first journal for sexology'.

He wrote that Penta's *Archivio delle psicopatie sessuali* [Archive of Sexual Psychopathies] could be considered the 'direct ancestor' of the German journal.

While Penta's contemporaries acknowledged his pioneering contribution to the sphere of sexology, modern historians have given all the credit to Magnus Hirschfeld, a doctor and the leader of the first homosexual rights movement in Germany.

Penta died when he was only 45 years old, and it may be for this reason that historians both in and outside Italy have forgotten him. Nevertheless, he had achieved a great deal: from a base in Naples, the Italian city most closely associated with the opposition of neo-idealistic philosophy to positivism, he had established a network of psychiatrists and legal experts interested in deviant sexuality, promoted the study of sexuality, and challenged the prudery of the Italian scientific community.

His attitude towards sexual inverts was nevertheless somewhat ambivalent: on the one hand he argued that sexual inversion was a 'rudimentary' form of love, or an acquired 'vice'; on the other hand, he was sympathetic towards sexual inverts, claimed that they...

---

nécrosadisme, nécrophagie (1901), 41, 77-78. I thank Lisa Downing for having drawing my attention to Alexis Épaulard.

604 P. Näcke, 'Penta als einer der besten Kenner und Förderer der Sexualwissenschaft', *Zeitschrift für Sexualwissenschaft*, 1908, 75. I would like to thank Reto Speck for helping me with the translation of this article. Paul Näcke graduated in medicine in Würzburg University in 1873. From 1880 he occupied various posts in a number of different asylums. From 1901, Näcke began writing a series of articles in the main French and German journals for criminal anthropology that displayed a startling familiarity with the homosexual scene centred on public urinals in Paris, Berlin and other cities. Näcke denied that homosexuality represented a degenerative phenomenon, and argued instead that men and women were basically bisexual, and that their subsequent development was almost a matter of chance. E. Shorter, *A Historical Dictionary of Psychiatry* (2005), 129.

605 P. Näcke, 'Penta als einer der besten Kenner', 75.


607 Wanrooij refers briefly to Penta’s *APS*. B. Wanrooij, 'The History of Sexuality in Italy', 177.
were neither worse nor better than normal people and insisted, therefore, that they be accorded respect. In the history of sexuality, sexologists are usually represented as either heroes of sexual reform or agents for the stigmatisation of sexual minorities. As this chapter will illustrate, Penta's case overcomes this dichotomy. His opinions on sexual minorities were not only far from being stable, but his stance cannot be accounted for in terms of his personal or political interests. Penta's contribution to sexology reflected specific professional interests.

1. Following Lombroso's Path: the Verzeni Case

Penta was born in Fontanarosa (Avellino) in 1859. After his degree in medicine in Naples and a short period as assistant to Professor De Renzi, Penta was called up for compulsory national service, and, like Lombroso at the start of his career, he served as a doctor in the army. He was based first at a hospital in Naples and then at the prison of S. Stefano. It was there that he became interested in the criminal anthropology of Lombroso, using the Darwinian theory of evolution and the Lombrosian theory of atavism in combination to interpret criminality and deviancy in general. Once his stint as an army doctor had ended, Penta went to the Criminal Asylum in Aversa to pursue the study and practice of criminal anthropology. He then worked in a number of different prisons in the south of Italy. Penta published his first works on criminality in Lombroso's *Archivio di psichiatria*, and in the 1890s he became one of Lombroso's closest collaborators on the journal. In 1891, Leonardo Bianchi one of the leading psychiatrists of the day, chose Penta as his assistant psychiatrist in his mental

---

608 At the time intellectuals in Naples were strongly influenced by Neo-Hegelian positions, which had inhibited the spread of positivism in Naples.

609 See the list of collaborators of *AP*, in particular the year 1896 when Lombroso thanked the most assiduous collaborators: Penta is listed among them. Anon., 'Collaboratori', *AP*, 1896, vol. 17, first page.
hospital. Here Penta dedicated himself to the study of mental illness, although without abandoning his interest in criminology. In the mid-nineties, he became Professor of Psychiatry, and before Lombroso, Penta obtained the first chair of criminal anthropology at the University of Naples.

Penta’s starting point for his sexological studies was the infamous case of the ‘Strangler of women’, Vincenzo Verzeni. Like Jack the Ripper, the English serial killer who targeted women, Verzeni’s ‘lust murders’ had made him notorious. Not only did newspapers display a morbid curiosity in the case, but psychiatrists would study it for years to come. Krafft-Ebing, who devoted a number of pages to Verzeni, considered this ‘remarkable’ case a ‘prototype’ of lust murder, where violation is omitted and ‘the sadistic crime becomes the equivalent of coitus’. Verzeni had never raped his victims: he even confessed that he did not know how women were made, but his murders were of a singular cruelty.

Verzeni was born into a farming family in 1849 in the countryside around Bergamo, and in 1867 he began assaulting female members of his own family and trying to strangle them. Between 1868 and 1873, in his early twenties, Verzeni assaulted a number of women, killing two: a girl of fourteen and a woman of twenty eight. The victims’ bodies were found completely naked and so horribly mutilated that at first it was impossible to determine whether the murderer had raped them before killing them. The abdomen had

---

610 On Bianchi, see at 95-96.
611 Historians have often assumed that Lombroso was the first Professor of Criminal Anthropology, see for example D. G. Horn, ‘Making Criminologists’, 318. Horn says that there was no chair of Criminal Anthropology before 1905, and ‘this only an ad personam appointment to honor Lombroso at Turin’. Leonardo Bianchi suggested the Neapolitan University divide the chair of Psychiatry from the one in Criminal Anthropology because of Penta’s profound knowledge of criminal anthropology, and between
been cut along its whole length, the intestines pulled out, the genitals removed, the limbs smashed to pieces and the entrails scattered on the road with the bloody clothing or carefully hidden in basements and beneath piles of straw in the vicinity. There was one more horrific detail: the killer had gathered up, one by one, the victim’s hairpins and hammered them symmetrically into geometric shapes into the victims’ flesh or into the ground. The Court of Justice in Bergamo condemned Verzeni to hard labour for life in 1873.\textsuperscript{613}

During the trial it emerged that Verzeni would bite the victims and suck their blood, and for this reason local newspapers dubbed him the ‘Vampire of Bergamo’. Eleven psychiatrists were invited to examine Verzeni: for the prosecution Alborghetti, Fornasini, Galli, Manzini, Perolio, Previtali and Tarchini-Bonfanti, for the defence Griffino, Quaglino, Terzi and Lombroso. In the extraordinarily crowded courtroom, the psychiatrists for the prosecution and defence challenged each other by drawing their arguments from the same medical authorities: Morel, Pinel and Esquirol.\textsuperscript{614} Those psychiatrists intent upon proving that Verzeni had the use of his reason emphasised the murderer’s depravity, while the psychiatrists for the defence tried to show that Verzeni was insane and unable to distinguish right from wrong. A critical issue was whether Verzeni was morally insane and consequently not responsible for his actions. Lombroso tried to bring out the signs of Verzeni’s insanity and atavism. The latter concept was new within Italian psychiatry and it was a bold decision on Lombroso’s part to invoke

\textsuperscript{612} R. von Krafft-Ebing \textit{Psychopathia Sexualis} (1931) [1886], 95-99.

\textsuperscript{613} P. Penta, \textit{I pervertimenti sessuali} (1893).

such a theory during a trial. As a result he was mocked by the other psychiatrists. Amongst other things Lombroso stressed that Verzeni came from a family affected by 'cretinismo', with 'bigoted and slow' parents who did not provide any education for their child. Lombroso believed that Verzeni was suffering from 'necrophilia, or [otherwise called] insanity due to monstrous or blood love'.

According to Lombroso, Verzeni was responsible at the outset, but ceased to be so under the tyranny of a mounting delirium, which increased as he carried out the assaults on the women. In such moments, he felt an enormous strength, and either saw nothing, or all appeared red. Verzeni confessed to Lombroso that the act of squeezing a living throat and, above all, the mutilation of bodies, the biting and the sucking of blood, all produced spasms of sensual pleasure. As soon as he had grasped his victims by the neck, he experienced sexual gratification, but it never occurred to him to violate them. Verzeni said himself that it would be a good thing if he were to kept in prison, because when free he could not resist his impulses. Later, in Lombroso's book *L'uomo delinquente*, Verzeni exemplified the category of innate criminals whose anatomical and physiological characteristics were: cranial asymmetry with over-development of the left frontal lobe and the bony crest that is found in the great apes and primitive savages; ossification of the temporal artery, and a squint. Verzeni was described as unbalanced and vague; suffering from epilepsy and moral insanity, as a result of a morbid perversion of his feelings and confusion of the will.

---

615 'Necrofilomania o pazzia per amori mostruosi o sanguinari'. Ibid., 34.
In 1887, Penta encountered Verzeni at the S. Stefano prison in Naples where he worked and decided to study him. Penta’s psychiatric examination was first published in 1890 in *La tribuna giudiziaria*, and three years later he published his first book, *I pervertimenti sessuali* [Sexual Perversions] (1893), in the field of sexology, focussing on Verzeni’s case. Thus, Verzeni represented the starting point of Penta’s interest in human sexuality. This study was concerned not only with deviant sexuality, as most of the sexological case studies of the time were, but also with a remarkably destructive sexual excess. This interest in extreme sexualities would prove to be characteristic of Penta’s sexological research throughout his life.

In his work on Verzeni, Penta noted that it was invariably his practice to undress his patients so that nothing could escape his observation. For this reason he was able to find other latent ‘degenerative stigmata’ in Verzeni that Lombroso had failed to notice.617 Penta’s careful examination of Verzeni’s skull and the measurements made of his body illustrate the extent to which his method was in line with Lombroso’s. Nevertheless, Penta revised the classic principles of criminal anthropology, paying particular attention to the psychological traits of sexual perverts. Penta’s observation, conducted over months in a prison, recorded Verzeni’s life in detail, by speaking to him or his fellow inmates. He recounted how often and when Verzeni masturbated, what Verzeni thought when he masturbated, how he behaved with his fellow inmates, whether he had sexual relationships with them and in what kind of sexual practices he engaged. In prison, where sexual perversions were widespread, Verzeni lost his sexual drive, but he was known by the other prisoners as a ‘cinedo’ [passive pederast].618 According to Penta,

618 Ibid., 61.
Verzeni displayed two opposing extremes in his sexual perversion: on the one hand, he was a violent male who killed for the pleasure of exercising mastery over a human being; on the other, he was an ‘urning’, a ‘female-male’ who felt sexual pleasure where others would experience the ‘most terrible outrage’.

Verzeni’s intellect was functional, Penta observed, but he lacked any moral sense.

Penta wavered in his analysis, for, though deeply influenced by Lombroso, he differed markedly from his predecessor in his emphasis upon psychological-environmental factors. Indeed in Penta’s analysis, as in Lombroso’s, Verzeni was a degenerate, but his heredity could not by itself account for his crimes. Penta specified that during puberty, poor or insufficient nutrition, an unhygienic environment and corrupted social relationships could weaken human beings, and subsequently vicious and perverted habits could take root in them. Verzeni had never attended school and his parents taught him only the virtues of hard work and of going to church.

Penta stressed that Verzeni started to masturbate as a child, and that he took great pleasure when he strangled chickens for the first time at the age of twelve. After this experience, he was sometimes compelled by a ‘mysterious instinct’ to slaughter all the chickens on the farm by wringing their necks. Penta believed this was the psychological explanation for Verzeni’s murders. He explained that sexual perverts associated sexual pleasure with an erotic image that had given pleasure in early childhood. Verzeni had indeed experienced sexual satisfaction in strangling chickens when he was a child. To Penta, sexual perversions represented a ‘rudimentary’,

619 P. Penta, Vincenzo Verzeni (1890), 15.
620 Ibid., 3-11.
‘paradoxical’ and primitive form of love. In fact, sexual perverts did not completely develop their sexual life because of some accidental erotic experience in childhood. Thus Penta, in his explanation of sexual perversions, combined the concept of atavism with Binet’s theory of fetishism. Penta’s uneasiness about degeneration theory and his reliance on psychological explanations is representative of the shift in Italian medical writing on sexuality from physical to psychological and environmental explanations that occurred at the turn of the century (chapter 3).

Alongside psychological explanations, Penta endeavoured to understand sexual crimes biologically by comparing the sexual urges of men with those of animals. Thus, Verzeni represented an ‘animal throwback’ in the sexual sphere. He was compared to fish that do not need penetration to get sexually excited, and at the same time to toads that strangle females to death during sexual intercourse. He noted that the infliction of pain during orgasm was, to a certain extent, common in animals. Penta described at length cases in which a real injury, wound, or death, was inflicted on the partner in the animal kingdom. Among animals, sexual intercourse was like the act of killing between the beast and its victim. The pleasure derived from fighting and killing was predominantly a male attribute in the animal kingdom. In humans, the impulse to cruelty that may accompany the emotion became unmanageable in a psychopathic individual due to the lack of moral feeling and weak inhibitory ideas.

Monstrous and sadistic acts in men had, however, another source in physiological conditions. According to Penta, under normal circumstances, it affords a man great pleasure to win a woman who keeps herself on the defensive until the moment of

621 On Binet see at 99.
surrender. A man encounters obstacles which it is his part to overcome, and for which nature has given him an aggressive character. In a psychopath this destructive personality may develop too far, and become a driving force to destroy the object of desire. Penta implied that there was a close relationship between sadism and male sexuality. Sadism was thus nothing else but an excessive and monstrous pathological intensification of phenomena that were a normal aspect of the sexual life of males. Cruel ideas and acts of cruelty caused sexual excitement in psychopathic individuals like Verzeni. 622

Penta’s study of Verzeni was included in an overview of sexual perversions. He distinguished between rapists, to whom he devoted a forensic chapter, and sexual perverts, such as fetishists or sexual inverts. While rapists were morally insane and ‘primitive’, sexual perverts, like inverts, were degenerates, but sometimes displayed a mental superiority that rapists never attained. 623 Overall, homosexual love was described as an act that is ‘simple and elementary, that is on the same low level as the initial experiments in love’, often impulsive, almost as powerful as an emotional fixation, or sexual acts in animals. 624 Sexual inversion was an incomplete development of the individual and depended on a cortical arousal of the brain at the sight of some objects. 625

In practice, Penta agreed with Lombroso about the responsibility of sexual crimes; both of them indeed denied free will in such actions, which went against the tenets of classic legal theories. A major concern in Penta’s writing was the conflict between law and

622 P. Penta, _I pervertimenti sessuali_, 122-146.
623 Ibid., 216-50.
624 P. Penta, ‘L’origine e la patogenesi della inversione sessuale’, 64.
psychiatry when dealing with phenomena such as sexual perversion. He warned that many morally insane people were locked in prisons instead of being placed in asylums because judges remained unconvinced of the results psychiatric examinations had revealed. Displaying a pragmatic sense in dealing with sexual perversions, Penta thought that society had the right to defend itself from sexual crimes, and for this reason sexual criminals such as rapists had to be gathered together in criminal asylums or penal colonies. Being primitive, he wrote, the only way to discipline them was by hard labour and through contact with animals. Nevertheless, Penta was silent on those ‘sexual perverts’, like inverters or fetishists, who did no one any harm. Indeed, he was full of sympathy for those he called the ‘oppressed of humanity’.

Penta repeatedly castigated the great ignorance of jurists in psychological and psychiatric matters. The question of whether those suffering from moral insanity and psychopathy were bad or mad remained a matter of debate within, and between, the legal and medical professions. Lawyers were reluctant to challenge the view that individuals were self-conscious moral agents, but at the same time deterministic explanations of antisocial behaviours became crucial for psychiatrists, who appeared in court as expert witnesses and who based their arguments on biomedical theories. Sexual offenders appeared to suffer from particularly strong, irresistible, sexual drives and thoughts, while at the same time their nervous system lacked the strength to control them. In a legal sense, they could not be held personally responsible for their drives, because their free will was impaired. As the historian Harry Oosterhuis has shown, many psychiatrists, supporting their arguments with deterministic theories of hereditary

---

625 P. Penta, *I pervertimenti sessuali*, 149-158.
degeneration and neurophysiological automatism, thought that in many cases irregular sexual activities were not immoral choices, but symptoms of innate characteristics.\textsuperscript{629} Medicine thereby challenged the authority of both the Church and the law, and advanced a new understanding of sexual deviance, transferring it from the realm of sin and crime to that of health and sickness. Penta's argument with the lawyers embodies the conflict between law and medicine over sexual issues, and reveals the extent to which Penta was a modern psychiatrist. His endeavour was in line with that of the main sexologists of the time, such as Krafft-Ebing.

2. Archivio delle psicopatie sessuali

The decision to scrutinise Verzeni's case history, thus reflected Penta's readiness to address sexual problems, but this case is also indicative of his particular interest in extreme sexualities. After his studies of Verzeni, in January 1896 Penta launched the Archivio delle psicopatie sessuali. Rivista quindicinale di Psicologia, Psicopatologia umana e comparata, di Medicina legale e di Psichiatria forense ad uso dei Medici, Magistrati ed Avvocati [Archives of Sexual Psychopathies. Fortnightly Journal of Psychology, Comparative Psychopathology, Forensic Medicine and Forensic Psychiatry for the Use of Physicians, Magistrates and Lawyers] in Naples.

Penta was able to recruit 33 people, in the main psychiatrists but with a number of lawyers from southern Italy also, who were interested in collaborating on the project. Most were in established positions: professors in medicine or law and directors of asylums. Among them was Leonardo Bianchi, at the time Director of both the

\textsuperscript{629} Ibid.
Psychiatric Clinic and the Asylum of Naples; Guglielmo Cantarano, Vice Director of the Asylum of Naples and Professor of Clinical Medicine and Neuropathology at the University of Naples; Angelo Zuccarelli Professor of Forensic Medicine and Psychiatry at the University of Naples; Cesare Colucci, who at the time worked at the Psychiatric Clinic in Naples; Salvatore Ottolenghi, Professor of Forensic Medicine at Siena University; and Silvio Venturi, Director of Girofalco Asylum. Some of the above, for example, Cantarano, Zuccarelli and Venturi, had already published on the topic of sexual perversions and were well-known in the field. In particular Cantarano and Zuccarelli were among the first to conduct and publish written pioneering research on female sexual inversion in the 1880s. Penta also had a handful of foreign collaborators: Havelock Ellis and M. André Raffalovich from London, Lombroso’s famous rival Alexandre Lacassagne, Professor of Forensic Medicine in Lyon, and Paul Näcke, psychiatrist at Huberrusburg Asylum. Ellis, Raffalovich and Näcke were recognised for their tolerant attitude towards sexual inversion.

How was Penta able to establish such a network? It is reasonable to suppose that his experience as a collaborator on Lombroso’s journal, the Archivio di psichiatria, had introduced him to a wide range of colleagues. He was anyway an active member of the medical community, participating in and organising conferences; at the 1898 Italian Congress of Forensic Medicine Lombroso was the president of the conference while Penta was the vice president. It was also common practice at the time for medical practitioners to write to each other asking for information, arguing on scientific topics,

---

630 Zuccarelli was one of the first psychiatrists to draw attention to female sexual inversion. In 1888 he published two long clinical cases of tribades, see A. Zuccarelli, Inversione congenita.
631 See at 102-7.
or generally offering assistance. Penta, for example, was in contact with Havelock Ellis and in 1898 promptly wrote to him to sympathise with him over the harsh treatment meted out to Sexual Inversion. 634

The Archivio delle psicopatie sessuali was the first sexological journal in Europe. Through this tool Penta hoped to contribute to the knowledge of sexual perversions because he was convinced of the great influence sexuality had on intellectual and moral life. 635 The Capaccini brothers, the publishers of the Archivio, initially supported such an engagement with sexology. Capaccini was a small publishing house in Rome, and that same year they also launched a series of scientific works called Biblioteca dei pervertimenti sessuali [Library of Sexual Perversions] in which they made available texts by Tardieu, Moll, Krafft-Ebing, Ellis, and Moreau de Tours. 636 During this same period a more important publishing house, Bocca, published works on sexual perversions within a series called Biblioteca antropologica-giuridica [Legal-anthropological Library]. 637 This illustrates a number of points: first, the interest shown by publishing houses in the growing field of sexology; second, the proliferation of such research in Italy, and finally, the money to be made from books on sexual perversions at

634 H. Ellis, A Note on the Bedborough Trial, 20. On the Bedborough trial see chapter 7.
636 See for example P. Garnier, L’onanismo a due (1907) [1883]; R. von Krafft-Ebing, L’inversione sessuale; L. Martineau, Le deformazioni vulvare; A. Moll, Uranismo e prostituzione mascolina (1897) [1893]; P. Moreau de Tours, Le aberrazioni del senso genesico (1897) [1880]; A. Tardieu, I delitti di libidine (1898) [1858].
637 See for example M. A. Raffalovich, L’uranismo, inversione sessuale congenita (1896) [1896]; A. V. Schrenck Notzing, La terapia suggestiva delle psicopatie sessuali (1897) [1892]; A. Niceforo, Il gergo nei normali; R. von Krafft-Ebing, Trattato di psicopatologia forense (1897) [1875]; A. Forel, La questione sessuale (1907) [1905]; A. La Cara La base organica dei pervertimenti sessuali. See the advertisement for the series ‘Biblioteca antropologica-giuridica’ in AP, 1896, vol. 17, 343. Lombroso’s L’uomo delinquente was published by Bocca.
the end of the nineteenth century. These phenomena certainly encouraged physicians to engage in sexological research.

As the Capaccini brothers explained, their decision to publish a journal on sexual perversions had been taken because they were encouraged by ‘many physicians, naturalists, lawyers and magistrates’ who felt the need to gather together all that was published in Italy and abroad on such an ‘important topic’. As the publishers noted the study of ‘sexual psychopathologies and general sexual feeling’ was developing apace, acquiring the ‘most serious importance’, not only in forensic medicine and psychiatry, but also in sociology and general literature. The purpose of the journal was not only to deal with scientific matters in psychology, in ‘human and comparative psychopathology’ and in their practical application in forensic medicine, but also to illustrate better through ‘new knowledge’ human history, art, and literature. They claimed that sexual matters greatly influenced the experience of men and women, their actions and their intellectual production.

The staff of the journal stressed the ‘highly scientific and humanitarian’ goal of the Archivio delle psicopatie sessuali, namely, to render less painful the ‘fate of many sad people born anomalous and degenerated’. Sometimes they would be obliged to recount obscene stories but it was far from being their intention, they declared, to promote ‘particular forms of human weakness’. They merely wished to ‘shine a light’ on the ‘darkness of the human heart’. It is probable that the staff of the journal already foresaw some negative (moral) responses because they were keen to stress the scientific

638 F.lli Capaccini, ‘Programma,’ APS, 1896, III.
638 Ibid., III-IV.
purpose of the journal. The success of Krafft-Ebing’s *Psychopathia Sexualis* had elicited two critiques within the international scientific community. Firstly, that works on sexual perversions had somehow justified sexual deviancy, and recognised the right of sexual inverts to exist, so much so, indeed, that some of them had written to Krafft-Ebing and other psychiatrists justifying and legitimising their feelings; and secondly that sexual fantasies narrated in scientific journals were contributing to the spread of sexual perversions.\(^{640}\)

The *Archivio* appeared every fortnight, and was around 15 pages long. It contained original articles, clinical cases and detailed reviews of recent works. Usually the reviews section had a main topic, such as marriage, neurasthenia, sexual impotence, fetishism, or masochism. The sexological journal presented many contributions from different authors focussing on abnormal sexuality. Occasionally, some physicians argued that sexual inverts were normal individuals (notably Ellis), but many of these articles dealt with cases of sexual inversion usually observed in mental hospitals, thereby emphasising the pathological element in sexual inversion.\(^{641}\) Interestingly enough, Penta himself did not publish any case histories of male inverts — only on female homosexuality.\(^{642}\) Male homosexuality was just an abnormal sexual behaviour within other, more unusual, sexual practices. The researchers tended to focus on extreme forms of sexual perversion: for example, a case of auto-pederasty in which a man inflicted injuries upon himself, and a masochist pederast who engaged in necrophilia.\(^{643}\) This interest in extreme sexualities was also in line with Penta’s studies of Verzeni, in the

\(^{639}\) Ibid., IV.


\(^{641}\) On Ellis, see H. Ellis, ‘Note sulle facoltà artistiche degli invertiti’, *APS*, 1896, 243-245.

\(^{642}\) On female homosexuality, see below.
course of which he had described clinical cases of sadists, murderers, ‘sodomites’ and rapists.\textsuperscript{644} There was nothing surprising about this as Penta, like most of his colleagues, collected his case studies in prisons. The journal devoted a certain amount of space to the literary representation of sexual perversions as well. In particular, Penta was interested in the ways in which writers described their sexual life, and in the manner in which autobiographies focused on sexual perversions, since such materials could be said to illustrate the ‘universal character, origin and meaning’ of sexual perversions.\textsuperscript{645}

Penta was the soul of the journal. He published original articles, and as far as possible, produced bibliographic surveys covering the latest works on sexual perversion by Italian and foreign authors. Näcke heaped praise on Penta’s reviews and bibliographical essays, and with good reason.\textsuperscript{646} Indeed, Penta displayed a deep knowledge of the most recent and pioneering German, French, American, British and occasionally Russian, sexological works.

Penta’s contributions to the \textit{Archivio delle psicopatie sessuali} betrayed an ever-growing interest in the psychological explanation of sexual perversions. According to Penta, scientists would often describe the clinical phenomena of sexual perversion without trying to uncover their origin, or where they did have such an origin in mind, would simply invoke a ‘functional sign of psychic degeneration’. As he explained, degeneration had proved to be a medically insufficient explanation and, at the turn of the century, more and more European scientists highlighted the abuse of the concept and


\textsuperscript{644} P. Penta, \textit{I pervertimenti sessuali}.

\textsuperscript{645} For example, see P. Penta, ‘Dei pervvertimenti sessuali’, \textit{APS}, 1896, 1-7, 17-20.

\textsuperscript{646} P. Näcke, ‘Penta als einer der besten Kenner’.
its shortcomings. On the one hand Penta thought that every sexual perversion was to be considered a ‘manifestation of human degeneration’, as was proven by the fact that, for example, all sexual inverts had a ‘naturopathic or alienated’ temperament and were quite often completely insane and needed to be treated in an asylum. On the other hand, he also wrote that it could happen that some pleasant external sensations (i.e. sensation at the sight of a person of the same sex) were felt along with the first stirrings of sexual excitement. These sensations could then become stable and linked to the sexual excitement. In this case, sexual acts might happen only when recalling these first pleasant sensations. This was a ‘regressive tendency’ that occurred only in degenerates.

Moreover, according to Penta, the development of the ‘psycho-sexual centre’ depended on the sexual gland, as was demonstrated by the fact that the removal of the sexual glands before puberty prevented the ‘psycho-sexual centre’ appearing. He did not completely reject Lombroso’s atavism (and degeneration), but he referred more often to Binet’s psychological theories than to those of Lombroso. He attempted to link the psychic and the organic worlds by means of Binet’s theory of fetishism. Penta’s change of direction was part of a more general trend within the scientific community. At the turn of the century the understanding of sexual perversions shifted from the physical to the so-called ‘functional disorders’. In other words, sexual disorders were thought to be

---

647 P. Penta, ‘L’origine e la patogenesi della inversione sessuale’, 54; D. Pick, Faces of Degeneration, 8. See also at 94-100.
648 P. Penta, Dei pervertimenti sessuali (1896), 5-9.
the result of unconscious psychological causes. This move was also shown by Penta's growing interest in Sigmund Freud's theories.

3. *Natura non facit saltus*: Pursuing the Study of Sexuality

Unfortunately, Penta’s journal folded after only one year, with no explanation given. The publishers, in a letter to general practitioners dated 28 April but inserted in one of the November issues, announced that the final number of the *Archivio* would appear at the end of the year. They said that all the copies of previous issues had been sold out, and that the first three numbers of the journal would have to be reprinted because physicians kept asking for copies. We may conclude from this that the journal sold well, as did other publications about sexual perversions. Indeed, in another supplement the publishers, the Capaccini brothers, highlighted the extent to which sexual psychopathologies were being studied by German, French and Russian doctors, and increasingly by their Italian colleagues also. The *Biblioteca delle psicopatie sessuali* had been so successful among doctors that those books already published were to be printed in a second, cheaper edition. Some doctors had complained of the prices of such publications, so the publishers announced their intention of making available the entire collection in affordable fortnightly serial treatises consisting of 16, 32 or 48 pages. The Capaccini brothers were keen to point out that this budget publication was for doctors only.

---

652 F.lli Capaccini, Letter 28 April 1896, attached to *APS*.
653 Advertisement of *Biblioteca delle psicopatie sessuali*, attached to *APS*.
So why did the publishers close down the *Archivio delle psicopatie sessuali*? On the basis of historical evidence it is impossible to know for certain. However, Leonardo Bianchi observed that to some the *Archivio* had seemed ‘shameful’. Näcke suggested that the *Archivio*, probably Penta himself, had clashed with the publishers. Later in his career, Penta hinted at his difficulties with the *Archivio delle psicopatie sessuali*, due in part to the prudery of Italian society; perhaps he had the Capaccini publishing house in mind.

Far from abandoning his studies at this juncture, Penta instead set out to establish a broader framework in order to win a larger audience. Thus he published the *Rivista mensile di psichiatria forense, antropologia criminale e scienze affini* [Monthly Journal of Forensic Psychiatry, Criminal Anthropology and Related Sciences] from 1898 until his death in 1904. This time a small local Neapolitan publishing house, Tocco, helped Penta in his enterprise. The *Rivista di psichiatria forense* not only offered original essays and articles on sexual matters, but also covered forensic psychiatry, criminal anthropology and related subjects, which naturally attracted the interest of a wider audience. Special attention was paid to criminality in southern Italy, mainly among the mafia.

In the new journal’s manifesto, the editorial board explained that its ‘humble purpose’ was to gather together the best Italian, especially southern Italian, and foreign works on forensic psychopathology, including studies adopting a social, juridical and biological

---

655 P. Näcke, ‘Penta’, 78.
More particularly, the editors hoped to advance research in three specific directions. Firstly, they wanted to examine the 'natural history of the criminal and insane' in its social and legal aspects, while at the same time conducting an analysis of artistic works dealing with such topics. Secondly, they wished to promote the study of sexual pathologies and crimes. They highlighted the extent to which the subject had been neglected by other journals, due to an 'excessive and false prudery'. No one, surely, was in any doubt as to how widespread sexual pathologies were, and for this reason deviant sexuality deserved scientific scrutiny. They were keen to emulate the Archivio delle psicopatie sessuali, which was successful both in Italy and abroad, and had the support of a wide reading public. Thirdly, they hoped to deepen the study of sociology and jurisprudence following the methods of the natural sciences. Their target audience consisted of doctors, judges and lawyers, but also educated people interested in 'highly social' topics like criminality, insanity, and neuropathologies, and their legal aspects. Apart from Penta, none of the contributors came from Archivio delle psicopatie sessuali; indeed, most of them were lawyers. Among the psychiatrists involved in the new project was the Professor of Psychiatry at the University of Naples, Augusto Luzenberger. The new journal resembled Lombroso's Archivio di Psichiatria, but it had a special interest in southern Italian criminality and usually devoted one section to sexual pathologies. The latter section was by no means less prudish than the Archivio, but in the new format sexual pathologies were just one topic amongst many. The Rivista might thus appear to be less preoccupied with sexual perversions than the Archivio had been.

657 Editorial Board, 'Programma', RMPF, 1898, vol.1, 1-3
658 Ibid., 2.
659 Ibid.
660 Ibid., 2-3.
661 Ibid., 1-3
In the *Rivista mensile di psichiatria forense*, Penta used environmental and psychological theories to explain same-sex desires, and abandoned the concept of congenital inversion. In the first year (1898), Penta published ‘A case of [male] sexual inversion’ in which, despite the title of this article, the critical aspect was transvestism and masochism.\(^{663}\) The man observed was feminine and loved to dress as a woman, even going so far as to be photographed in women’s attire. Penta held that in this case the abuse inflicted by the father and the resulting pain might have combined with the first signs of sexual feeling, and initially turned the son into a masochist.\(^{664}\) Masochism, according to Moll, was in the case of men the beginning of homosexuality.\(^{665}\) Homosexuals were often masochists, and in turn, masochists often became homosexuals. In this case history, Penta was convinced that homosexuality was more an effect of the environment and of education than an inborn tendency.\(^{666}\)

Penta also came down more on the side of the acquisition of homosexuality when studying other case histories. Subsequently, in 1903, Penta published an article about a ‘paedophile fellator’. This was interpreted as a case of homosexuality because the subject engaged in sex with young men. Yet, Penta’s main concern was the paedophilia of the subject, a man suffering from alcoholic dementia, and subsequently from pseudo-paralysis. Paedophilia was not inborn in this case, but acquired. Penta stated that every sexual perversity had deep roots so that, once established, it became irresistible and

---

\(^{662}\) *RMPF*, vol.1, inside cover.


\(^{664}\) Ibid., 112.

\(^{665}\) Ibid., 114-15.

\(^{666}\) Ibid., 115.
repeated itself without fail and always in the same fashion. In general terms, even when a sexual pervert was aware of what he was doing, it was impossible to talk of free will.

Penta’s popularisation of the study of (abnormal) sexuality was not limited to his journals. Indeed, his lectures in psychiatry at the University of Naples covered the study of sexuality to a significant extent. In his courses during the 1899-1900 academic year, Penta started teaching his students how to conduct a clinical psychiatric examination. He explained how to examine the vegetative (bodily) functions, mobility, sight and sensitivity, and then he drew attention to the psychological functions: erotic and moral feelings were particularly important, as were patterns of behaviour, especially those aspects linked to instincts. Insanity mainly affected people between 30 and 40 years old, and sexual perversions appeared at an early age in the insane. The unmarried and widows or widowers were more affected by insanity than were married couples. Those unmarried people who had escaped family responsibilities displayed a weak moral sense and their personalities were not completely developed. Penta explained that sexual feeling gave rise to the psychological personality, which developed from masturbation, to sexual attraction towards certain kinds of women, and thence to a specific woman. Thus, according to Penta, single people were prone to insanity and were often more unbalanced than the married, because they would never attain the final stage of development in sexual life, namely, the exclusive love of one specific person.

Psychopathologies and neurosis were a consequence of excesses, especially dietary

---

668 Ibid., 482.
669 P. Penta, Lezioni di psichiatria dettate nell’anno scolastico 1899-1900 (1900), vol. 1 (manuscript).
670 Ibid., 34.
671 Ibid., 42-44.
excesses, so commonplace in the 'fat, greedy, vain, tedious and foolish bourgeoisie'.

Even if Penta never declared it openly, his statements on poverty, wealth and the exploitation of the poor by the bourgeoisiebordered on a kind of socialism.

Penta spent a fair amount of time explaining Freud’s essays on neurosis, published in the French Revue Neurologique (1896) and the German Neurologisches Centralblatt (1899). While in Italy positivist psychiatrists explained madness as a bodily disease and, broadly speaking, tended to reject Freud’s psychology, Penta introduced his students to nascent psychoanalytic theory, which emphasised the extent to which neurosis depended on the sexual life of individuals. Lombroso’s Archivio di psichiatriawas reluctant to popularise Freud’s theories in these same years, and the psychiatric community was generally hostile to Freud. The positivist scientific community set great store by the rationality of the world and was committed to find it, and therefore could not countenance the irrational aspect of the Freudian position.

According to Penta, Freud’s ideas about sexuality were not in themselves original, because previous researchers had shown the importance of sexuality in the outcome of a mental disease. It was the degree to which sexuality was heightened that was new.

Perhaps for this reason Penta was willing to popularise Freud’s ideas. Both Penta and Freud conceived of sexuality as a central aspect of individual personality. Penta also underlined that what Freud was doing in the study of neurosis, other psychiatrists such

672 Ibid., 44.
673 For a rejection of Freud’s theories in Italy, see E. Morselli, La psicanalisi (1944); M. David, La psicoanalisi nella cultura italiana (1966).
674 M. David, La psicoanalisi. According to Morselli, Italian positivist psychiatrists did not accept Freud’s theories because of his excessive focus on sexuality, the absence of organic explanations, and his pessimism. E. Morselli, La psicanalisi, vol.1, 25, 74-115.
as Eulenburg, Schrenck-Notzing, Luzenberger, and Morton Prince had already done for sexual inversion. He explained that Krafft-Ebing’s theory of sexual inversion as an inborn disease was outdated. Schrenck-Notzing, like Freud, had explained how a pleasant erotic sensation associates with a specific image and idea early in life. According to Schrenck-Notzing, sexual inversion was acquired. Penta went even further, stating that like sexual perversions, criminality was not inborn. In this way he criticised Lombroso’s criminal anthropology.676

Penta focused in detail on sexual inversion in the second part of his lectures dealing with pathology and clinical psychiatry. He examined sexual inversion when introducing what traditionally was called ‘psychological degeneracy’. Penta explained that some individuals with a morbid heredity that weakened the nervous system were easily influenced by suggestion. Consequently, sexual perversions were explained in terms of the associations of ideas. Despite the fact that homosexuality conceived thus was acquired, Penta stressed that it was not possible to condemn sexual inverts. The nervous system of sexual inverts was weak and the outcome morbid, and sexual inverts were therefore not thought to be responsible for their sexual practices. Unfortunately, Penta explained, not even doctors were prepared to accept that ‘vice’ was also as ‘morbid’ as a ‘primitive psychological degeneration’, or at least was beyond the control of the individual. ‘Vices’ were an effect of the environment, due to a lack of, say, food or hygiene, or to harsh economic conditions. Furthermore, it was society that caused nervous breakdowns, and consequently vicious and irresistible tendencies. The struggle necessary to live in a society could easily cause a nervous illness. Nerves were shattered in the fight that living in society required, and the wealth and pleasures of contemporary

676 Ibid., 115-19.
times triggered a collapse of the nervous system, with the resulting propensity for vice.\textsuperscript{677} In these terms sexual perverts were deemed not to be responsible for their condition, because it was a product of society.\textsuperscript{678}

No doubt Penta displayed an ambivalent attitude towards deviant sexualities, in particular homosexuality. He thought that homosexuals were not responsible for their acts, nevertheless he might still use the term ‘vice’ to refer to their sexual practices. Even his attempt to explain sexual inversion was far from being fully articulated: if the nervous system of the homosexual was weak, was the body, and the brain in particular, still the cause of sexual inversion? How did environment and nervous system interact? Nonetheless, Penta was remarkably open in his approach to homosexuality, a keen reader on the topic who was not afraid of changing his opinions. Thus in 1903, he wrote a long review of Hirschfeld’s 1899 \textit{Jahrbuch für sexuelle Zwischenstufen}, noting that it was interesting and ‘philanthropic’. The German sexological journal had the purpose of deepening the knowledge of all the physical and psychical characteristics which, despite belonging to the one sex, can be found in the other, that is, of the intermediate grades between the two sexes.\textsuperscript{679} ‘These people [homosexuals] are not monsters’ Penta wrote, ‘and must not be looked at with contempt, because they are neither worse nor better than other people’.\textsuperscript{680}

Penta wished Hirschfeld’s journal to have better luck than the \textit{Archivio delle psicopatie sessuali}. As he wrote, in 1896 he too had sought to ‘challenge the prejudices and the

\textsuperscript{677} Ibid., 123
\textsuperscript{678} Ibid., 112-123.
\textsuperscript{679} Penta, (review) ‘\textit{Jahrbuch für sexuelle Zwischenstufen}’, 518.
\textsuperscript{680} Ibid.
false or excessive prudery of society'. 681 He explained that the publishers had forced him to kill off the Archivio, and that a gap had been left, 'which [was] now bridged by the excellent German yearbook'. 682 Penta went on:

Even if it [Hirschfeld’s journal] does not feature genuinely observational and clinical studies, it has the great merit of popularising certain ideas, dispelling the contempt and disgust that surrounds these natural phenomena, and of causing us to love and respect those individuals who suffer — comprendre c’est pardonner — because throughout these pages filled with facts, quotations, memoirs and pictures the whole, so to speak, history of homosexuality (...) is presented in a clear and simple style, with its causes, characteristics, and biological meaning, and it is demonstrated that ultimately complete virility and outright femininity are types, almost artistic abstractions, or exceptions. Whereas Linnaeus’s dictum, that Natura non facit saltus [nature does not show interruption] is true of sexual characteristics also, and homosexuality is not an atavistic phenomenon, a degeneration, a monstrosity, but a natural and common phenomenon that must be respected legally, like heterosexuality. 683

In 1903, ten years after his first study on sexual perversions, Penta regarded homosexuality and heterosexuality as equally natural phenomena. He acknowledged that there was no clear boundary between normal and abnormal sexuality. No longer a part of abnormal sexuality, same-sex desires had become normal. Remarkably enough, he supported Hirschfeld’s political programme and even compared what Hirschfeld was doing to his own sexological activity, which would, he trusted, dispel the prudery of society and win acceptance for uncommon sexual ‘types’.

681 Ibid., 524.
682 Ibid.
683 Ibid.
3. Female Sexual Inversion

Both the *Archivio delle psicopatie sessuali* and the *Rivista mensile* focused on extreme forms of sexuality. Most of the cases involved men, but women were objects of observation too. Generally speaking, shocking cases involving men were described. Penta published extensively on the history of sexological research, to which sexual inversion was central. Yet, only one case history concerning a male invert was published in the 1898 volume of the *Rivista*, but even in that instance male sexual inversion was accompanied by other more extreme sexual perversions.\(^{684}\) In the 1903 case of a ‘paedophile fellator’ the main concern was the paedophilia of a man who had sex with young boys.\(^{685}\)

In his work on Verzeni at the beginning of the 1890s, Penta had noted that at least 90 case histories of (mainly male) sexual inversion were on record in the international scientific community.\(^{686}\) The topic had become reasonably established and perhaps he thought it was time to move on to another sexual category. After all, professional prestige is often associated with discovery, or in other words, to be a pioneer in a new field is what appeals most to a scientist.\(^{687}\) Penta observed male same-sex practices quite often, but he regarded them as simply a form of sexual behaviour in which prisoners, sadists, and murderers engaged. Thus, he did not necessarily think that these practices were representative of the medical category of sexual inversion. He pointed out that many poor young men in Naples sold themselves to foreign men, that sodomy in prison could be used as a form of violence or retribution, and that same-sex practices

\(^{684}\) As shown above at 243. P. Penta, ‘Sopra un caso d’inversione sessuale’.

\(^{685}\) P. Penta, ‘Un pedofilo fellarore’.
often implied power relationships with active men dominating passive prisoners. On the other hand, from the first very number of the Archivio Penta had drawn attention to female sexual inversion as an independent phenomenon.

Penta thought that women were less developed morally and physically than men, not only because of natural selection, but also because of men’s exploitation of women. Along with many contemporary scientists, Penta believed that natural selection impinged more on men than women because of the more active role men played in the natural (and historical) environment. Interestingly enough, Penta pointed out that in the course of history men had always chosen as partners those women who submitted to them, were faithful, and less sensitive. Therefore men had played a part in reinforcing those sexual differences that had acted in their favour. Men have exacerbated the psychological and physical weakness of women. According to Penta, women’s weakness was based on a less developed nervous system than men’s, and therefore they experienced ‘less sexual excitement’. Women’s inferiority was ‘an artificial product’, caused by men. This ‘inferiority’ did, however, offer women a greater measure of protection from madness and criminality. If women were less affected by these phenomena, it was because they were less involved than men in the struggle for existence. It is interesting to note that despite the fact that many Italian criminologists, inspired by Lombroso, were studying female prostitution and depicting it as the equivalent of male criminality, Penta never dealt with this area. He did not

---

686 P. Penta, I perversimenti sessuali, 200.
688 See the analysis of same-sex practices in studies such as P. Penta, I perversimenti sessuali dell'uomo; P. Penta, ‘Parere medico-legale sulle condizioni psichiche del prete Pietro Paolo Potenza, accusato di duplice assassinio’, RMPF, 1903, vol. 6, 101-11, 253-262, 289-296, 325-349, 361-379; P. Penta, ‘Un pedofilo fellatore’.
689 P. Penta, Lezioni di psichiatria, 52.
consider female prostitution to be the typical female crime or sexual perversion. Instead, he drew attention to female inversion as an extreme form of female sexuality, but at the same time a rather common occurrence in schools.

In the first issue of the Archivio delle psicopatie sessuali, Penta commented on a scandalous case that had occurred in a small town in southern Italy. The focus of this case was F. R., a woman with acquired sexual perversions on the basis of a pathological nervous heredity. F. R. was 48 years old and from the North of Italy. Her grandfather had committed suicide and her parents no longer lived together. She had spent six years in an asylum because of excesses of lypemania with signs of delusions. In 1892, when teaching in an elementary school in southern Italy, F.R. was discovered having sex with three female pupils no older than 11 years old. From the ensuing investigation, presumably among the pupils, it transpired that she had had oral sexual intercourse and genital contact without penetration with her pupils. It was also discovered that a pupil once brought her brother, who was still a baby, and F.R. abused him. F. R. was imprisoned and Penta called for her psychiatric examination.

From Penta’s psychiatric analysis, it turned out that F.R.’s genitals were normal, as was the rest of her body, though it was what he called ‘masculine looking’. In the prison, F.R. was inspired by religious mysticism; she wanted to wash the feet of the other prisoners, she prayed a great deal, and she spent most of her time alone. It was observed that she suffered from severe pain in her vagina, a result of the insertion of objects into

---

690 Ibid., 53.
691 Ibid., 51-53.
692 Lypemania was considered a form of mania characterised by sadness.
her genitalia.\textsuperscript{694} Penta investigated her past sexual experiences and she confessed that her first sexual experience occurred when she was 12 years old, and had been due to the effect a shaking train had on her genitals. Soon after that she fell in love with a young boy, who reciprocated, but they were forced to break up because she could not bear ‘immissio penis in vaginam’. She developed a fear of men’s orgasm and avoided men. Subsequently, she was affected by erotomania when she reached her menopause.\textsuperscript{695} Penta explained the woman’s crimes as ‘rudimentary loves’: as she practised a form of sex with her female pupils that resembled the first sexual experiences that everybody has as a baby, consisting of a pleasant feeling when touching and sucking.\textsuperscript{696} She also displayed ‘paradoxical love’ because she lost all caution in looking for sexual pleasure from her pupils. According to Penta’s analysis, the source of her acquired sexual perversion was the sexual fantasy of being with the young man whom she had loved when young. Thus her fantasy or imagination was the origin of her sexual perversion.\textsuperscript{697}

Moving away from strictly physical explanations, apart from a brief remark on F.R.’s nervous heredity, Penta focussed on psychological interpretations of F.R.’s sexual crime. He explored the woman’s childhood and first sexual experiences, explaining the extent to which F.R.’s sexual life was undeveloped. Her fear of men accounted for her desire for sexual intercourse with children. Above all, this case demonstrated that women, as well as men, could abuse children. In this way Penta highlighted the fact that women could display the same extreme sexual perversions as men.

\textsuperscript{694} Ibid., 17.  
\textsuperscript{695} Ibid., 17-8.  
\textsuperscript{696} ‘[A]mori rudimentali’, ibid.,18.  
\textsuperscript{697} Ibid.,19.
Fear of men and the idea of an undeveloped form of sexual activity explained yet other cases of same-sex desires in women. In 1896, Penta and Alfredo d'Urso, physician at Naples Asylum, published a study on a young sexual invert who developed her disease at school.⁶⁹⁸ Like other physicians at the end of the nineteenth century, Penta was particularly interested in the roles of women in schools. A.V. was 22 years old and from a wealthy family in Naples. She had psychopathic heredity, since some relatives were insane, but was good looking and did not display any stigmata of degeneration. However, ever since childhood she had suffered from epileptic crises and had derived pleasure from the company of ladies, while avoiding boys. When she was nine years old she fell in love with a female schoolmate. She became ill-tempered and sad, and was only happy when she was with her friend, kissing and hugging her. When her friend died, she no longer went out, ate, or spoke a world, and from the age of thirteen her intellectual abilities had declined. Subsequently she fell in love with a few young ladies, who in turn avoided her.

Penta recorded passages from the letters A. V. had sent to two of those she loved, and as he stressed, she was fully aware of loving women in a sensual fashion. She also showed a strong resistance to the idea of getting married, which was what her parents wished for her. Penta observed that A.V. was a modest young woman and that her parents preferred him not to ask her questions of too intimate a nature. Accordingly, he did not dare explain to them the sexual feelings of their daughter. He also knew that they could not understand his scientific interest in A.V.'s sexual life. However, her parents' readiness to hand over their daughter's letters reflects a willingness to cooperate to a certain extent with Penta in exploring her inner world.

A.V. was an example of 'rudimentary love' with a real 'phobia' towards the male sex, and her sexual feelings were more psychological than physical. Her sexual inversion had very peculiar characteristics: her feeling towards women was described as a 'sweet feeling', a 'cult' and an 'adoration,' along with 'instinctive organic characteristics, not much developed, undifferentiated and inferior'. This had all the characteristics of 'amore fiammesco'.  

Penta stressed how this undifferentiated love was common during puberty, especially in colleges where one sex was gathered. It was so common that in the same year, Penta was able to observe another similar case involving a woman who developed her sexual inversion at school. Reflecting on A.V.'s case, he pointed out that at that time all psychiatrists agreed that 'sexual feeling' was critical in the development of the psychology of the individual. In the same way, it was widely accepted that every 'psychic degeneration' affected the sexual life.

Psychiatrists, in diagnosing mental diseases, used patients' letters in the late nineteenth century. Krafft-Ebing and Havelock Ellis, in particular, made extensive use of male sexual inverts' writing in their studies. In such cases it was sexual inverts who wrote to the doctor. Penta started to use letters sent by female sexual inverts to their lovers, but without the cooperation of the authors. In 1900 Penta published a remarkable article focussing on female sexual inversion using letters written by a woman. He claimed that Mantegazza, Lombroso and Krafft-Ebing had not been able to collect letters from such

---

699 Ibid., 36-39.  
700 Ibid., 38-39.  
702 P. Penta and A. d'Urso 'Sopra un caso d'inversione sessuale', 37.  
703 See also G. Penta, 'Un altro caso di inversione sessuale in donna', APS, 1896, 94-96. The author of the article signed as Giuseppe Penta, but it is probable that it was written by Pasquale Penta, since the author recalls previous work which was Pasquale Penta’s.
women, and that he was thus the first one to be able to make female inverts’ desires speak for themselves. Penta was thus claiming to be a pioneer.

Nicola Tramontano, a lawyer, had given some letters written by Maria M. to Penta. While he was not allowed to say how Tramontano obtained these letters, he thought that they merited publication, even if some people would think they were obscene and immoral. It was necessary to know human beings’ virtues, but also their vices. No matter how revolting or obscene those ‘vices’ might be, if the physician could learn the source of them, he might find the means to heal and prevent them.

Penta stressed that publishing the letters had a moral purpose: namely, warning fathers of the risks their daughters ran in being on too intimate terms with their girlfriends. Excessively long and tender kisses, warm embraces, and overly sensual sentences in daughters’ letters were signs that they were liable to be ‘contaminated’ by ‘abnormal loves’. It was necessary to act promptly, not only because those individuals who were prone to mental diseases could ‘suffer from sexual perversions’, but also because normal individuals could learn by example, imitation and habit. Penta believed that silence and ignorance about sexuality were more dangerous than having an understanding of what was involved. Knowledge was necessary to prevent the spreading of sexual deviancy, and awareness of its pathological nature might deter people from such behaviour.

704 P. Penta, ‘In tema di pervertimenti sessuali’, RMPF, 1900, vol.3, 69. Penta failed to mention that Ellis had published some letters by women in Sexual Inversion, although Ellis’s subjects did not approach sexual matters as openly as the woman Penta presented. Oosterhuis has paid attention to Krafft-Ebing’s use of invert patients’ letters. H. Oosterhuis, Stepchildren of Nature.
706 Ibid., 70.
707 Ibid.
Thus, Penta summarised for the reader a few important points. *Fiamme* proved that sexual inversion was acquired by moral contagion and that it was possible to treat same-sex desires through a change of milieu. Schrenck-Notzing, Freud and Luzenberger had recently shown that most sexual inverts had acquired their sexual perversions. In childhood, it was argued, some sexual stimuli had acted on the ‘unconscious’ linking an idea to a sexual pleasure. In puberty, the unconscious association re-emerged. This phenomenon was very dangerous, as everybody working in juvenile delinquent prisons, colleges or seminaries was familiar with sexual inversion. At least a third of all prisoners practised pederasty. Most the young boys in gaol had had sexual experiences from at an early age, had seen pederasty in and outside the prisons, had seen how their parents made love with each other since they grew up in the same room, and had shared a bed with their sisters. Neapolitans were only too well aware that foreigners came to Naples in search of sexual intercourse with boys and that they were then blackmailed. Physicians knew that most educated sexual inverts had had their first sexual experience in colleges or seminaries. In the colleges, boys and girls started by writing love letters and ended up engaging in homosexuality.

After this threatening digression on the diffusion of homosexuality, Penta warned that the letters he was publishing contained vivid depictions of ‘Sapphic love’ and of other forms of female sexual perversion. From the context it is possible to understand that Maria N., the author of the published letters, replied to a newspaper advertisement

---

708 Ibid.
709 Ibid., 70-71.
710 Ibid., 72.
711 Ibid., 71-72.
712 Ibid., 73.
written by another young lady, Giovannina. Maria was a singer in theatres and lived on
her own, although a man kept her in exchange for sex from time to time. Maria was
very keen to say that she had ‘known’ only this man and that since childhood she had
loved women. She could not make her living from her singing, so when she met a rich
man willing to help her, she agreed to be his lover. The two girls corresponded for a
while by mail, using posta restante addresses and collecting letters from their local post
office. After exchanging photographs and realising that they were compatible, they tried
to agree when and where to meet up. They were both looking for the same thing: sex
with another woman. The critical question was how to avoid gossip. It was agreed that
they would meet at Maria’s house as she was more free that Giovannina. Since the first
letter, they had been very explicit about sexual matters, and they described what they
liked and wanted. Maria, for example, openly wrote that she masturbated while gazing
at Giovannina’s photo and decided to send some of her ‘wet’ pubic hairs to Giovannina.
Maria also wanted to be Giovannina’s ‘slave’. 713

Penta was right to claim that he was the first ever to have published such a document.
The content of these letters is unique in scientific literature because Maria N. described
her sexual fantasies quite openly. Penta did not make any distinction when describing
men and women’s inversion, insisting that the latter displayed the same degree of sexual
perversion as men. Women could commit sexual crimes just as men did, and had strong
sexual drives like men. No wonder Penta warned the reader that this publication had
moral purposes and stressed that it was not an obscene publication. Today’s reader
might question whether Penta’s success was due not only to his scientific merits, but

713 Ibid., 69-89.
also to his work's titillating qualities. Penta indulged in long descriptions of what his sexual perverts did. Did only doctors and lawyers read Penta's journal?

In the 1903 volume of the *Rivista di psichiatria forense*, Dr Filippo Saporito published a study on criminality among soldiers. The case history focused on a young soldier who ended up in a military prison for disobeying orders. He started to write his autobiography while in prison, and in it he gave a brief account of his sexual relationships with other men. This soldier knew Mantegazza's work on sexuality; he called himself a 'pederast' and was familiar with medical terms.\(^{714}\) The role of medical texts in contributing to create a 'homosexual identity' has been hugely debated.\(^{715}\) Even if the *Archivio delle psicopatie sessuali* was only meant to sell within medical circles, it had much wider audience. But did women have access to such works at the turn of the century? Did women read medical works? Certainly Lombroso was popular in Italy and he was not only read by scientists, but the social conventions of the time made it hard for women to gain access to works such as the *Archivio delle psicopatie sessuali*, which were aimed at men, either for scientific or for pornographic purposes.

**Conclusion**

In the second half of the nineteenth century psychiatry and the law were in conflict, with the free will of the criminal at the centre of the debate between the two disciplines.\(^{716}\)

During his career, Penta often returned to the divergence between law on one side, and


\(^{715}\) For recent contrasting views on the topic, see H. Oosterhuis, *Stepchildren of Nature*; S. Brady, *Masculinity*. 

259
criminal anthropology and psychiatry on the other. To Penta, a critical issue of this conflict was the interpretation of sexual pathologies and sexual crimes. Penta represents a clear example of a psychiatrist who routinely came across sexual perversions because he worked in prisons and asylums, and was called as an expert in cases of sexual crime. Yet, the role of sexologists and sexual perversion in medical and legal debates has been traditionally overlooked in studies of the history of science in Italy.

Penta’s positions were far from being static and coherent throughout his career. He thus switched from physical to more environmental and psychological explanations. It is not a coincidence that Penta promptly assimilated and popularised Freud’s ideas, especially on sexuality, when most Italian scientists rejected them. Indeed, Penta’s own ideas clearly reflected those that Freud was putting forward, and mirrored the transition within European psychiatry from Krafft-Ebing to Freud. His change was also motivated by practical reasons. Penta was an optimistic practitioner; he advocated a better education for criminals because he believed that they had the capacity to change, and he had socialist sympathies. Biological explanations offered little hope of improving a patient’s situation. Penta escaped the limitations of degeneration theory by elaborating a psychological interpretation of sexuality which appealed to him more in terms of therapeutics.

Penta is also an example of a professional scientist who, in a country dominated by Lombroso’s criminology, made sexual perversion his own specialisation. In the context of a professionalisation of medicine increasing throughout the course of the nineteenth

century, Penta provides an instance of how a young physician cultivated sexological research as his own field of expertise. To him, debates on sexual inversion were more an instrument to achieve professional advancement than a way of stigmatising of sexual minorities or an expression of political commitment to homosexual rights movements.\textsuperscript{717} As an ambitious scientist he wanted to be the first to deal with new developments in his discipline. It is not a coincidence that while having a deep knowledge of the development of sexology, he did not focus on male inverts. Indeed, a large proportion of Penta’s case histories were of female inverts and he approached the study of their perversion in an original way; he sought to let these women speak for themselves. While physicians had published letters written by male inverts, Penta thought that collecting letters female inverts had written was an important step for sexology because little had been done in that area. Not only did Penta manage to find and publish letters from such women, but he did it so effectively that his readers were easily shocked by the explicitness with which they described their sexual desires. Rather than an oppressive sexologist, Penta should be viewed as a practitioner who was unveiling female sexuality.

His changing views on homosexuality show that one must avoid the dichotomy of villain/hero when dealing with sexologists. Like Ellis in Britain, Penta saw himself as a scientist whose purpose was to liberate others from sexual prudery, but who instead fell victim to social hypocrisy and conventions. This was of course a little self-serving, nonetheless Penta succeeded in challenging contemporary views on homosexuality, and was prepared to express sympathy for Magnus Hirschfeld’s political programme. There

\textsuperscript{717} Such as the case of Hirschfeld.
is no proof that his ‘tolerance’ derived from a personal or political interest in the matter. Yet his sexological activity met obstacles within the Italian scientific community and this shows the extent to which Penta was challenging the values of his own society.
In 1897 Havelock Ellis published the first English textbook on homosexuality, *Sexual Inversion*. It took Ellis five years to collect all the data and case studies, and many attempts before he found an English publisher; it also took two years of collaboration with a man of letters, John Addington Symonds,\(^\text{718}\) as well as help from some American and Continental medical writers, and from his personal friends.\(^\text{719}\) Ellis ventured to publish his study of same-sex behaviour in order to demonstrate that homosexuality was just an expression of the sexual instinct. According to Ellis, homosexuality was a common biological manifestation in human beings and animals. He used, to a large extent, both anthropological and historical studies to show that homosexuality was present in a wide range of different cultures. Homosexuality was neither a sin nor a sickness; the difference between heterosexuality and homosexuality was the choice of object. In 1897 this was a radical proposal. *Sexual Inversion* was pitted against the morality of the times, arguing that homosexuality should be treated as a natural phenomenon, not subject to the constraints of the clergy and the law. It fostered sexual

\(^\text{718}\) During the latter part of the nineteenth century John Addington Symonds (1840-93) was regarded as one of the major English men of letters. His reputation was based on an extraordinary literary productivity: reviews in leading periodicals, studies on Dante and on Greek poets, travel books, volumes of poetry, and collections of essays. Above all, he was distinguished for his account in seven volumes on *the Renaissance in Italy*.

\(^\text{719}\) Some of the cases were known to Ellis personally, but most of them were supplied by Symonds and Edward Carpenter. The Americans, James G. Kiernan and Dr. Lydston, assisted Ellis at various points in the text. Also, 'Dr. K.', an American female physician, assisted Ellis in obtaining the cases and supplied an appendix. Ellis also gave thanks to Lombroso. H. Ellis and J. A. Symonds, *Sexual Inversion*, XV.
liberation, proposing that individuals had a right to their own sexual experiences and desires.

Probably for the first time, a scientific authority had opted not to portray sexual inverts as degenerates. Earlier works on 'sexual perversion', such as Krafft-Ebing's Psychopathia Sexualis, dealt solely with the pathological aspect of sexual inverts. Ellis had a specific political agenda in mind when he started to write Sexual Inversion: to de-criminalise the crime of 'gross indecency between men'. To do so, he endeavoured to show that sexual inverts were ordinary people in their sexual behaviour.

Historians accept Ellis as a sexual modernist, an initiator of a view of sexuality characterised by permissiveness and tolerance, and opposed to current orthodoxies. In 1897, talking about sex and arguing for its investigation was as radically subversive and progressive a project in Britain as anywhere else. The wider implications of the project were, however, more than a little complex. Ellis believed that society grossly exaggerated the adventitious characteristics of gender, and that because of their very difference, women should be given a greater voice in the ordering of society. Nevertheless, many of his arguments were founded on the assumption that profound differences existed between the sexes. His studies were based on the conviction that 'masculinity' and 'femininity' were qualities rooted in deep biological differences: male sexuality was seen as essentially active while female sexuality was theorised as passive and responsive to male sexuality. As a result, feminist scholars have often pointed out that Ellis was not able to challenge the Victorian stereotypes of women's sexuality, and, in particular, that he reinforced a negative stereotype surrounding female
homosexuality. In particular, Ellis's *Sexual Inversion* has been seen as 'stigmatising' lesbians as masculine, criminal, insane, and almost monstrous creatures. According to Lillian Faderman, sexologists discouraged feminism by associating it with sexual perversions. By classifying and theorising female homosexuality as a pathological phenomenon, Ellis played a major role in discouraging love between women for all those who did not want to adopt the negative label of sexual inverts.

This chapter illustrates the necessity of analysing the historical, medical and legal context of Ellis's work in order to assess his thoughts on lesbians. It will argue that Ellis's work on female sexual inversion was much less a matter of stigmatising lesbians, than of negotiating within specific medical debates about sex and sexual inverts, and about women's role in society. First, I will depict *Sexual Inversion* as the outcome of an unusual collaboration between Ellis and Symonds, and examine their underlying political agenda. Second, through an analysis of the Bedborough trial (1898) — involving *Sexual Inversion* — I will show how difficult it then was to pursue the study of sexuality in Britain. Finally, Ellis's conception of lesbianism will be examined. Through a close reading of *Sexual Inversion*, it is possible to gauge the extent to which Ellis considered lesbians independent, intelligent and even remarkable women.

---

720 This argument is also advanced in P. Robinson, *The Modernisation of Sex* (1976); J. Weeks, *Sexuality and Its Discontents*.

721 L. Faderman, *Surpassing the Love of Men*, 239-53. Faderman, taking words such as 'morbid' out of context, concludes that lesbians were described as pathological. See also S. Jeffreys, *The Spinster and Her Enemies*, 102-146. On the contrary, Ellis argued that homosexuality was not a disease.
1. Sexual Inversion

Henry Havelock Ellis was born in 1859 in Croydon. In 1875, he left England and made a world trip with his father, Edward Peppen Ellis, a sea captain. He stopped in Australia because of ill-health and in 1878 he was employed as an elementary school teacher at Sparke's Creek, a remote town in New South Wales. He moved back to England in 1879 and in the late 1880s he started his medical training at St. Thomas's Hospital, London. In the 1880s Ellis began to frequent progressive circles in London and to write articles for magazines produced in these milieux, where he met Edward Carpenter, and feminists such as Olive Schreiner and his future wife, Edith Lees. Ellis obtained his medical qualification after seven years of training, although his qualification — the Licentiate of the Society of Apothecaries — was the lowest level required for embarking on a medical career, and he only practised medicine — obstetrics — for a short time. He started his career as a writer by tackling both literary and scientific subjects before devoting himself to the psychology of sex. In 1938, a year before his death, he was admitted to the Fellowship of the Royal College of Physicians, explicitly in recognition of his services to sexual science. 722

Ellis and Symonds began corresponding in 1891. They never met personally, but were nonetheless able to collaborate by letter in the study of sexual inversion. 723 Before his collaboration with Ellis, Symonds in 1883 had published a closely argued defence of Ancient Greek boy-love, A Problem in Greek Ethics, with a small press and then in 1891 a plea for the sympathetic reconsideration of the contemporary sexual invert, A Problem in Modern Ethics Being an Inquiry into the Phenomenon of Sexual Inversion.

In July 1892 Symonds approached Ellis — through their common friend Arthur Symons — with the proposal that they should collaborate on a book about homosexuality for the Contemporary Science Series, of which Ellis was the editor.\textsuperscript{724}

Replying to Symonds, Ellis explained that he was ‘at work on a study of the present state of knowledge of the secondary sexual characters in man and woman’, which was to be published in 1894 as \textit{Man and Woman}. He added that his interest in the subject was of much longer standing: ‘for fifteen years I have been more or less occupied in preparing myself to deal with the question of sex’. Ellis was not exaggerating to Symonds: his interest in sexual knowledge can be traced back to his Australian trip at the end of the 1870s.\textsuperscript{725} However, it was only around 1892 that he became preoccupied with sexual inversion, and this for two reasons: because he had observed its existence to a greater or lesser extent in many people he knew, or knew of, and whom he ‘much [did] love and respect’;\textsuperscript{726} partly also because he had realised more clearly the relation of sexual inversion to the law, after having read in an Italian journal, the \textit{Archivio di psichiatria}, a summary of a pamphlet on this subject.\textsuperscript{727}

Some of his most esteemed friends were indeed more or less homosexual: his wife Edith, and Carpenter, to name but two. Moreover, Ellis was interested in Italian science: he was the principal English supporter of criminal anthropology, and had helped to popularise Italian research in Britain. As is evident from the correspondence between

\begin{flushright}
\textsuperscript{723} A number of historians have paid attention to Symonds’s letters to Ellis, fewer to Ellis’s letters to Symonds. See for example F. Grosskurth, \textit{Havelock Ellis}; C. Nottingham, \textit{The Pursuit of Serenity}.  \\
\textsuperscript{724} Contemporary Science Series aimed to popularise scientific works among a general public.  \\
\textsuperscript{725} H. Ellis, BL ADD 70524, Letter to J. A. Symonds, 1 Jul. 1892; C. Nottingham, \textit{The Pursuit of Serenity}, 140.  \\
\textsuperscript{726} H. Ellis, BL ADD 70524, Letter to J. A. Symonds, 18 Jun. 1892.
\end{flushright}
Ellis and Symonds, both were familiar with Italian sexological research about same-sex desires. Indeed, the most famous British text on sexual inversion of the turn of the century arose from discussions about Italian sources. In this section I will show how *Sexual Inversion* grew out of a dialogue and negotiation between Symonds and Ellis on homosexuality, social values and political agendas; and I will point the reader to the role that Italian sources played in Ellis's and Symonds's interpretation of sexual inversion.

*Sexual Inversion* as a negotiation of scientific knowledge. Despite Ellis's and Symonds's different approaches to sexual inversion — the former had a more medical outlook and the latter an historical one — they were both equally determined to change the legal situation of sexual inverts. In 1892 Ellis wrote to his friend Carpenter that both he and Symonds wanted to obtain a 'sympathetic recognition for sexual inversion as psychic abnormality which may be regarded as the highest ideal and to clear away many vulgar errors preparing the way, if possible, for a change in the law'.

The use of the term 'psychic abnormality' by Ellis should not mislead us into supposing that he favoured a form of pathologisation of, and therefore discrimination against, homosexuality. Indeed, Ellis spoke here of 'the highest ideal', meaning that sexual inversion could be regarded as something highly valued. Even Symonds, who was homosexual, referred to homosexuals as persons 'abnormally constituted', but whose 'congenital abnormality is not vice or crime, but imperfection, aberration from the

---

727 Ibid. In *The Criminal* (1890) Ellis had briefly associated femininity with 'pederasts', and masculinity with female criminals. He also observed that tattooing was a common practice among 'pederasts' and 'tribades'. Both ideas were clearly drawn from Lombroso. H. Ellis, *The Criminal*, 53, 106.

728 H. Ellis, BL ADD 70536, Letter to Edward Carpenter, 17 Dec. 1892.
standard'. It is always important to put historical documents in context, and this is especially true when we read late nineteenth-century sexological texts. Words taken in isolation may sometimes be misleading. It is necessary to see which moral values sexologists were promoting.

As Ellis’s and Symonds’s correspondence makes clear, their collaboration shared a common political agenda. Ellis thought that the law against homosexuality in England was 'outrageously severe,' and lamented how shamefully this law could touch 'a perfectly beautiful form of inversion'. Symonds fully agreed with this; and both of them thought that it was time to call for a change. The real problem was reaching an agreement on the nature of homosexuality. This was not a secondary problem, as both realised it was important to agree on what kind of image of sexual inversion they were going to promote in a book both believed necessary to change attitudes to sexual morality in Britain. How far Ellis and Symonds went in their investigation depended on their negotiation of concepts of morbidity and normality as applied to homosexuality, and consequently the strategy they used to present their results.

Symonds was perplexed by his collaborator’s approach to homosexuality because Ellis was a member of the scientific community. Symonds was aware that the phenomenon of sexual inversion was usually regarded medically as a form of psychopathic or

---


730 For an insightful and detailed analysis of Ellis's and Symonds's correspondence, see I. Crozier (ed.), 'Introduction', in H, Ellis and J. A. Symonds's *Sexual Inversion* (forthcoming). I would like to thank Ivan Crozier for letting me read this work before publication.

731 H. Ellis, BL ADD 70536, Letter to E. Carpenter, 17 Dec. 1892.
'neuropathic' derangement, inherited from morbid ancestors and developed in the patient by early habits of self-abuse. He recognised, however, that medico-legal scientists had made a considerable step forward when they acknowledged that homosexuality was inborn. Indeed, this concession made it possible to speak of homosexuality not as a vice or a crime, but as something that was naturally inborn in an individual and so not punishable by law. According to Symonds 'the theory of morbidity [applied to homosexuals] is more humane, but is not less false, than that of sin or vice'; psychiatrists had erred in diagnosing morbidity in homosexual instincts, since these latter guided the passions of the best and noblest ancient Greek men. It was simply not possible to assert that ancient Greece, the cradle of Western culture, had been in some sense diseased. Symonds sought to promote a positive image of sexual inverts, and thus he harked back to ancient Greek culture.

Although Ellis, for his part, also wished to show that sexual inverts could be normal individuals, he did not want to pick a quarrel with medical psychologists, but rather to transcend current medical assumptions. At the time it was easier for physicians to write about homosexuality in medical texts than it was for authors addressing a general readership, who published for political or for prurient purposes. Thus for Ellis, working within the medical tradition entailed a strategic compromise: 'I do not wish to put myself in opposition to the medical psychiatrists, the people who have most carefully

732 J. A. Symonds, A Problem in Modern Ethics (1896), 10-74.
studied the question; to do so in any case would be a bad policy; I simply wish to carry their investigations a step further'.

Replying to criticism, Ellis alerted Symonds to the fact that he (Symonds) himself spoke of sexual inverts as being of 'abnormal nature', as did other psychiatrists. Ellis's objection to the British psychiatrists was that they did not even discuss the question, wrapping 'a wet blanket round it, with averted eyes'. Symonds then responded by saying that when referring to sexual inverts as 'abnormal' and 'morbid,' he had simply meant that they were 'in a minority', and 'exceptions to the large rule of sex'. Sexual inversion was never morbid in itself, but on occasion might coexist with morbidity. Symonds eventually found a middle ground and admitted that sexual inverts were frequently 'neurotic'; he nevertheless doubted that neurosis should be regarded as the cause of inversion. He also recognised that the word 'sport', which he had also used to define homosexuality in A Problem in Modern Ethics, was misleading, although it was an alternative to 'neuropathic', the term currently used by psychiatrists. 'I have been growing to regard these anomalies as sports, that is to say, as an occasional mal-arrangement between the reproductive function and the imaginative basis of desire'.

It is clear that Symonds used the same language as medicine did, arguing on the same grounds and adopting the same assumptions as doctors. After discussing the issue with Ellis, he concluded that sexual inversion would eventually be regarded as:

---

735 H. Ellis, BL ADD 70524, Letter to J. A. Symonds, 1 Jul. 1892.
737 Symonds in A Problem in Modern Ethics had defined homosexuality as a 'sport of nature in her attempt to differentiate the sexes', J. A. Symonds, A Problem in Modern Ethics, 129. In biology the term 'sport' indicates an organism that shows a marked change from the normal type or parent stock, typically as a result of mutation. J. A. Symonds, The Letters, Letter 2036 to H. Ellis, 29 Sept. 1892, 754-55.
738 Ibid., Letter 2062 to H. Ellis, 1 Dec. 1892, 787.
a comparatively rare but quite natural and not morbid deflection from the common rule, due to mental imaginative aesthetical emotional peculiarities of the individual in whom it occurs. It would then be neither a morbidity nor a monstrosity — except in the same sense as colour blindness be termed either.\footnote{739}

Therefore, Symonds was inclined to abolish the neuropathic implication. Considering — he went on in his argument — that all boys are exposed to ‘the same order of suggestions (sight of a man’s naked organs, sleeping with a man, being handled by a man) and that only a few of them become sexually perverted’, he thought ‘it is reasonable to conclude that these few were previously constituted to receive the suggestion. In fact, suggestion seems to play exactly the same part in the normal and abnormal awakening of sex’.\footnote{740}

In turn, Ellis, after reading Symonds’s letters, believed ‘that the difference in point of view is very slight — not greater than is desirable in order to obtain an all-round presentation of the matter’.\footnote{741} There could be no doubt that scientific opinion had tended towards Symonds’s view, but after pondering the various stances available Ellis wished to avoid any assumption of the necessity of psychopathic conditions. He wrote:

\begin{quote}
[i]hat sexual inverts are often neurotic persons there can be little doubt: that suggestion is sometimes a factor in the causation I am quite prepared to believe; the fact that both neurotic condition and suggestion are so common would certainly not prove that they have no connection with sexual inversion. The causation is probably complex.\footnote{742}
\end{quote}

\footnote{739} Ibid., Letter 2036 to H. Ellis, 29 Sept. 1892, 754-55.  
\footnote{740} Ibid., Letter 2062 toll Ellis, 1 Dec.1892, 787-88.  
\footnote{741} H. Ellis, BL ADD 70524, Letter to J. A. Symonds, 21 Dec. 1892.  
\footnote{742} Ibid.
Ellis went even further, and pointed out that ‘to call the sexual invert a “sport” seems another way of calling him — in the uncoloured scientific sense of the word — a “monster”.’ In this regard using the term ‘sport’ brought the homosexual close to the field of teratology. In the end, Ellis proved to be more astute and bolder in his approach than Symonds. Ellis quite accepted the comparison with colour-blindness put forward by Symonds, but judged the analogy with ‘secondary sensations’ — for example coloured hearing — to be still better:

such sensations may be either congenital or acquired, and it is not easy to distinguish one class from another; the subjects of such sensations sometimes, though by no means invariably, show minor neurotic characters or a neurotic heredity, while at the same time it is possible to argue (as some of the subjects of such sensations do argue) that coloured hearing indicates a further step of human development. I think we may regard sexual inversion as a psychic abnormality in just the same way as coloured-hearing is.

In the final draft of Sexual Inversion Ellis wrote that the sexual invert may be ‘roughly compared to the congenital idiot, to the instinctive criminal, to the man of genius’, who are not all strictly ‘concordant with the usual biological variation,’ but who become ‘somewhat more intelligible to us if we bear in mind their affinity to variations’. In Sexual Inversion Ellis acknowledged that Symonds had compared inversion to colour-blindness; and ‘such comparison is reasonable’. However, it was better to compare sexual inversion with colour-hearing. This condition could be considered an ‘abnormality,’ but not a ‘diseased’ condition. Inversion was as such a mutation, an ‘anomaly’ to be compared perhaps with those who possessed coloured-hearing, which

---

743 Ibid.
744 Ibid. Teratology is the study of malformations or deviations from the normal type organisms. It is concerned with anatomy and classification of malformed foetuses.
745 Ibid., Letter to J. A. Symonds, 3 Jan. 1893.
746 H. Ellis and J. A. Symonds, Sexual Inversion, 134.
747 Ibid., 134-135.
after all could be regarded as a sort of talent, so that it was possible to assume that the invert was not only an acceptable member of the society, but a talented one.\footnote{P. Grosskurth, \textit{Havelock Ellis}, 189-190. On the artistic talent of homosexuals, see H. Ellis, \textit{`Nota sulle facoltà artistiche degli invertiti'}.}

In these terms we can understand why Ellis stressed that none of his cases had been charged with misdemeanours or were degenerate, and that he had found sexual inverts for his case histories among the most cultivated members of the community. Indeed, Ellis took great care to include no subjects from asylums or prisons. He was concerned with `individuals who live in freedom, some of them suffering intensely from their abnormal organisation, but otherwise ordinary members of society'.\footnote{H. Ellis and J. A. Symonds, \textit{Sexual Inversion}, XIV-X.} His originality resided in his decision to publish case studies of `normal' individuals. Like Krafft-Ebing, Ellis was convinced of the hereditary basis of inversion, but differed in his attitude towards inverts. For Krafft-Ebing they were virtually pariahs, `step-children of nature', whereas Ellis was the first heterosexual investigator to accord them some dignity as complete human beings.

Both Ellis and Symonds appealed to science as an authority. Otherwise, they thought, they would stand no chance of changing the law against `sodomy' in late Victorian times. Ellis suggested that they `adopt a rather austere style in this book, avoiding so far as possible a literary or artistic attitude towards the question — appealing to the reason rather than to the emotions'.\footnote{H. Ellis, BL ADD 70524, Letter to J. A. Symonds, 19 Feb. 1893.} To be effective their work had to be rational and scientific in tone. Just as science, to Ellis's generation, represented liberation from primitive forms of social organisation and from repressive government, so in Ellis's
own view a scientific attitude was a form of emancipation from the mental restrictions of the past as they had been applied to sexuality.

As Nottingham has suggested, Ellis used science in the sense grafted onto British culture by Bentham and his followers: as a body of applicable knowledge which must by reason and of necessity become the basis for understanding society and developing the agenda of modern government. Science was the contrary of arbitrariness, the remedy to ignorance, the means and the justification for rational orderliness, the modern way of looking at things. Science, thus understood, had extended the scope of State action and offered the guarantee of increased competence to those politicians capable of recognising the opportunity.\textsuperscript{751}

Symonds recognised the importance of scientific authority as well. He knew that he needed somebody of medical importance with whom to collaborate in order to obtain a sympathetic hearing from his readers. An emotional literary approach to the question of sexual inversion would have appeared ‘eccentric’ and ineffective.\textsuperscript{752} Symonds, the son of an eminent physician, had initially assented to the medicalisation of sexuality, and he argued within the bounds of entrenched assumptions about physical, mental and moral health. What he proposed was that homosexuality was natural, that there were among inverts many noble souls, and he recalled the great achievements of ancient Greek culture.

\textit{Sexual Inversion and the Italian sources.} Ellis and Symonds read together the current writers on the subject — for example scientific authors such as Lombroso, Moll, but

\footnote{751 C. Nottingham, \textit{The Pursuit of Serenity}, 143-44.}
also poets such as Paul Verlaine, Walt Whitman. Ellis’s and Symonds’s correspondence seems to show that both of them had links with Italy. Symonds had published a work on the Italian Renaissance, studied Italian literature, went regularly to Venice, and had travelled all over Italy, where he had the chance to observe different social conditions that seemed to favour homosexuality. No doubt Ellis kept abreast of new developments in Italian science. Indeed, it was he who had introduced Lombroso and criminal anthropology to the British scientific community in the 1890s. In 1890, Ellis launched a new section within The Journal of Mental Science entitled ‘Criminal Anthropology’, in which the ‘Italian School’ featured on a regular basis. He translated Lombroso’s The Man of Genius, which was published in the Contemporary Science Series, and he also contributed to the field of criminal anthropology with The Criminal (1890). Ellis criticised Lombroso because of his ‘indiscriminate procedure in collecting data’:

Lombroso’s work is by no means free from faults. His style is abrupt; he is too impetuous, arriving too rapidly at conclusions, lacking in critical faculty and in balance. Thus he was led at the beginning to over-estimate the atavistic element in the criminal, and at a later date he has pressed too strongly the epileptic affinities of crime.

However, Lombroso is quoted more often than any other authority in The Criminal, so it is probably fair to say that Lombroso was Ellis’s chief inspiration for the book. Ellis wrote to Symonds:

Nothing too severe of Lombroso's lack of critical judgement and historical insight and accuracy; one forgives it all because he has opened up so many new lines of investigation and set up so many good men to work. 756

In 1894 Ellis had the chance to meet Lombroso personally, when attending the International Medical Congress in Rome. He was visited in his hotel room by Lombroso, who appointed him secretary of the Psychiatric Section, a post which was almost entirely honorary. 757 Then, in 1901, when Lombroso's methodological shortcomings had become all too evident to the scientific community, Ellis praised Lombroso as a 'Columbus' of science. 758

Ellis, knowing that Symonds was working on Michelangelo's life, suggested that Symonds read Lombroso's notes on Michelangelo's 'psychic anomaly' and sent him the article in question. 759 Symonds in turn, judged the article 'worthless', calling Lombroso 'entirely untrustworthy from the historical-critical point of view', and wrote to Ellis that Lombroso 'stuffs into his book at second hand whatever suits his purpose'. 760 Symonds did not realise that Ellis and Symonds himself were doing the same thing, collecting 'at second hand whatever suits' to describe sexual inversion. This is quite evident where Ellis used different scientists' views to reinforce his opinion, without discussing methodological issues. Collecting data was an integral part of the scientific model of the time: British scientists were particularly keen on their natural history, while Italians

756 H. Ellis, BL ADD 70524, Letter to J. A. Symonds, 1 July 1892.
757 By the time of Medical Congress in Rome, Ellis had some scientific standing as editor of the Contemporary Science Series, author of the Criminal and he had recently published Man and Woman. At the Congress Ellis made another important contact: Dr. Hans Kurella, who was later to translate his Studies into German. H. Ellis, My Life (1940), 283; P. Grosskurth, Havelock Ellis, 168.
758 Preface to the 3rd edition of The Criminal, see H. Ellis, The Criminal, (1901), IX-X.
759 H. Ellis, BL ADD 70524, Letter to J. A. Symonds, 10 Jul. 1891. Ellis was referring to C. Lombroso, 'Anomalie psichiche in Michelangelo e Virgilio', AP, 1890, vol. 11, 331-33.
were proud of their positivism. In medicine both natural history and positivism were based on the collection of ‘facts’: anthropological, sociological, demographic, medical observations, everything was grist to the mill.

Writing to Ellis, Symonds had seemed particularly harsh on Lombroso, but he moderated his public criticism. In A Problem in Modern Ethics, Symonds had ranked Lombroso alongside Moreau de Tours, Tarnowski and Krafft-Ebing as author of one of the four ‘most recent, authoritative contributions’, and ‘upon the whole most sensible studies’. On the one hand, Symonds acknowledged that Lombroso had precipitated a ‘revolution of ideas, which gives new meaning to the words sin and conscience, which removes moral responsibility, and which substitutes the anthropologist and the physician for the judge and jury’. On the other hand, he criticised Lombroso for making no distinction between ‘innate crime’ and ‘moral insanity’ and linking them to the phenomena of epilepsy:

This introduces a certain confusion and incoherence into his speculative system; for he frankly admits that he has only gradually and tardily been led to recognise the identity of what is called crime and what is called moral insanity. (...) Criminal atavism might be defined as the sporadic reversion to savagery in certain individuals. It has nothing logically to connect it with distortion or disease — unless we assume that all our savage ancestors were malformed or diseased, and that the Greeks, in whom one form of Lombroso’s criminal atavism becomes established, were as a nation of morally insane.

According to Symonds, Lombroso’s arguments identified crime with disease. His criticism was based on the assumption that ancient Greeks could not be a population of

761 J. A. Symonds, A Problem in Modern Ethics, 30.
762 Ibid., 66.
763 Ibid., 65-66.
sick men, because the art of ancient Greece had realised the ideal of health and sanity.\textsuperscript{764} Again, it was historical ‘facts’ that disproved medical ‘facts’.

Ellis wrote to Symonds about another Italian scientist, namely, Silvio Venturi, the author of \textit{Degenerazioni psico-sessuali nella vita degli individui e nella storia della società} [Psycho-sexual Degenerations in the Life of Individuals and in the History of Society] (1892), which dealt with sexual inversion.\textsuperscript{765} Symonds found Venturi’s book ‘tedious’ and ‘stupid’, aside from his view that the absorption of male semen through the mucus membranes of women might explain the flourishing physical state of young brides. At that time Symonds was speculating with Carpenter on the possibility of transferring one man’s virility into another through the absorption of semen. He had no doubt that the absorption of the semen occasions ‘a real modification in the physique’ of the person who absorbs it and Venturi, to Symonds’s understanding, had proved that.\textsuperscript{766}

While Symonds was sceptical about Lombroso and Venturi, he showed a certain sympathy towards another Italian, a ‘distinguished anthropologist’, Paolo Mantegazza, who had paid particular attention to the physiology and psychology of what he called ‘\textit{pervertimenti dell’amore}’ [perversions of love].\textsuperscript{767} This was due to Mantegazza’s observation that ‘pervertimenti dell’amore’, or ‘infamous abomination’, was not confined to the vilest classes of society, but might also be found in the ‘highest spheres of wealth and

\textsuperscript{764} Ibid., 61-68. It was the concern of Symonds’s career to discover an enduring on Hellenism. J. Pemble, ‘Art, Disease, and Mountains’, in J. Pemble (ed.), \textit{John Addington Symonds} (2000), 1-21.
\textsuperscript{765} H. Ellis, BL ADD 70524, Letters to J. A. Symonds, 18 Jan. 1893; 9 Feb. 1893.
\textsuperscript{766} J. A. Symonds, \textit{The Letters}, Letter 2070 to E. Carpenter, 29 Dec. 1892, 797-99, 810-811. Symonds also appreciated Venturi’s writing on the relationship between masturbation and the sexual impulse, where the person first began to experience proper sexual pleasure through masturbation, which in turn awakened the desire for reciprocal sexual relations. I. Crozier, ‘Introduction’ (forthcoming).
\textsuperscript{767} P. Mantegazza, \textit{Gli amori degli uomini}. 279
intelligence'. Mantegazza’s ‘striking passages’ indeed supported Symonds’s opinion that sexual inversion was present even in ‘quite intelligent, talented, and highly-placed persons, of excellent and even noble character’. According to Symonds, Mantegazza’s anatomical explanation of same-sex desires also deserved to be remembered, and ought to be tested by investigation. As illustrated previously, Mantegazza had explained the ‘anomalous passions’ by supposing that the nerves of pleasurable sensation, which ought to be carried to the genital organs, are carried to the rectum in cases of sodomy.

Not only did Ellis and Symonds draw attention to a number of Italian scientists, but they also observed that some social Italian conditions seemed to prove that sexual inversion could be a matter of custom. What Symonds experienced in Italy led him to attach ‘very great influence to customs and example’ regarding the phenomenon of homosexuality. Symonds also differentiated between northern and southern Italy. Commenting on his social observations on Italy, he reported to Ellis that northerners regarded southerners as essentially different in this respect from themselves:

A male prostitute whom I once saw at Naples told me that he was Venetian, but he had come to Naples because at Venice he only found custom with Englishmen, Swedes and Russians whereas at Naples he could live in excellent Italian society and be abundantly supported.

Ellis was interested in Symonds’s cultural observations:

It would be worth while to give some attention to the question of the homosexuality in the southern Italy. Would not the same be true, though in a

---

768 J. A. Symonds A Problem in Modern Ethics, 11-12.
769 Ibid.
770 Ibid., 81-82.
771 See at 110.
773 Ibid., Letter 2036 to H. Ellis, 29 Sep. 1892, 755.
less degree of the Italians generally? And if so, one wonders if there is any
connection between this fact and the marked inferiority of Italian women to
Italian men which experimental psychology seems to show. 774

Ellis developed these observations in the final draft of Sexual Inversion. He stated that
there was a special ‘proclivity’ toward homosexuality among certain races and in certain
regions. On the whole, this tendency seemed more common in the hotter regions of the
globe. In Europe it was probably best illustrated by the case of southern Italy — which
in this respect was totally distinct from northern Italy. Moreover, according to Ellis,
Italians were generally franker than men of the northern ‘race’ in admitting their sexual
practices. 775 How far the homosexuality of southern Italy might be due to ‘Greek
influence and Greek blood’ was not clear. In northern countries like England, Ellis
thought, homosexual phenomena did not present themselves in the same way as in
southern Italy or as in ancient Greece because all traditions and all moral ideals, as well
as the law, were firmly opposed to every manifestation of homosexual passion. It
required strength to counter a compact social force which on every side constrained the
individual into the path of heterosexual love. In ancient Greece, as in southern Italy, in a
certain number of cases there was an ‘organic and racial disposition to homosexuality’,
but the state of social feeling also induced a large proportion of the ordinary population
to adopt homosexuality as a ‘fashion’. 776 Thus, Ellis apparently thought homosexuality
was part of the Italian cultural tradition.

The idea that hotter regions were more inclined to pederasty than colder regions came
from Richard Burton, whose ten-volume translation of The Arabian Nights was

774 H. Ellis, BL ADD 70524, Letter to J. A. Symonds, 21 Dec. 1892.
776 Ibid.
followed by a ‘Terminal Essay’ addressing a number of interpretative issues. Section D addressed ‘Pederasty’. Although Burton was careful to use words like ‘vice’ and ‘inversion’, this essay represents one of the earliest modern efforts to collect and make known both cross-cultural and historical information about ‘homosexuality’. Burton regarded the phenomenon of pederasty as ‘geographical and climatic, not racial’. According to Burton there existed a ‘Sotadic Zone’ that included southern France, the Iberian Peninsula, Italy and Greece, with the coastal regions of Africa from Morocco to Egypt. Within this area pederasty was considered:

popular and endemic, held at the worst to be a mere peccadillo, whilst the races to the North and South of the limits here defined practice it only sporadically, amid the opprobrium of their fellows, who, as a rule, are physically incapable of performing the operations, and look upon it with the liveliest disgust. (...) Within the Sotadic Zone there is a blending of the masculine and feminine temperament, a crasis (sic) which elsewhere occurs only sporadically.

In *A Problem in Modern Ethics* Symonds briefly expounded Burton’s theory, noting that medical writers held this hypothesis to be empirically sound, and argued that the phenomenon of sexual inversion could not be regarded as geographical and climatic, but was universal. The ‘problem’, according to Symonds, was social. Symonds also recognised that Burton did not consider the ‘vice’ of pederasty as being against nature, but rather a natural phenomenon. What Symonds had not grasped was that Burton collected data from literature just as Ellis and Symonds himself did, and as Lombroso

777 R. F. Burton, *A Plain and Literal Translation of the Arabian Nights* (1886), 205-54. The essay on pederasty appeared only in 1885 and 1886. The 1886 edition was restricted to private subscribers to the publisher, Burton Club.
778 Symonds knew Burton: in his letters he reported that he was planning to go to Trieste with Burton in 1890. J. A. Symonds, *The Letters*, Letter 1831 to Henry Graham Dakyns, 24 Sept. 1890, 500.
779 R. F. Burton, *A Plain and Literal Translation*, 207-08. Burton also expounded Mantegazza’s anatomical theory about pederasty, and unlike Symonds, also reported some observations by Mantegazza, according to which among women there are tribades who ‘can procure no pleasure except by foreign objects introduced a posteriori’, 208-209.
was doing in Italy at the same time. The same data were used over and over in different medical sources.

One must be cautious of suggesting a strong Italian influence on Ellis and Symonds, for they used earlier Italian sources but went further. Their methodology based on collection makes it difficult to speak of influence in general. The fact that Ellis was engaged in an encyclopaedic compilation is often ignored: much of his study consists of more or less direct quotations from his sources — often not even acknowledged as being other than his own opinions. To take only one example, in Sexual Inversion the entire section concerning the link between female prostitution and lesbianism was based on Lombroso; but Ellis mentions the Italian anthropologist only briefly at the end. Yet, Ellis's and Symonds's correspondence illustrates the popularity of Italian sexology at the end of the nineteenth century in Britain.

2. The Bedborough Case

Symonds died of tuberculosis in Rome in April 1893, but Ellis persevered with the proposed undertaking of writing Sexual Inversion. From 1857 the Obscene Publication Act had limited the publication of books in England, and by the time Ellis's book was in its final draft, the Wilde trials had made its publication almost impossible. Ellis decided to have his manuscript translated into German by his friend Hans Kurella and

---

781 See below section 3.
783 Dr. Hans Kurella (1858-1916), criminal anthropologist, strongly supported Lombroso and was editor of the journal *Centralblatt für Nervenheilkunde und Psychiatrie*. Among other things, in 1910 he
issued in the Library of Social Science series that Kurella edited. Thus, the book was
published in Leipzig at the end of 1896. The Journal of Mental Science reviewed the
German edition but none too enthusiastically, despite the fact that Ellis had been
working regularly for the journal. According to the reviewer, the study contained ‘some
interesting observations’ but did not ‘throw special light on inversion as a congenital
sexual abnormality’. Even the case histories seemed to be not ‘more conclusive than

In the meantime parts of Sexual Inversion were published abroad without raising any
particular outcry: in America in The Medico-Legal Journal and in the Alienist and
degli invertiti’.} After the book’s favourable reception in Germany, Ellis decided to pursue the possibility of a British
publication, and he sent the book to the respected medical publishers Williams and
Norgate. The publishers forwarded the manuscript to Hack Tuke for review. Tuke,
editor of the British Journal of Mental Science, advised against publication, not because
of any intrinsic objection to the material, but because he felt that the distribution of the
book could never be confined to specialists.\footnote{Tuke had been also a close friend of Symonds’s father. One of Tuke’s sons was a well-known painter, Henry Scott Tuke, and homosexual himself. In the atmosphere that prevailed after the Wilde trial Tuke was probably realistic in fearing that it would have been impossible to limit Ellis’s book to physicians. P. Grosskurth, Havelock Ellis, 180.} Williams and Norgate subsequently rejected the book.

\footnote{Published Cesare Lombroso als Mensch und Forscher, translated into English by M. Eden Paul, see H. Kurella, Cesare Lombroso, a Modern Man of Science (1911).}
A friend of Ellis's, F. H. Perry Coste, directed Ellis to a Dr. Roland de Villiers, the German Director of an obscure and only marginally reputable publishing house called 'Watford University Press'. Dr. Roland de Villiers published the first English edition of \textit{Sexual Inversion} in April 1897.\footnote{In March 1897 Wilde had only been just released from prison.} However, Symonds’s literary executor, Horatio Brown — who at the beginning gave the publication his blessing — asked Ellis to remove Symonds’s name from the title page to avoid harming Symonds’s family. Then he bought the entire edition from de Villiers and in the end destroyed it. The book was published again at the end of October 1897 without Symonds’s name. For six months, \textit{Sexual Inversion} created scarcely a ripple among British medical readers.

Among de Villiers’ publishing projects was \textit{The Adult}, the monthly magazine of the London-based Legitimation-League, one of a number of organisations that gave voice to the ‘New Sexuality’ in both Britain and the United States in the 1890s.\footnote{The Legitimation League was founded in 1893. The League claimed to exist ‘for the purpose of entering a protest against current ironbound marriage customs, which tend to crush individuality.’ As major objects of its campaign the League took all possible steps to facilitate ‘divorce by mutual consent,’ and endorsed sexual enlightenment for children; it treated as ‘open questions’ the entire gamut of contemporary sexual institutions such as ‘prostitution, celibacy, marriage with an accompaniment of adultery,’ and alternative sexual arrangements ‘such as polygamy, polyandry, promiscuity, and matriarchalism’. Paul E. Stepansky, ‘A Footnote to the History of Homosexuality’, 80.} In May 1898, John Sweeney, a Scotland Yard agent posing as an anarchist, attended some Legitimation League meetings and asked George Bedborough, secretary of the League, to sell him a copy of \textit{Sexual Inversion}. Bedborough indeed used the front room of his home in John Street to sell \textit{The Adult} and several other publications, including a few copies of \textit{Sexual Inversion} by Ellis. On 27 May 1898 Bedborough was arrested and brought before London’s Central Criminal Court for selling a ‘wicked, lewd, impure,
scandalous, and obscene libel, *Studies in the Psychology of Sex: Sexual Inversion*, written by Mr. Havelock Ellis."^{789}\n
A Free Press Defence Committee was formed, including such luminaries as George Bernard Shaw, Frank Harris and George Moore, and the socialist H. M. Hyndman. Bedborough's prominent committee-appointed counsel, Horace Avory, who had represented the Crown at the second and third trial of Oscar Wilde, went to great lengths to have the Bedborough case transferred from the Criminal Court to the High Court of Justice, arguing that Ellis's work was not 'obscene' but scientific and hence unobjectionable if published for persons with a scientific interest in the subject. Bedborough's subsequent trial dragged on from May to the 31st October 1898. He eventually struck a deal with the police, claiming to have sold *Sexual Inversion* in innocence and laying all the blame on de Villiers."^{790}\n
During the trial 'Queen v. Bedborough' the Recorder, Sir Charles Hall, informed Bedborough that he himself might believe that Bedborough had been 'gulled' in the belief that Ellis's work was scientific at the outset, but 'it is impossible for anybody with a head on his shoulder to open the book without seeing that it is a pretence and a sham, and that it is merely entered into for the purpose of selling this filthy publication'."^{791} The trial thus never dealt with the issue of whether or not *Sexual Inversion* was obscene, but only with who was responsible for publishing it: its licentious nature was assumed and there was no chance to present an argument to the

---

790 P. E. Stepansky, 'A Footnote to the History of Homosexuality', 82.
791 Anon., 'Charge of publishing and selling Obscene Literature', 1466; H. Ellis, *A Note on the Bedborough Trial*, 9-10.
286
contrary. Consequently, *Sexual Inversion* was banned as an obscene work. The Bedborough trial and all debates following it are interesting and overlooked historical cases. They also clearly show the conservative and prurient attitude of the official British scientific community to dealing with sexual matters and show how Ellis’s work was radical and groundbreaking for its time. For this reason it is important to follow the debates that were generated by the Bedborough trial within the medical profession.  

Ellis did not have the chance to defend his work during the trial, because it was Bedborough who was accused, and so defended himself by publishing *A Note on the Bedborough Trial* and by writing in *The Lancet*. For Ellis, the whole course of the case was ‘profoundly unsatisfactory’, despite the professional support and encouragement he received from Belgium, Britain, Germany, France, Italy, and the United States. The supportive correspondence Ellis received could not compensate for the fact that not a single prominent British scientific or medical figure came forward publicly for the defence at the trial. He regretted that his own country was ‘almost alone in refusing’ to him ‘the condition of reasonable intellectual freedom’:

> In this country it is a sufficiently hard task for any student to deal with the problem of sex, even under the most favourable circumstances. He has entered a field which is largely given over to faddists and fanatics, to ill-regulated minds of every sort. He must, at the same time, be prepared to find that the would-be sagacity of imbeciles counts him the victim of any perversion he may investigate. Even from well-balanced and rational persons he must at first meet with a certain amount of distrust and opposition.

---

792 For the reception of the Bedborough trial in both medical journals, magazines and newspapers, see P. E. Stepansky, ‘A Footnote to the History of Homosexuality’.  
793 H. Ellis, *A Note on the Bedborough Trial*, 16-21.  
794 Ibid., 12.
Foreign physicians seemed surprised at the Bedborough trial, which in essence represented a challenge to Ellis’s scientific credibility. The American physician James Kiernan wrote to Ellis that regarding sexual matters ‘the cant element is stronger in Great Britain than in the United States’. Kiernan was Secretary of the Chicago Academy of Medicine. Kurella observed that for Continental scientists ‘such a proceeding is altogether incomprehensible. What would become of science and of its practical applications if the pathology of the sexual life were put on the Index?’ Underlining the conflict between English law and the scientific community regarding the Bedborough trial, the Italian Pasquale Penta pointed out that in other countries, especially in Germany and Italy, works such as Ellis’s found their most numerous readers amongst magistrates themselves. Then he went on:

Having with Darwin overthrown hieratic superstition and scientific prejudices, can England be now frightened of your book, which only opens another page in the unprejudiced, serene, and objective study of Nature? Such moral hypocrisy as this does wrong to the land of scientific positivism, a land which is certainly one of the most civilised countries in the world.

English ‘hypocrisy’ was highlighted not only by foreign scientists, but also by English commentators. For example Conolly Norman wrote to Ellis that the ‘vagaries of the law are of course unaccountable, and British hypocrisy which makes us the laughing-stock of the Continent is a great force in things insular, but I must say it seems to me preposterous to interfere with the writing or publication of your work’.

795 Ibid., 18. Kiernan was Secretary of the Chicago Academy of Medicine
796 Ibid., 19.
798 H. Ellis, A Note on the Bedborough Trial, 20.
799 Ibid., 14. On Conolly Norman, see footnote 396.
The professional response to *Sexual Inversion*, however respectful, did not accept its conclusion, namely, that sexual inverts could be normal individuals. In his *A Note on the Bedborough Trial*, Ellis praised his professional audience for accepting his work ‘in the serious spirit in which it was put forward’ and for acknowledging the ‘scientific tone and temper’ in which he had executed it.\(^{800}\) However, these cautious remarks masked the important way in which the book had failed: the ‘stigmata of degeneration’, which Ellis had sought to remove, persisted tenaciously.

This is shown by the reaction to the trial of the two foremost British medical journals. Five days after Bedborough pleaded guilty, the prestigious *British Medical Journal* informed its readers that it had examined Ellis’s book and disagreed with the Recorder’s view on the unscientific nature of *Sexual Inversion*. According to the *British Medical Journal*, Ellis’s work was scientific and contained nothing ‘to pander to the prurient mind’. Nevertheless this same journal appeared unaffected by the author’s conclusion: the book treated ‘a subject which is to most people extremely disagreeable (...) but is one of those unpleasant matters with which members of the medical profession should have some acquaintance’.\(^{801}\) The author of the article quoted a letter written by Norman that Ellis himself had submitted to the *British Medical Journal*: ‘In its relation to insanity, to degeneration, and to the neurotic state, the subject of sexual inversion has much medical interest. It is, therefore, a matter which must be discussed and written [about]’. Thus Ellis was defended only because he was a member of the medical profession, and as such he had the right and the knowledge to deal with sexual perversion. However, Norman still took it for granted that sexual inversion was linked

---

\(^{800}\) Ibid., 8.

\(^{801}\) Anon., *Charge of publishing and selling Obscene Literature*, 1466.
to degeneration and sickness, and thus did not accept Ellis’s conclusions about sexual inverts.

Two weeks later, The Lancet was blunter in its judgement. In a defensive editorial attempting to explain why it had not reviewed Ellis’s book, it admitted that Sexual Inversion touched on an aspect of the psychology of sex which did indeed exist — namely sexual inversion — and that Ellis ‘seem[ed] to have been badly treated in the [Bedborough] matter’. As a matter of fact the trial had ‘clos[ed] his mouth and prevent[ed] him from making any defence’. However, The Lancet’s editors emphasised that the topic of sexual inversion ‘touches the very lowest depths to which humanity has fallen’. They admitted that sexual inversion was a proper medical subject for discussion, but they also judged that the debate should be limited to qualified medical researchers. ‘Scientific’ though the book was, Ellis’s choice to publish for the general public was sharply criticised. One thing was especially clear, namely, that The Lancet’s editors did not agree with Ellis’s conclusion:

We may say also that we do not agree with his [Ellis’s] view of the question, for we consider that such matters are far better treated from the psycho-pathological standpoint of Krafft-Ebing than from that of Ulrichs, with whose theory as to the naturalness of homo-sexuality (...). He has failed to convince us on these points [referring to the mode of publication]; and his historical references and the ‘human documents’ with which he has been furnished will, we think, fail equally to convince medical men that homo-sexuality is anything else than an acquired and depraved manifestation of the sexual passion; but, be that as it may, it is especially important that such matters should not be discussed by the man in the street, not to mention the boy and girl in the street.

---

803 Ibid., 1344.
804 Ibid., 1344. Ellis replied to this editorial, and in an attempt to defend himself he explained that none of the medical publishers whom he had approached cared to publish a book on sexual inversion. He wrote that Ulrich’s views did not have any scientific value, and as such he had ‘explicitly rejected them. (...) So far as standpoint is concerned, my own position is not materially different from that of Krafft-Ebing, though I am by no means in sympathy with the Viennese Professor’s treatment of these subjects.
If the righteous indignation over the plight of the book as a scientific contribution was not accompanied by comparable indignation over the plight of the invert, it was because the medical class felt under attack by the law. Medicine and jurisprudence were two fields in competition over the control of sexuality during the nineteenth century. Physicians defended Ellis as a member of their class, and at the same time they were defending their privilege to deal with deviant sexuality, and with its moral implications. However, no member of the medical community, not even a member of The Journal of Mental Science — in which Ellis worked for many years — shared Ellis's view on sexual inversion. The reviewer of Sexual Inversion was not convinced:

The whole crux of the question seems to us to be whether this is or is not to be fairly called congenital sexual inversion. Is it "a sexual desire directed by a constitutional abnormality towards a person of the same sex," or is it so directed by suggestion, by vicious education, or other external agencies?  

In the same issue of The Journal of Mental Science, another work on sexual inversion, namely, Uranisme et Unisexualité by Raffalovich, was reviewed somewhat more sympathetically. The reviewer stated that it was not yet proven that sexual inversion was an inborn condition and went on:

That a certain or uncertain proportion should adopt the evil is perhaps inevitable, but the fact that this proportion varies according to climate, race,

Certainly inversion when it arises on a congenital basis is "natural", but only in the same sense that all pathological anomalies are natural — colour-blindness, for instance, or hypospadias. I am not prepared to admit that congenital inversion is natural in any other sense. H. Ellis, 'The Question of Indecent Literature', The Lancet, 1898, vol. 2, Nov. 26, 1431. Karl Heinrich Ulrichs (1825-1895), a nineteenth-century German lawyer, is considered one of the first modern theorists of homosexuality. He was a tireless campaigner against injustice towards homosexuality, and directed early sexologists to the subject of homosexuality. Ulrichs set out the so-called third sex theory, which he summed up in the Latin phrase anima muliebris virili corpore inclusa [a female soul confined in a male body]. According to Ulrichs homosexuality is an inborn condition, not a sin, disease or crime.

805 P. E. Stepansky, 'A Footnote to the History of Homosexuality', 91.
806 Anon., 'Das Contraäre Geschlechtsgefühl', 568.
education, habits, moral atmosphere, and a hundred other influences tends to show that in no individual case is the worst choice inevitable.\(^{807}\)

In its editorial of January 1899, the editors of the journal did not dispute the status of Sexual Inversion as a ‘scientific study’, but they took the trial as an appropriate occasion for reiterating their scepticism regarding congenital inversion, and they insisted that only the scientific community could deal with such a ‘immoral’ subject, warning that care should be taken concerning the ‘mode of production’ and the sale of such works:

Observers in the field of sexual depravity will bear in mind the lessons of the Bedborough case. The perpetual repetition of the theory of Ulrichs, that some people are naturally possessed of a perverse sexual feeling, is tiresome. We are never favoured with an atom of proof, and writers seem to imagine that they advance their arguments by heaping up unsavoury details — details which, however harmless they may seem to us who are accustomed to the vagaries of insane passion, will, if they fall in the hands of the vulgar, be treated as a mere bundle of very dirty stories, and as such are liable to become part of the stock-in-trade of the pornographic bookseller and his wrenched clientele. We are sorry for Mr. Ellis (...) but we are of the opinion that he should have exercised more care with regard to the mode of production and sale of his volume, in its English form.\(^{808}\)

It was only Ellis’s ‘well known reputation as a criminal anthropologist’ according the Journal of Medical Science that was a ‘sufficient guarantee’ of his motives in writing about inversion.\(^{809}\) Almost the same attitude is shown by those physicians who wrote to Ellis, all of whom sympathised with him and agreed on ‘the abuse of the form of law’ against a doctor. However some of these physicians failed to make their view on sexual inversion clear, among them, Norman, Urquhart, Mercier and Clouston.\(^{810}\) Dr. Rayner,\(^{811}\) who spoke openly of his disagreement with Ellis’s viewpoint, still defended

\(^{809}\) Ibid.
\(^{810}\) See chapter 4 for their writings on same-sex desires.
\(^{811}\) Lecturer on Psychological Medicine at St. Thomas’s Hospital, formerly President of the Medico-Psychological Association, Joint-Editor of JMS.
Ellis against the law. Only Dr. Goodall and Dr. Savage showed some sympathy with Ellis’s ideas.\textsuperscript{812}

The medical community was outwardly united in defending Ellis’s reputation, but within it was in conflict over the view on homosexuality. The official position was that sexual inversion was a sexual vice. This is proven, for example, by the fact that the \textit{British Medical Journal} was considerably less charitable when reviewing Krafft-Ebing’s \textit{Psychopathia Sexualis}, calling it ‘the most repulsive group of books of which it is the type’.\textsuperscript{813} In response to Krafft-Ebing’s hope that his book would bring comfort to those who read it, the editors wrote: ‘We should prefer that the book should convey solace by being put to the most ignominious use to which paper can be applied’.\textsuperscript{814} In the same issue there was an equally scathing review of both the first and second volumes of Ellis’s \textit{Studies in the Psychology of Sex}.\textsuperscript{815} The editors at this time disagreed strongly with Ellis, in complete contrast to those who had written about \textit{Sexual Inversion} in 1898. The social pressure around the Bedborough trial was over and the official medical community could openly dismiss Ellis’s work as disgusting and not all that scientific.

According to the historian Paul E. Stepansky, on the basis of the Bedborough case it is reasonable to assume that for physicians, as for others, the defence of heterosexual behaviour at the turn of the century had political overtones relating to Britain’s \textit{moral fibre}, and by implication, the role Britain could and should assume in world affairs. The

\textsuperscript{812} Goodall was a Medical Superintendent of the Joint Counties Asylums, Carmarthen; Joint-editor of the \textit{JMS}. On Savage, see chapter 4.
\textsuperscript{814} Ibid., 340.
\textsuperscript{815} Ibid.
growth of German sea power, the unfavourable reaction to the Boer War, and the possibility of a future European conflict all prompted a moral reassessment of Britain’s strength and served to foster a close identification between moral and martial strength. On the other hand, the reaction to Sexual Inversion was tied to the social status of the medical profession itself. As leaders of social opinion, physicians accepted the Victorian belief that privileged social status must be justified by superior morality, and in all likelihood, they saw Ellis’s depiction of the inverts as incompatible with the standard of sexual normality on which their own social rank was predicated.  

This is part of the story, but it is also possible to view the Bedborough trial as a struggle between law and medicine. Physicians defended their own right to speak about sexuality, and as a matter of fact they supported Ellis as a man of science in 1898, even if they did not agree with his position on inversion, but their criticism of his choice of publisher was harsh. Physicians claimed that it was their right to deal with issues surrounding sexual perversion on the grounds that they were qualified to handle them on a scientific basis, with expert and disinterested detachment. Consequently, medical men dismissed the entire ‘Ulrichsian viewpoint’ as medically unproven and incompatible with the existing clinical literature on the relationship between inversion and insanity.  

On the other hand, the Bedborough trial shows that sexology, embodied in this case in the figure of Ellis, could prove to be a radical enterprise, not necessarily shared by all in the British medical profession; conversely, this radical enterprise was shared by some inverts themselves, such as Symonds or Carpenter, who saw in

---

sexology a weapon to improve their social status. It is true that Ellis worked within science, but he did so in the hope of changing current scientific assumptions.

The Bedborough case also amounts to clear evidence that a dissemination of knowledge about sex was a difficult, even perilous, undertaking in Britain. What Ellis was doing was saying that sexuality should be discussed, and opening up new ways of doing so. This was the crucial revolution that Ellis — like others in the field of sexology abroad — was instigating. Moreover, if the comments made by foreign observers about this case can be relied upon, it is also plain that British prudery was stronger than that of the Germans, the French or the Italians. Ellis’s *Sexual Inversion*, if put side by side with some of the sexological works published in Italy, was very prudish indeed. Yet it was not just a matter of British prudishness and Italian openness to sexuality. I have shown what opposition there was to Penta’s activities, how Italian sexological research still had titillatory qualities even after the *Archivio delle psicopatie sessuali* had folded, and how there was nonetheless no major scandal. But it was not a coincidence that both Ellis and Penta faced problems in their activity because of their stance on deviant sexuality. Even in Italy it was difficult to pursue sexological studies if you had a sympathetic attitude towards sexual perverts.

3. Psychology of Sex: Female Sexual Inversion

Writing to Symonds in 1893, Ellis pointed out that he had ‘been impressed by the frequency of homosexuality — both congenital and acquired — in women’. Yet, in his previous studies Symonds had completely ignored the phenomenon of female inversion,
and dealt only with male homosexuality.\textsuperscript{818} Despite the fact that psychiatrists were curious about female sexual inversion, they usually complained about the difficulty of gathering case histories. Ellis was able to collect twenty-seven case histories of men, but just four of women for the 1897 edition of \textit{Sexual Inversion}; eventually he added two other cases to the later edition. His wife, Edith Lees, an active feminist and socialist, had homosexual relationships; indeed, it was through her network of friends that Ellis obtained female case histories.\textsuperscript{819} The remainder of the chapter, while revising and challenging some historiographical readings of Ellis’s work on female inverts, will explore his ideas.

\textbf{Independent women}. Ellis’s particular interest in female sexual inversion has led to discussion among historians. First, Ellis’s views on women have been criticised as chauvinist. For instance, Jeffrey Weeks and Paul Robinson acknowledge Ellis as a pioneer in advancing the cause of sexual enlightenment in the twentieth century, but argue that his view of women was decidedly reactionary.\textsuperscript{820} Cynthia Russet sees Ellis as the sort of friend women could well do without.\textsuperscript{821} For these critics, Ellis’s suspect handling of sexual differentiation was only compounded by his eulogies to motherhood, a tendency which is alleged to have become more marked as eugenics came to play a larger part in his analysis and prescriptions. At the root of the matter is the feeling that by adopting a biological approach to the question of sexual differentiation, Ellis succumbed to an ideological conservatism. Thus Ellis, far from being hailed as a

\textsuperscript{818} H. Ellis, BL ADD 70524, Letter to J. A. Symonds, 3 Jan. 1893. Sydmonds added a couple of pages regarding female homosexuality in the edition of \textit{A Problem in Greek Ethics} published in 1901 after his correspondence with Ellis. J. A. Symonds, \textit{A Problem in Greek Ethics}, (1901), 70-71.

\textsuperscript{819} H. Ellis, \textit{My Life}, 263-270, 324-331, 370-373; H. Ellis, BL ADD 70524, Letter to J. A. Symonds, 1 Jul. 1892.

\textsuperscript{820} P. Robinson, \textit{The Modernisation of Sex}, 17-23; J. Weeks \textit{Making Sexual History}, 33-35.
prophet of sexual enlightenment and as a special friend of women, a fate which he had anticipated, is presented as a reactionary figure. Second, some researchers have not only admitted Ellis's failure to challenge stereotypes of masculinity and femininity in relation to both sexuality and the respective social roles of men and women, but have also portrayed the sexological model of sexuality which Ellis constructed as a 'patriarchal' model which reinforced male domination over women and 'stigmatised' lesbians as masculine creatures.

For instance, Margaret Jackson argues that in Ellis's *Studies in the Psychology of Sex* the notion that all forms of 'abnormal sex' were merely extensions of the normal led Ellis ultimately to 'the justification of rape'. Thus, according to Jackson, Ellis provided a scientific legitimisation of male sexual violence, undermining the feminist critique of male sexuality and the campaigns against the double standard.\(^{822}\) Lillian Faderman explains that women's same-sex friendships came to be seen as a threat in the late nineteenth century, as the women's movement mounted a challenge to male domination and new social and economic forces offered middle class women the option of not marrying. She sees the sexologists, who classified and theorised female homosexuality including passionate friendships, as having played a major role in discouraging love between women for all those who did not want to adopt the label of sexual inversion.\(^{823}\) The work of Ellis is thus judged to be an example of the way in which sexology undermined feminism and lesbianism.\(^{824}\)

---


\(^{824}\) S. Jeffreys, *The Spinster and Her Enemies*, 102-146.
Chris Nottingham calls into question any suggestion that Ellis was inherently an anti-feminist ideologue, and has pointed out that in Ellis’s later years, and especially in the USA, he was afforded an almost totemic status in the development of feminism. Prominent feminists embraced him as an ally, even as a mentor. His delineation of sexual differentiation became a progressive orthodoxy and was still being cited as authoritative in sociology textbooks widely in use in the 1960s. Some contemporary feminists supported Ellis’s emphasis on essential differences between men and women, and his belief in the importance and centrality of motherhood in women’s lives. As Nottingham shows, for Ellis, as for many contemporary feminist writers, a major evil of their society was its failure to allow women to fulfil their specific mission as women. According to this view women were, amongst other things, prevented from exercising their ‘natural function’ as the civilising influence on society and from maintaining their role as the guardians of order against the anarchist depredations of the male instinct. Ellen Key, a Swedish feminist, was advancing a very similar agenda thirty years later. Marie Stopes had a chequered relationship with Ellis but her most influential work, Married Love (1918), contained a great deal of respectful quotation of his work. Key, Stopes, and Margaret Sanger had all derived ideas from Ellis’s writings. He was merely taking up what was a reasonable position in the contemporary feminist debate on how the cause of women might best be advanced.

---

826 C. Nottingham, The Pursuit of Serenity, 8-9; 150.
827 Ibid., 150-153. Within feminism this tension, difference versus equality, has remained as an insoluble dilemma. Two theories in particular deal with this contradiction: the philosophy of difference, more common on the Continent (S. De Beauvoir, L. Irigaray, J. Kristeva) and the liberal feminism, more common in the U.S.A. (C. MacKinnon).
Ellis did not promote male sexual violence over women. In 1918, giving a paper at the British Society for the Study of Psychology of Sex, he passionately advocated the ‘erotic rights of woman’.\(^{828}\) Within the context of his time he highlighted the importance of ‘the play-function of sex’. He conceived female masturbation as a normal and even healthy sexual manifestation. All this must surely have struck readers far more forcibly than the biologistic assumptions, which he took for granted.\(^ {829}\)

How is it possible that a person like Ellis, who opposed the law against homosexuality, could have, as some researchers maintain, stigmatised lesbianism? How is it possible that a person who is thought to be a sexual modernist, and who was seen as an ally by many feminists in his time, has also been viewed as a supporter of sexual ‘male’ violence and a promoter of a patriarchal model of sexuality?

Ellis had been writing for a long time on sexual matters: from the mid-1890s until his death in 1939. Attitudes toward sexual matters changed over this period, and what may well have been a radical thought in the 1890s was no longer so in the 1930s. Historians have also spent more time on passages where Ellis uncritically accepts contemporary assumptions than on those in which he was radically critical of them.

Ellis was a biological essentialist, so he took for granted scientific ‘facts’, but he also argued that society had erected upon these ‘facts’ cultural differences and unnaturally exaggerated superstructures. The underlying premise of *Man and Woman* (1894) is ‘the

---

\(^{828}\) The British Society for the Study of Psychology of Sex published the papers given at the Society. These publications are conserved at the BL: *The British Society for the Study of Psychology*, Cup 364a.

\(^{829}\) H. Ellis, *The Erotic Rights of Women and the Objects of Marriage* (1918)
fundamental equivalence of men and women'. The book went through several editions, but the general concept of sexual equivalence remained unchanged: equivalence and not equality in the sense of identity. Ellis insisted that there was no equality in the world of living things. It made no sense, he observed, to speak about inferiority and superiority among men and women, yet 'the sexes are perfectly poised in complete equivalence'.

At the same time Ellis presented an historical and anthropological analysis to support his theory of equivalence. He wrote that the division of labour among primitive people was sharply drawn, and independent of race and climate. Tasks requiring power and intermittent energy, with corresponding periods of rest, generally fall to man; the care of children and home care — constant but lower tension energy — fall to women. It was during the early industrial age that men began to specialise in productions that had formerly been the realm of women, leaving to the latter household chores. During the eighteenth century, Ellis argued, the call to reason, the casting off of prejudice, contributed to a redefinition of the social status of women. At the same time there was an economic revolution, bringing women into labour 'independent' of men. Work came to be organised in centres. Machinery let men and women work side by side and they began studying in the same schools. The artificial sexual differences tended to fade, as did signs of male superiority.

Ellis noted that the transition was still in progress and that as artificial differences were removed, those differences which were not artificial, and which could be equalised in

---

830 H. Ellis, Man and Woman (1934) [1894], 442-460.
831 H. Ellis, Man and Woman (1899) [1894], 1-17.
society, had to be considered. These, Ellis thought, were natural differences.⁸³²

According to Ellis, so long as women were unlike men in the primary sexual characters and in the reproductive function, they could never be absolutely like men even in their psychological characteristics.⁸³³ However, in the conclusion to his work, Ellis was quite sceptical about the chances of identifying clearly what those natural differences between men and women were:

It is abundantly evident that we have not reached the end proposed at the outset. We have not succeeded in determining the radical and essential characters of men and women uninfluenced by external modifying conditions. (...) We have to recognise that our present knowledge of men and women cannot tell us what they might or what they ought to be, but what they actually are, under the conditions of civilisation. By showing us that under varying conditions men and women are, within certain limits, indefinitely modifiable, a precise knowledge of the actual facts of life (...) forbids us to dogmatise rigidly concerning the respective spheres of men and women.⁸³⁴

Bio-medical studies tended to presuppose the notion that sex characteristics were mutable. This led Ellis to conclude in Man and Woman that it had been impossible to determine 'the radical and essential characters of men and women uninfluenced by external modifying conditions'.⁸³⁵ There was constant interaction between nature and culture.

---

⁸³² Ibid.
⁸³³ Ibid.
⁸³⁴ Ibid., 385-86.
⁸³⁵ Ibid., 387. Characteristics associated with masculinity and femininity were not a static essence. They developed in a dynamic process throughout a lifetime. Sexual differentiation, although manifest at birth, only came into full being during puberty. Bodily changes were paralleled by a mental transformation. Female puberty, more so than male 'sexual development,' was fraught with dangers due to the precarious establishment of menstruation. This meant that a girl could not bear the same educational strain as a boy. Injury during puberty generally irreparably impeded the development into proper femininity. K. J. Rowold, "The Academic Woman", 114-15.
Ellis also thought that the foetus was originally bisexual and that traces of this phenomenon were retained throughout life. This was exemplified in male nipples and in the clitoris — a 'rudimentary penis'.\(^{836}\) It has already been shown that at the end of the nineteenth century it was suggested that human embryos in the earliest period of intra-uterine life were sexually indifferent.\(^{837}\) This notion of an original bisexuality in the human being provided the framework for the explanation of the occurrence of a possible abnormal bisexuality in the fully developed human individual, which resulted in homosexuality.\(^{838}\) Sexologists like Ellis and, as has been shown, Penta, used embryology to back the existence of a normal universal bisexual disposition in the sexual sphere. Within this construction homosexuality was seen as a natural outcome for some individuals.

Ellis certainly considered sexual behaviours to be gendered. Although fully cognisant of gradations between the ideal masculine and feminine types, Ellis strove to maintain clear distinctions between them.\(^{839}\) To do so, he associated active sexual attributes with men and passive ones with women. Dominance was a masculine trait; modesty, a fundamentally feminine attribute. Lesbianism was a sign of women’s masculine, dominating attributes.\(^{840}\) Historians have noted that Ellis stressed the absence of effeminate characteristics in male sexual inverts, while emphasising the masculine characteristics of female inverts, which ultimately led him to stigmatise lesbianism.\(^{841}\)

---


\(^{837}\) See at 98-9.


\(^{839}\) I. Crozier, 'Philosophy in the English Boudoir', 293.

\(^{840}\) H. Ellis, *Man and Woman*.

\(^{841}\) L. Faderman, *Surpassing the Love of Men*, 239-53; S. Jeffreys, *The Spinster*, 105-146; J. Terry, *An American Obsession*, 50; J. Weeks, *Making Sexual History*, 16-52. In my view this is an oversimplification as some sexual inverts were effeminate both physically and psychologically, see for example H. Ellis and J. A. Symonds, *Sexual Inversion*, 49-55; 63-4.
Historians have suggested that sexologists (Ellis among them) portrayed lesbians as a type of monster and as a dangerous criminal. Faderman, for example, has pointed out that Ellis began his discussion of female homosexuals in the nineteenth century with the story of Alice Mitchell, who cut her lover's throat. 842

I suggest that Ellis's use of the term 'masculine' refers to sexual autonomy. Ellis had a biological model according to which the male type was active, and the female type passive. Female sexual inverters in particular did not fit this model because sexually they were independent from men. The only way to explain this phenomenon was to underline the 'masculine' element, that is, the 'active' element. Ellis was clear on this point:

The actively inverted woman differs from the woman of the class just mentioned (...) in one fairly essential character: a more or less distinct trace of masculinity. She may not be, what would be called a 'mannish' woman, for the latter may imitate men on grounds of taste and habit unconnected with sexual perversion, while in the inverted woman the masculine traits are part of an organic instinct which she by no means always wishes to accentuate. The inverted woman's masculine element may in the last degree consist only in the fact that she makes advances to the woman to whom she is attracted and treats all men in a cool, direct manner, which may not exclude comradeship, whether of passion or merely a coquetry. 843

Sexual autonomy was biologically rooted in lesbians, but this did not make them 'mannish' or monstrous. Ultimately, independence from men was the main characteristic these women displayed.

842 L. Faderman, Surpassing the Love of Men, 241. The case of Alice Mitchell became internationally famous among psychiatrists, see L. Faderman, Odd Girls and Twilight Lovers.
843 H. Ellis and J. A. Symonds, Sexual Inversion, 87.
Case studies were central to Ellis's work. Indeed they were what set his writing apart from amateur English sexologists such as Carpenter and Symonds, and made it more acceptable in psychiatric and medical circles. Cases studies incorporated all the results of his research, the data upon which his theories were based. Much of Sexual Inversion consists of more or less direct quotations from other sources. Nevertheless, Ellis's theoretical speculations upon case studies are his original contribution.\textsuperscript{844} Ellis's cases did not involve his own patients. He did not practice medicine in a conventional way; instead other doctors sent him cases, people wrote to him spontaneously, or he reworked cases from the medical literature. In case histories Ellis also grounded the psychology of the individual in biological roots.\textsuperscript{845} Ellis's female sexual inversion cases described women physically, and he admitted that 'the general conformation of the body is feminine'. Ellis adopted the same strategy towards women as towards men: in his case histories he tried to highlight the fact that these individuals were normal, if not high-minded, and were fit for normal society. In Sexual Inversion 1897, case XXVIII, Miss S., is a 'business woman of fine intelligence, prominent in professional and literary circles. Her general health is good'.\textsuperscript{846} Case XXIX, Miss M., is a musician, she 'is of good intelligence, and always stood well in her classes'. The development of the intellectual faculties is 'somewhat uneven' because while she is 'weak in mathematics, she shows remarkable talent for various branches of physical science'.\textsuperscript{847} Case XXX, Miss B. is 'perfectly healthy', and 'her person and manners, though careless, are not conspicuously man-like.'\textsuperscript{848} Case XXXI, Miss H., is less positive, but she is not portrayed as a kind of monster or mad woman: she is 'energetic, and with a somewhat

\textsuperscript{844} I. Crozier, 'Philosophy in the English Boudoir'.
\textsuperscript{845} Ibid., 294-98.
\textsuperscript{846} H. Ellis and J. A. Symonds, Sexual Inversion, 88.
\textsuperscript{847} Ibid., 88-91.
\textsuperscript{848} Ibid., 91.
neurotic temperament', and she 'has suffered much from neurasthenia at various periods, but under the appropriate treatment it has slowly diminished'.

'Masculine' referred to the autonomous personality, the active attitude of these women who of course had to be independent from men; and obviously to Ellis's eyes this kind of woman was not common or 'normal' in a late Victorian society. When writing to Symonds on the topic, Ellis had observed that 'congenitally inverted women are nearly always to some extent masculine in character'. So in Sexual Inversion Ellis described the female sexual invert and her 'brusque, energetic movements, the attitude of the arms, the direct speech, the inflections of the voice, the masculine straightforwardness and sense of honour, and especially the attitude towards men, free from any suggestion either of shyness or audacity, will often suggest the underlying psychic abnormality to the keen observer'. Ellis was probably also observing a change in women's customs, more evident in sexual inverts than in other women. Ellis's friend, Edward Carpenter wrote in the late nineteenth century that the 'modern woman is a little more masculine'. 'The growing sense of equality in habits and customs — university studies, art, music, politics, the bicycle, etc. — all these things have brought about a rapprochement between the sexes'.

849 Ibid., 92-94. According to Grosskurth this case is based on Ellis's wife, Edith. P. Grosskurth, Havelock Ellis, 188.
850 Ellis pointed out this with regard to the 'very homosexual' Vernon Lee whom he met once. Ellis wanted to ask her to provide a case history. H. Ellis, BL ADD 70524, Letters to A. J. Symonds 3 Jan. 1893; 9 Feb. 1893.
851 H. Ellis and J. A. Symonds, Sexual Inversion, 96.
852 Italics are in the text. E. Carpenter, Love's Coming-of-Age (1948) [1896], 130. This work was originally published in 1896, without the section 'The Intermediate Sex' to which I refer.
In the expanded edition of *Sexual Inversion* it might seem that Ellis stresses female sexual inversion as a morbid condition characterised by masculine aspects. However, this is only superficially true. As I remarked above, Ellis's cumulative method has to be taken into account, for, like a practitioner of natural history, Ellis collected many different kinds of information about those subjects in whom he was interested. Ethnographic, anthropological, literary and historical data were lumped together with medical observations. In the third edition — revised and expanded — of *Sexual Inversion* Ellis reported cases of female inverts observed by other psychiatrists. Such a violent case as that of Alice Mitchell could not be sidestepped. However, Ellis started his chapter on female sexual inversion with a lengthy treatment of Sappho and not with a criminal female sexual invert. Sappho was intended to exemplify Ellis's view that 'inversion is as likely to be accompanied by high intellectual ability in a woman as in a man'. Then Ellis recounted how female homosexuality was portrayed by French writers such as Zola, and as a current example of a female invert he cited Renée Vivien, a French poet, whose verses were, he said, among the 'finest in the French language', and who was described as 'very beautiful, very simple and sweet-natured, and highly accomplished in many directions'. Only subsequently did Ellis deal with Alice Mitchell and other psychiatric cases.

---

853 It should be noted that the most of the researchers seem to refer only to this edition. The second edition was published in 1901, the third in 1915.
855 Renée Vivien was the pseudonym of Pauline Tarn (1877-1909). Her father was of Scottish descent and her mother an American lady from Honolulu. As a child she was taken to Paris, and was raised in France before becoming notorious as a poet and homosexual. Her chief volumes of poems are *Etudes et Preludes* (1901), *Cendres et Poussières* (1902), *Evocations* (1903). H. Ellis, *Studies in the Psychology of Sex: Sexual Inversion*, (1921), 200.
856 Ibid., 201.
Feminism and lesbianism. Researchers have attributed Ellis with the belief that the women’s movement was encouraging a ‘spurious imitation’ of lesbianism (not lesbianism itself) and an acquisition of masculine characteristics. Yet Ellis’s use of the phrase ‘spurious imitation’ made sense in his analysis, as he considered inversion a genetic anomaly. Laura Doan goes still further and argues that Ellis saw female homosexuality as a threat to the survival of both civilisation and the race. This is an extreme conclusion to draw. In fact, Ellis’s theory in this regard was that as women fought to attain the freedom, education, work and responsibility that were their right, they were doing so in an atmosphere that continued to discourage female sexual rights. He wrote ‘marriage is decaying, and while men are allowed freedom, the sexual field of women is becoming restricted to trivial flirtation with the opposite sex and to intimacy with their own sex’. Further, he stated that women were no longer forced to sit by and wait for a husband, and sometimes found love where they worked among other independent women. Ellis did not draw the conclusion from this that civilisation is doomed, nor did he say that lesbianism was caused by the women’s movement, simply that there was less opportunity for a woman to express her sexuality in the traditional manner and more opportunity to find intimacy among her own sex. In the end, Studies on the Psychology of Sex was not a work reinforcing the ‘traditional manner’ of sexuality.

859 J. Ellis and J. A. Symonds, Sexual Inversion, 100.
860 Ibid.
861 Ibid.
862 Walkowitz, too, casts Ellis’s work on female sexual inversion in a questionable light, alleging that Ellis blamed the women’s movement for promoting increased lesbianism, and that he exposed educated women to the charge of lesbianism. J. R. Walkowitz, ‘Dangerous Sexualities’, 396-7.
Nonetheless, Ellis's discussion of the link between female sexual inversion and 'modern movements' did contain a certain amount of ambiguity. Ellis did write that the women's movement carried with it certain 'disadvantages': an increase in feminine criminality and insanity, for example, which were being elevated, he thought, towards the masculine standard. According to Ellis, the influence of modern movements might not directly cause sexual inversion, though they did so indirectly, in so far as they promoted 'hereditary neurosis', the development of the 'germ', and a 'spurious imitation' of sexual inversion.863 Involvement in the women's movement was viewed as the result, rather than the cause, of homosexuality. Lesbians possessed characteristics from birth that left them suited to active involvement in the women's movement, namely, independence and a pronounced life of the mind. Ellis did not say explicitly why modern movements promoted hereditary neurosis. He simply took for granted current medical assumptions.

In the Victorian period nervous disorders were perceived as a common characteristic. Although hereditary causes were thought to be predominant, the medical profession tended to agree that nervous derangements could also be acquired within a lifetime, with or without hereditary predisposition. Environmental factors could trigger an inherent predisposition. The nervous system was seen in terms of nervous economy, and its malfunctioning was attributed to abnormalities in producing or regulating the use of 'nerve force, power, or energy'. Excessive use of nervous power could occur in both sexes, when they wore themselves out with studying too much, when they indulged in

‘luxurious living’ and burned the candle at both ends, or when businessmen worried too much about their work and spent too many hours without resting and exercising.\textsuperscript{864} Nineteenth-century medical discourses embraced notions that women’s social roles could be detrimental to their health. Not only the demands of women’s domestic roles, disappointment in love, and abusive husbands, but also new jobs and study opportunities for women could all lead to nervous symptoms. The new social conditions of women were thus providing more opportunities for nervous neuroses to develop.

Environmental conditions incorporated external influences into the biological make-up of women. In the nineteenth century, the environment, second only to constitutional factors, was also seen to affect the health and disease of individuals. This applied not only to geographical and climatic conditions, but also to circumstances created by human culture. Life-style, including education and occupation, was important in shaping the physiology of individuals. Questions of women’s social position in this way were tied up with preoccupations about female health. The notion that the different social roles of men and women were a consequence of natural differences led to scientists and physicians playing a greater part in public discussions about the education of the female sex.\textsuperscript{865} Given these medical principles, Ellis assumed that new social conditions might well favour female homosexuality, which could therefore develop more easily than in the past. Ellis believed that sexual inversion was inborn, but that environmental factors could intensify the phenomenon.

\textsuperscript{865} K. J. Rowold, \textit{"The Academic Woman"}, 80.
Schools and homosexuality. An environmental explanation of female homosexuality played a consistent part also in the analysis of female schools. According to Ellis, in girls as in boys, homosexuality first showed itself during school days, at the age of puberty. It may originate either peripherally or centrally. In the first case, when close to each other in bed, two children more or less unintentionally generated in each other a certain amount of sexual irritation, which they fostered by mutual touching and kissing. This was a ‘spurious kind of homosexuality’; it was merely the precocious play of the normal instinct, and had no necessary relation to true sexual inversion. In the girl who was congenitally predisposed to homosexuality such feelings would continue to develop; in the majority of cases they would be forgotten soon enough. In cases in which the source was ‘central’, rather than peripheral, the schoolgirl or young woman formed an ardent attachment to another girl, probably somewhat older than herself, often a schoolfellow, sometimes her schoolmistress, upon whom she lavished an astonishing amount of affection and devotion. The girl who expended this wealth of devotion was overwhelmed by emotion, but she was often unconscious or ignorant of the sexual impulse, and she sought no form of sexual satisfaction. Kissing and the privilege of sleeping with the friend were, however, sought, and at such times it often happened that even the comparatively unresponsive friend felt more or less definite sexual emotion. Physical manifestations of the sexual emotion consisted of a ‘pudendal turgescence with secretion of mucus and involuntary twitching of the neighbouring muscles’. 866

However, Ellis argued, little or no attention may be paid to this phenomenon, and given to common ignorance of girls about sex matters it may not be understood. In some cases

866 H. Ellis and J Addington, Sexual Inversion, 84.
there is an attempt, either instinctive or intentional, to develop the sexual feeling by close embraces and kissing. This rudimentary kind of homosexual relationship is, Ellis believed, more common among girls than among boys, and for this there are several reasons: a boy more often has some acquaintance with sexual phenomena and would frequently regard such a relationship as 'unmanly'; the girl has a stronger need of affection from another person than a boy has; she has not, under existing social conditions, the same opportunities for finding an outlet for her sexual emotions; meanwhile social conventions allow a considerable degree of physical intimacy between girls. Thus social conventions encouraged and cloaked some common manifestations of homosexuality among women. According to Ellis, such relationships, especially when formed after school days, are fairly permanent. The actual specific sexual phenomena generated in such cases vary greatly. The emotion may be 'latent or unconscious'. Such cases are on the borderline of true sexual inversion, but, according to Ellis, they cannot be included within its territory. Sex in these relationships is scarcely the essential and fundamental element.\(^{867}\)

The attention paid to school girls was probably also a sign of scientific observers' willingness to move away from environments such as asylums, prisons and brothels. This has been highlighted in the Italian context (chapter 3). It was not a coincidence that in the second edition of Sexual Inversion (1901) Ellis added an appendix titled 'The School-Friendships of Girls'. The section was based on an Italian study by Obici and Marchesini, an investigation chiefly among the pupils of high schools.\(^{868}\) One of Ellis's great virtues was his ability to summarise Continental research and yet go still further.

---

\(^{867}\) Ibid., 82-88.
He could easily have relied on British medical literature on female same-sex desires in schools, which, as has been shown, was available on this side of the Channel (chapter 5), but he used Continental research into sexuality and, remarkably enough, Italian sources.

Obici and Marchesini published their book in 1898, and Ellis referred to it and elaborated upon its argument in 1901. He had had only three years to learn about, get hold of, and digest a lengthy study in a foreign language. He had been reading Italian research since the 1890s and he kept abreast of it in the first decades of the new century. This may be taken as a measure of Ellis's strenuous engagement with Italian sexological research.

Conclusion

Ellis had an open-minded approach to his materials and a reluctance to force conclusions. He clearly wished to liberate sexual activity from certain contemporary restrictions; his ideas were unmistakably intended to serve a radical purpose and were accepted as such by his contemporaries. His collaboration with Symonds makes plain what the political agenda within the medical community was, while the Bedborough case shows just how difficult it was to pursue the study of sexology, and how Ellis's case histories presenting 'normal' sexual inverts in Sexual Inversion were not accepted by the British medical establishment.
Some of Ellis's feminist contemporaries, such as the radical sexual reformer Stella Browne, took him as a source of inspiration in their attempts to promote discussion about lesbians and sexual liberation. Feminist writers today, however, believe that Ellis was responsible for undermining feminism and stigmatising lesbians. Ultimately, Ellis is blamed because his essentialist viewpoint on sexual differentiation is judged by them to be incompatible with current feminist political critique. Yet these criticisms fail to contextualise Ellis's work; he did not promote male sexual violence against women. Within the context of his time he highlighted the importance of 'the play-function of sex' and believed female masturbation to be a normal and even healthy sexual manifestation as his paper given at the British Society for the Study of Psychology demonstrates. All this must surely have struck readers far more than the biologistic assumptions he took for granted.

Ellis was not an enemy of women and lesbians, nor did he plot against their sexual freedoms. On the contrary, in his case histories Ellis presented lesbians who were refined, educated, intelligent and feminine in appearance. Sexually autonomous and independent lesbians appeared as bold as men and it was in these terms that Ellis described lesbians as women who took 'masculine' prerogatives. This was in line with his political agenda; through science he sought to release sexual activity from certain contemporary restrictions, and he pleaded for a reorganisation of sexual relationships. Just as he argued for the recasting of sexual relationships on the basis of mutual respect,

---

869 F. W. S. Browne, *Sexual Variety and Variability.*
86911. Ellis, *The Erotic Rights of Women.*
so too did he advocated the reconstruction of gender relationships on the basis of equality.
Chapter 8

William Blair-Bell and Gynaecology

Almost twenty years after the publication of *Sexual Inversion*, the prominent gynaecologist William Blair-Bell revealed in *The Sex Complex* (1916) that femininity depended entirely on internal secretions. The 'higher type of woman' was intrinsically organised for the 'perpetuation of race'. Among the deviations from this type of woman there was a 'freak of nature', the sexual invert, who was characterised by an internal bodily unbalance and a masculine physiognomy. Using endocrinology, one of the most recent medical sciences, Blair-Bell maintained that masculinity in women derived from internal secretions. Within British medicine, Blair-Bell provides an example of a more traditional position than Ellis's with regard to female same-sex desires.

Gynaecological texts offer precious insight into definitions of femininity, normal, and abnormal sexuality. Yet, gynaecology has been ignored by historians of sexuality interested in female same-sex desires. This is odd since, as I have shown (chapter 4), nineteenth-century British gynaecologists discussed same-sex desires and endeavoured to understand them through physical explanations. First, this chapter illustrates how through the supposedly new scientific language of endocrinology, Blair-Bell continued to support the nineteenth-century medical idea that female sexuality was subordinate to maternity. Secondly, it draws attention to sexual deviations: intellectual women, hermaphrodites and sexual inverts.
I suggest that Blair-Bell’s gynaecology adopted the new language of endocrinology, but essentially repeated Continental criminal anthropological tenets related to the body. Internal secretions replaced the stigmata of degeneration: in both cases, women’s masculine physiognomy was a mark of sexual deviation. I also suggest that Blair-Bell’s gynaecological system illustrated the persistence of the ‘anatomical’ style of reasoning in British medical writings. Despite the fact that he adopted the term ‘sexual inversion’ and was familiar with Ellis’s work, Blair-Bell’s inverteds did not have psychological, but only physical characteristics. Sexual inverts, according to Blair-Bell, were women who engaged in sexual acts as a result of an unbalanced endocrinological system.

1. The Normal Woman

Blair-Bell was born in 1871 in New Brighton, Cheshire. In 1890 he entered King’s College London and then received his clinical education at King’s College Hospital. Blair-Bell obtained his Bachelor of Medicine and Bachelor of Surgery at London University, and in 1898 he left London and was appointed to the staff of Wallasey Hospital. In 1905 he gained the position of Assistant Consulting Gynaecologist to the Liverpool Royal Infirmary. In 1921 he was appointed to the Professor’s Chair and was a leading figure in the struggle to establish the Royal (formerly British) College of Obstetricians and Gynaecologists, of which he was president for many years. Bringing obstetrics and gynaecology together as a discipline separate from medicine and surgery, Blair-Bell campaigned tirelessly for the recognition of gynaecology as a true science, basing his argument on his experimental studies on sex gland function. For Blair-Bell,
knowledge of the sex gland function was necessary in order to transform the old crafts of gynaecology and obstetrics into one genuine, unified science. 870

Although, by contrast with Ellis, Blair-Bell followed an institutional path in establishing his professional career, his trajectory was not without its complications. Indeed, the specialisation in gynaecology was not viewed with approval by the Victorian medical elite, who valued generalism as a gentlemanly ideal over specialism. For the British medical elite, an ideal doctor was one who could treat the whole body. Well into the twentieth century, gynaecology was regarded as a manifestation of the new pernicious trend of medical specialisation. 871 Yet gynaecologists could rely on the technological development of surgery and new theoretical interpretations of women’s physiology to enhance the scientific validity of their discipline in the eyes of the medical elite. Abdominal operations such as ovariotomy, hysterectomy, the removal of the gravid uterus, the repair of vescico-vaginal fistula, and the relief of uterine and vaginal prolapses, all bore witness to the rapid expansion of surgical gynaecology. 872 Moreover, the ovular theory of menstruation and the discovery of production of the internal secretions provided a new framework by which to understand women’s nature, but at the same time they reinforced the old medical belief that women’s moral characteristics were based on the reproductive system. 873

---

870 Blair-Bell died in 1936. On Blair-Bell, see J. Peel, William Blair-Bell (1986).
871 C. Lawrence, Medicine in the Making of Modern Britain (1994), 60. British elite physicians saw the practice of medicine as an artform in which scientific knowledge was not enough to understand profound human conditions. Bedside diagnostic skill, a classical education, the bearing of a gentleman and the value of experience that generated the so-called 'incommunicable knowledge' were very important among British physicians. C. Lawrence, 'Incommunicable knowledge: Science, Technology and the Clinical Art in Britain 1850-1914', Journal of Contemporary History, 1985, vol. 20, 503-520.
873 According to the 'ovular theory' of menstruation, it was the spontaneous release of the egg that caused menstruation, and the onset of the menses coincided not only with the fertile period, but also with the peak of sexual desire in women. In the nineteenth century it became a virtually undisputed tenet of gynaecological theory that the ovaries were the essential difference from which all others derived. The
In the context of such developments Blair-Bell proposed a new gynaecological dictum: 

‘Propter secretiones internas totas mulier est quod est’.\(^8\)\(^7\)\(^4\) This was meant to replace Achille Chéreau’s medical motto ‘Propter solum ovarium mulier est id quod est’.\(^8\)\(^7\)\(^5\) In the mid-nineteenth century the ovaries had indeed come to be conceived as the woman’s tie with nature: they were the seat of the sexual instinct and automatic behaviour. In this way, ovaries, it was believed, also regulated women’s nervous system. As early as 1896 and 1900, two Viennese gynaecologists, Emil Knauer and Josef Halban, described chemical substances secreted by the ovaries.\(^8\)\(^7\)\(^6\) Blair-Bell, for his part, scrutinised every ductless gland in the female body.\(^8\)\(^7\)\(^7\) To him, femininity was a glandular phenomenon, but not a monoglandular one.

Blair-Bell’s best-known work, *The Sex Complex* (1916), was based on the conviction that femininity itself was dependent on all the ‘internal secretions’, the mysterious and elusive substances assumed to exist in the endocrine glands.\(^8\)\(^7\)\(^8\) A normal woman’s mental processes depended upon her metabolism, which in turn was controlled by her internal secretions. He recognised that instincts and mental disorders could be

---

\(^8\)\(^7\)\(^4\) Translated from Latin: ‘A woman is a woman as a result of all internal secretions’. W. Blair-Bell, *The Sex Complex* (1916). The dictum was written on the inside cover.

\(^8\)\(^7\)\(^5\) Translated: ‘A woman is only what it is because of her ovaries’. In 1844 the French physician Achille Chéreau (1817-85) dismissed van Ilelmont’s dictum that woman was what she was because of her uterus. According to Chéreau, the ovaries determined women’s nature and were responsible for menstruation, and it was ovarian dysfunctions that typically caused female disorders such as hysteria.


\(^8\)\(^7\)\(^7\) Such as the thyroid and pineal gland. W. Blair-Bell ‘The Correlation of Function: With Special Reference to the Organs of Internal Secretions and the Reproductive System’, *BMJ*, 1920, 787-91.
influenced by external factors such as class, education, social environment, and even intellectual pursuits, but his central theme was that the psychological make-up of the woman was dependent on all the internal secreting organs.\textsuperscript{879}

Blair-Bell used the new language and tools of endocrinology to repeat earlier nineteenth-century medical ideas about female nature being linked to reproduction. In fact Blair-Bell believed that women had no function apart from maternity: the 'characteristic functions (...) of the female are those associated with genital activities — menstruation, gestation, parturition and lactation'.\textsuperscript{880} Blair-Bell endorsed the idea that woman's mental characteristics came completely under the dominating influence of her special functions, that is, the reproductive system.\textsuperscript{881} This was not simply a private conviction, but part and parcel of Blair-Bell's lifelong effort to elevate the status of gynaecology. If woman was wholly and exclusively governed by her biology, then that would be the best justification for the existence and the advancement of the gynaecological profession.

Typical female characteristics included dependence on males, 'associated with an ardent desire to be loved'.\textsuperscript{882} 'Sexual and maternal capacity' depended upon the 'proportion of femininity' in the individual woman's make-up. Thus, 'the normal woman' found a certain pleasure in sexual intercourse, but she was especially characterised by her desire for children. In other words, female sexuality was subordinated to maternity. The 'truly

\textsuperscript{879} J. Peel, \textit{William Blair-Bell}, 18-19.
\textsuperscript{880} W. Blair-Bell, \textit{The Sex Complex} (1920), 20. In the second edition Blair-Bell revised and expanded his work.
\textsuperscript{881} Ibid., 1-5.
\textsuperscript{882} C. Sengoopta, 'The Modern Ovary', 15.
feminine’ woman menstruated freely, her breasts were ‘well formed’ and her mind was ‘feminine’, with all natural functions ‘perfectly coordinated and correlated’. 883 While women with a more developed ‘reasoning faculty’ had ‘less need for the lure of sexual gratification to ensure the perpetuation of race’. 884

Blair-Bell conceived his system in a materialistic framework, in which psychological functions depended upon physiological functions. Before puberty, when ‘the metabolism of girls does not differ appreciably from that of boys, the maiden is often self-reliant and somewhat a “tom-boy”’. 885 Thus, he explained, traditional learned gendered behaviours in puberty accorded to a change of ‘feminine’ and ‘masculine’ secretions in the body. There were, he wrote, two stages in the development of the secondary sexual characteristics in woman: from birth to puberty in the girl ‘the mind is often not pronouncedly feminine’, although sometimes girls ‘show a marked liking for dolls and sewing’, on the contrary boys like ‘balls and fighting’; at puberty there was, however, a remarkable physical and psychological change: normally at this stage a girl became shy, reserved, and ‘essentially feminine in her pleasures and in her relations with men’. 886

According to Blair-Bell’s analysis, on the one hand the human female’s highly developed mental processes were adapted to assist with sexual selection and the care and rearing of offspring, keeping pace with the general mental evolution of the species. On the other hand, males had evolved intelligence ‘to sustain their mates and offspring in an environment compatible with advanced civilisation’ and to deal with the ‘intricate

883 W. Blair-Bell, The Sex Complex (1916 ), 119.
884 Ibid., 118.
processes’ of modern life. It was senseless, Blair-Bell wrote, to consider the male intellect as necessarily superior to woman’s intellect, which was ‘a source of personal pleasure and pride’. He noted, however, that ‘it must surely be recognized by all that the male mind and masculine form are suited for the business life’ while ‘the central motive of a normal woman’s existence is the propagation of the species’. Reproduction made fewer demands on the male metabolism; therefore men’s nerves were ‘steady, the mind stable and the physical strength great’. Men’s more diverse and intellectual secondary reproductive functions, however, were in no way superior to woman’s ‘patient and absorbing work’: in modern conditions this was a ‘far greater self-sacrifice’. Each sex was the reproductive complement of the other.

According to Blair-Bell, civilisation had produced women who wanted children but not sex, and vice versa:

The woman who delights in sexual pleasures, but has no maternal instincts, is not strictly speaking normal, although she may be as much a product of civilisation as is the female who abhors the idea of both intercourse and maternity. (...) The woman who desires children but has no sexual inclinations is a product of civilisation. (...) Her physical and psychological functions are not perfectly adjusted.

Ovarian insufficiency in women was at least capable of treatment by ‘organotherapy’, but excessive ovarian secretion, even if it could be manifested in women ‘extremely

---

885 Ibid., 101.
886 Ibid., 18.
887 Ibid., 107.
888 Ibid., 106.
889 Ibid., 108-9.
890 Ibid., 111.
891 Ibid., 113-14.
892 Ibid., 118-19, 120.
893 Also known as ovarian therapy, this was the precursor to modern hormone replacement therapies. The emergence of organotherapy as a treatment for supposed ovarian insufficiency arose from the fascination with ‘internal secretions’ of both men and women. Although the thyroid hormone was isolated in 1891,
feminine in appearance and character,' produced excessive sexuality, amounting perhaps to 'sexual insanity' leading to masturbation or even sexual inversion. 894

2. The Abnormal Woman Type

Blair-Bell portrayed an abnormal woman type, a product of civilisation that did not conform to the medical idea of a procreative woman. He admitted that 'it is difficult to establish what may be described as a normal standard of the mental attitude towards coitus. Civilisation, with its social exigencies supported by religion, has undoubtedly raised an artificial standard'. 895 However, in his classification of gynaecological disorders, he gathered under 'psychoses and neuroses' a specific kind of woman: the abnormal masculine sick woman. Intellectual women, hermaphrodites and inverts were portrayed as masculine.

Blair-Bell thought that masculinity and femininity were characteristics of the body and the psyche, and in certain women masculinity was present in every single body cell. Psychological and biochemical elements were correlated and largely dependent on the distribution of the 'sex characteristics':

The larger the proportion of femininity in a woman, and the less the proportion of masculinity, the greater will be her inherent sexual and maternal capacity. If a woman have [sic] a comparatively large proportion of masculinity in her composition, it will be reflected in every cell of her body. The characterisation of the organs of internal secretions will be modified, and the activity of her ovaries reduced. 896

---

894 Ibid., 179; 203-4.
896 W. Blair-Bell, The Sex Complex (1916), 119.
Not only were internal secretions responsible for the development of masculinity, but also with menopause the woman become masculine and displayed 'acromegaly'.\textsuperscript{897} If menstruation were to cease, the skin might become coarse, the voice deep, the breasts shrunken, and last, and most interesting of all, the clitoris could hypertrophy until it resembled a small penis.\textsuperscript{898} All of these abnormal women — women with ovarian and what today are called hormone diseases, women with ‘excessive’ sexuality, or without sexual instinct at all, ‘self indulged’ women or the sexual invert — had masculinity in their external bodies and internal secretions.

While Italian criminal anthropologists such as Lombroso had scrutinised the stigmata of degeneration in abnormal women, Blair-Bell looked for something under the skin. In both cases the prolific mother was identified as normal, while the virile woman was deemed pathological. In both cases a certain amount of masculinity made abnormal women recognisable. Blair-Bell never referred to criminal women, but three types of deviations emerged in his gynaecological writings, namely, intellectual women, hermaphrodites, and inverts.

**Intellectual woman.** According to Blair-Bell, the woman who took pleasure in sexual gratification, but had no maternal instincts was ‘the result of the conditions in which we live’. She used her intellect to the detriment of the reproductive functions. The type of woman who shunned both sexual relations and maternity was ‘on the fringe of femininity’: her femininity was ‘almost neutralised by her masculinity’.\textsuperscript{899}

\textsuperscript{897}Acromegaly or hyperpituitarism is characterised by an enlargement of bones of hands, feet and face, often accompanied by headache, muscle pain and emotional disturbances. It is caused by overproduction of growth hormone, the anterior pituitary gland.

\textsuperscript{898} W. Blair Bell, *The Sex Complex* (1920), 167-168. This recalls Tonini’s case at 101-2.

\textsuperscript{899} W. Blair-Bell, *The Sex Complex* (1916), 120.
women were usually flat chested and plain. Even though they menstruated, their metabolism was often for the most part masculine in character: 'indications of this are seen in the bones which are heavy, in the skin which is coarse, and in the aggressive character of the mind'. Masculine women were 'ill adapted' to the female role in reproduction.

Furthermore, Blair-Bell proposed a correlation between ovarian insufficiency and masculinity or reduced femininity in women. Thus, there were masculinity-producing internal secretions; when they became abnormally active in women, the metabolism was directed towards the necessities of masculinity. In such circumstances, as the physical changes tended towards masculinity, the mind became 'less feminine in its outlook'.

Cases of so-called 'true hermaphroditism' were rare:

but there is little doubt that women with a larger share of masculinity than is normal are extremely common. These unnatural individuals are easily detected by the coarseness of their skin, by the size of their extremities, by the ill-development of the breast, and by the assertiveness and aggressiveness of their conversation and schemes.  

A 'normal woman', according to the gynaecologist, would not exploit her intellect for individual gain; it was for the benefit of her descendants:

It is reasonable to believe from the evidence at our disposal that the application of feminine talents to the competitive work in which men are engaged, which is strictly speaking an evolutionary form of the hunter's craft, is adventitious and injurious to the psychical and physical functions connected with the biological life of women. So long as there are two sexes it is unlikely that women will, without detriment to their own sex-psychology and physical attractions, which are so essential to sexual selection, develop the masterful mind of the male that may attain to the lofty

900 Ibid.  
901 Ibid.  
902 Ibid., 207.
height of genius — a level to which the intellect of no woman has ever yet ascended.  

By the time Blair-Bell was writing, old anxieties that women’s higher education might interfere with their childbearing capacity were reinforced by eugenists, who warned that ‘emancipated’ women abstained from childbirth or at least limited their families. At the end of the nineteenth century it was increasingly noted that there was a reversal in demographic trends. Statistics on the birth rate showed that it had been falling since 1876. By 1901, fertility had dropped by more than 24%, and by 33% by 1914. Ideas about the physical and mental decline of the British population promoted the emergence of the eugenics movement. Blair-Bell’s concerns over women engaging in intellectual activity, expressed in terms of his materialistic world view, were reinforced by wider scientific and political preoccupations linked to a decrease in population, new job opportunities for women created by World War I, and the independence of women.

Hermaphroditism. Blair-Bell was well aware that participating in a ‘controversy concerning the difference between Man and Woman’ with social and legal implications was rarely conducted ‘on unbiased and scientific lines’. His studies on hermaphroditism revealed an ambiguous scientific attitude. On the one hand, Blair-Bell took for granted a clear line of distinction between femininity and masculinity, and normal and abnormal women, as shown above. On the other hand, he assumed on the basis of his scientific observations that the human being was fundamentally bisexual in

---

903 Ibid., 114-115.
905 W. Blair-Bell, The Sex Complex (1916), 1.
his body. Blair-Bell considered that whatever the predominant sexual identity of the individual, 'latent traits of the opposite sex' in various degrees of development were always present: 906 'certain men are somewhat effeminate,' and many a woman had 'the smallest balance of femininity in her favour'. 907

While in theory doctors may have all agreed that sex was determined by the nature of the gonads, in practice — particularly in Britain — outward appearance mattered very much. As Alice Domurat Dreger has shown, every encounter between an hermaphrodite and a doctor demonstrates that whatever the degree of attention focused on the gonads, much attention was also paid to other 'sex' traits; not only as indicators, but also occasionally as the ultimate determinants of sex. 908 The status of the gonads was not — in practice — completely clear or fixed. When revealed, the sex glands counted as sufficient signs of sex in most doubtful cases, and yet they were not always considered necessary signs.

Blair-Bell was the first physician from British medical establishment to openly suggest that in actual cases of unusually mixed sexual characteristics, the 'true sex' ought not to be judged by the often dysfunctional sex glands and that such a practice made little sense. 909 Blair-Bell could make this suggestion because of the rise of new medical technologies: by 1915, laparotomies — exploratory surgery — and biopsies — removal of small samples of suspicious tissues — had made it possible in practice to absolutely

906 Ibid., 13.
908 A. D. Dreger, Hermaphrodites and the Medical Invention of Sex (1998), 138-166.
909 Ibid., 157-170.
confirm testes in living women, ovaries in living men, and ovotestes in living true hermaphrodites.\textsuperscript{910}

In 1915, Blair-Bell recalled that since the scientific investigation of cases of hermaphroditism had first begun, the custom had been to define the sex of the individual according to the sex-characteristics of the gonads.\textsuperscript{911} However, two particular recent cases made him wonder whether some revision in the practice of sex diagnosis was needed. One was a case in which a patient had an ovotestis; the second was a case of what today would be called androgen insensitivity syndrome, that is, a case of a very ‘womanly’ male patient who was shown to have testis and no ovaries.

In Blair-Bell’s opinion, to assign sex according to the gonadal anatomy alone was to risk not only the happiness of the patient and his sexual instinct, but social order as well:

I want (...) to raise the question as to whether we are justified (...) in branding [patients] with a sex which is often foreign not only to their appearance but also to their instincts and social happiness. (...) Both these patients were good-looking and might have been married, just as many other male tubular partial hermaphrodites have been, believing themselves to be women.\textsuperscript{912}

Endeavouring to understand gender not only in terms of biological sex, Blair-Bell remarked that since it was possible to demonstrate the fact that the ‘psychical and the physical attributes of sex’ were not necessarily dependent on the gonads, gynaecologists should consider each case as a whole. Sex should be ‘determined by the obvious

\textsuperscript{910} Biopsies became standard practice in the 1910s in cases in which a person’s sex was in doubt.
\textsuperscript{911} W. Blair-Bell, ‘Hermaphroditism’, 291.
\textsuperscript{912} Ibid.
predominance of characteristics', especially the secondary, and not by the non-
functional sex-glands alone, for this was 'neither scientific nor just'. 913

Thus Blair-Bell wondered what sense it made to say that someone was a true
hermaphrodite when there was no way to deal with that either socially or legally. 914
Each case of hermaphroditism should be considered 'as a whole' by 'the obvious
predominance of characteristics', and undertaking surgery is 'justifiable' in order 'to
establish more completely the dominant sex of the individual, and the one which is most
in accordance with the social happiness of the person concerned'. 915

As Dumorat Dreger has suggested, despite this apparent prescription for sex diagnosis,
which consciously moved away from the biological definition of sex, Blair-Bell's
position was conservative in two fundamental ways. First, like his predecessors and
many successors, Blair-Bell was motivated in theory and practice by an interest in
maintaining clear, medically sanctioned divisions between the two sexes in each
individual case, and in society as a whole. Second, Blair-Bell held fast to the idea that
everybody did indeed have a single true sex, even if neither the sex-gland nor the
individual, as shown by the secondary characteristics, gave the physician an
unambiguous indication of what that true sex was. 916 Blair-Bell recommended that
medical doctors not only diagnose a single sex for anomalous bodies, but also eliminate
any sexually 'anomalous' characteristics. In his analysis of hermaphroditism, which
very probably contains one of the first uses in medical literature of the word 'gender',
Blair-Bell concluded:

913 Ibid.
914 W. Blair-Bell, The Sex Complex (1920), 151.
Our opinion of the gender [of a given patient] should be adapted to the peculiar circumstances and to our modern knowledge of the complexity of sex, and (...) surgical procedures should in these special cases be carried out to establish more completely the obvious sex of the individual.\textsuperscript{917}

Only two true sexes existed in the social order, and the physician was the interpreter.

Social tension surrounding issues of sex and sexuality conflated with the curiosity that physicians felt towards hermaphrodites. Blair-Bell wrote explicitly that ‘certain social and legal questions depend closely on the scientific aspect of sex’, and they were pressing for ‘consideration’ and ‘determination’ in a period of ‘national and international struggles’. Surely Blair-Bell was thinking of World War I, and probably of feminism, but no doubt he was thinking also of the decline in the birth-rate.

Hermaphrodites posed conceptual and practical problems for those physicians who claimed men and women were naturally, fundamentally, and obviously different, and who also claimed that sexuality — heterosexuality — was the result of the evolution of two distinct sexes. It was not a coincidence that Blair-Bell openly linked hermaphroditism to sexual inversion. The human being, he wrote, was:

originally bisexual, and in the adult there is always evidence — structural if not functional — of the recessive sex.

In same cases the latent secondary characteristics become pronounced in one or more particulars, without any real disturbance of the feature of the predominant sex-characterisation. Such conditions are known as ‘Inversions’, and they are common in minor degrees, in which such phenomena as hair on the face, coarse skin and other masculine characteristics are seen in women. (...) Hermaphroditism may with justice be held to be akin to inversion.\textsuperscript{918}

\textsuperscript{915} Ibid., 152.
\textsuperscript{916} A. D. Dreger, Hermaphrodites, 165-166; W. Blair-Bell, ‘Hermaphroditism’, 277.
\textsuperscript{917} Blair-Bell, ‘Hermaphroditism’, 292.
\textsuperscript{918} W. Blair Blair-Bell, The Sex Complex (1920), 134-135. Italics are mine.
Sexual inverts that did not conform the traditional images of distinction between the sexes were part of the same phenomenon as hermaphrodites. They were present within nature and therefore were under the domain of the physician, but at the same time they challenged dominant ideas about sexuality and forced physicians to recast traditional medical theories.

**Female sexual inversion.** The term female sexual inversion, according to Blair-Bell’s definition, applied to the ‘derangements’ of the ‘normal’ feminine secondary characteristics. In the female invert, masculine characteristics were stimulated by the ‘masculine-producing secretion’ that produced changes associated with the metabolism of the ‘lime salts’. Blair-Bell meant that there was an over-production of calcium. Indeed the male skeleton was far heavier and stronger than that of the female; in women there was less calcium retention during growth. Those parts of the ‘hormonopoietic system’, which were largely concerned with the storage of calcium, when ‘abnormally active’ in a woman, produced ‘other masculine characteristics, such as the growth of hair on the face and alterations in the formation of the larynx and breast’. Female inverts did indeed have low, male voices, and were flat chested.

According to Blair-Bell, ‘it is probable that, if, with the onset of puberty, marriage took place in European countries as it does in some Eastern countries, such indulgences [masturbation and sexual inversion] would not be practiced in educated women’.

---

919 For a comparison with Ellis’s position, see below at 332-3.
920 W. Blair-Bell, *The Sex Complex* (1920), 166.
921 Ibid., 211.
Indeed, Blair-Bell judged sexual inversion to be among the ‘psychical disturbances’ of late puberty.\textsuperscript{922} Matrimony, and of course regular healthy sexual intercourse with a man, could treat masturbation and even sexual inversion. However, he went on, when these habits have become established, even matrimony may fail ‘to provide a satisfactory substitute’.\textsuperscript{923} Blair-Bell believed that masturbation in a woman might be a sign of ‘excessive sexuality’, but it might also be ‘an accompaniment to mental instability or insanity other than that of sexual origin; and in such circumstances it is the result of a weakened moral outlook and will-power’. In either case, an alienist was required, not a gynaecologist.\textsuperscript{924} Masturbation could also be acquired in childhood from nurses or other older women playing with the child’s external genitalia; or it might be taught by one girl to another in a school or workroom. Blair-Bell added to these comments the Italian lawyer Niceforo’s observation — quoted from Ellis — according to which ‘all girls in certain workrooms in Italy were known to masturbate themselves or one other in the heat of the day’.\textsuperscript{925} Blair-Bell stated that a ‘watchful mother will detect the habit’, and, if the patient is ‘to be taken to the physician, the cause of irritation may be removed’.\textsuperscript{926}

If masturbation be practised at puberty and afterwards, when orgasm can be experienced, the girl may suffer in health. In one case the patient’s distress and remorse at her own evil ways, which she found impossible to check, were such that we excised her clitoris ad nymphae. This method of treatment may be adopted with excellent results if the right type of case be selected: the girl who is not suffering with excessive sexuality, but, rather, with the fascination of a bad but pleasant habit, to the detriment of her moral and physical equilibrium.\textsuperscript{927}

\textsuperscript{922} W. Blair-Bell ‘Disorders of Function’, 301.
\textsuperscript{923} Ibid.
\textsuperscript{924} Ibid., 300.
\textsuperscript{925} Ibid.
\textsuperscript{926} Ibid.
\textsuperscript{927} Ibid., 300-01.
Excessive sexuality could be manifested in a woman in three ways: ‘excessive sexual indulgence with its train of neurasthenic symptoms’, ‘masturbation or sexual inversion’, and sexual insanity. Sexual inversion, Blair-Bell wrote, was a ‘practice’ not common in married women unless indulged in before matrimony; ‘if so, the woman may be comparatively apathetic to the normal act and prefer abnormal satisfaction’. If the patient suffered at all in health, Blair-Bell believed, the symptoms were those of neurasthenia. He thus harked back to the old medical association between masturbation, sexual inversion, and even moral insanity.

In the context of this thesis, what is interesting is the fact that sexual inversion was conceived as body dysfunction, as an imbalance between internal secretions. Even masturbation was explicable by reference to something ‘physically automatic’ in women’s bodies, rather than in terms of any rational or chosen option. According to Blair-Bell, only women who were ‘apathetic’ or possessed excessive sexuality masturbated or were sexually inverted. Finally, it must be noted that Blair-Bell used the term ‘practice’ in regard to homosexuality. While some decades earlier sexologists such as Ellis considered sexual inversion as something innate that was not reducible to sexual practices but had to do also with a psychological make-up, gynaecology spoke of sexual inversion as a sexual practice in the late 1910s. Blair-Bell’s idea of sexual inversion as a sexual practice shows how the ‘old’ ‘anatomical style of reasoning’ was still strong in British medicine.

928 Ibid., 403.
929 On ‘old’ and ‘new style of reasoning’ in medicine, see at 14-16.
Yet female sexual inverts were very recognisable by their masculine appearance. Indeed, sexual inversion, Blair-Bell thought, was caused by masculine internal secretions. Were sexual inverts a defined group? Was Blair-Bell using sexological theories or older stereotypes? Certainly Blair-Bell’s language, his use of terms like ‘normal type’, his discourses about civilisation and women’s sexuality, suggest that he was familiar with Continental criminal anthropology and, through Continental influences, the image of a type of sexual invert permeated his work. Yet his descriptions of female sexual inverts were thoroughly physical, and psychology was never the main point. There was no description of sexual invert’s childhood, life and personality characteristics to match those to be found in Krafft-Ebing or Ellis.

Moreover, it has been shown how both in Italy and Britain, female same-sex desires before the introduction of the concept of sexual inversion were associated with a masculine appearance. Whether Blair-Bell was reverting to older stereotypes of female same-sex desires or relying upon more recent ideas, I suggest that he associated masculinity with same-sex acts in order to reinforce a gynaecology based upon endocrinology. After all, the image of masculine inverts confirmed his views on the existence of internal secretions responsible for the production of masculinity. It was important to hint that gynaecology might hold the key to curing sexual inversion through the treatment of ‘internal secretions’, or at least be able to explain the phenomenon by invoking bodily secretions. As the same time, Blair-Bell’s notion of the ‘sexual invert’ was quite distinct from that of Krafft-Ebing or Ellis.
Conclusion

There was something more than a little ambiguous about Blair-Bell’s studies, given his references to tearing aside ‘the veil overhanging the mystery of sex’ through gynaecology, and to the ‘ravages of science’, and his allusion to the effects of civilisation on sexual behaviour. He declared that it was senseless to consider males superior to females, while at the same time saying that men were suited to business, while women’s reason for existing was the propagation of the species. He stated that the removal of ovaries, then a relatively common practice in gynaecology used to treat most female problems, was useless; yet he treated female masturbation by excising the clitoris and advocated such methods in other similar cases. He berated the ‘modern woman’ for her rejection of the maternal function and expected every woman to fit the stereotype of the normal woman that he had established. He thought that physicians had to consider a hermaphrodite’s happiness and not adhere strictly to anatomical evidence. He also believed in the existence of a latent bisexuality in all individuals, but supported a scientific view in which the two sexes had different intellectual qualities.

Blair-Bell’s writings on sexual deviations reveal the extent to which he was representative of Victorian traditions. Sexual glands were then a new and prestigious scientific language. Instead of looking for the stigmata of degeneration, he used masculine internal secretions to divide the normal from the abnormal woman. Blair-Bell

---

930 W. Blair-Bell, The Sex Complex (1916), 2.
931 Ibid., 300, 373.
not only invoked a kind of ‘sick’ woman who obviously did not fit the physical standard of the time, but he also associated such abnormal women with the highly educated, independent women who had decided to cultivate their minds. These women, he claimed, were physically masculine. Perhaps he was thinking of feminists and was anxious about women entering traditional male occupations; certainly he promoted the image of a mother as a healthy woman. Concerns about the damage too much mental application might do to a woman’s health were characteristic of the second half of the nineteenth century. However, at the beginning of the twentieth century eugenics was also concerned that higher education of women might jeopardise the reproduction rates of the ‘fittest’ women.

To a certain extent Blair-Bell’s physical portrait of the female sexual invert resembled criminal anthropological descriptions. Flat breasts, a heavy skeleton and coarse skin were all characteristics routinely presented in Italian criminal anthropological case histories. Yet criminal anthropologists measured every part of the deviant body and Blair-Bell did not. The use of a number of key terms, such as ‘normal woman type’, would seem to echo criminal anthropology, yet it hardly seems feasible to speak about a psychology behind Blair-Bell’s sexual inverts. Just as Blair-Bell’s idea of women as machines of reproduction was integral to his larger professional project of justifying his own profession, so too his idea of sexual inversion was a tool to promote his study of endocrinology and advance possible treatments.

Like Ellis, Blair-Bell displayed a materialistic outlook on human sexual behaviour and a biological essentialist view on sexual dimorphism. Both Ellis and Blair-Bell also subscribed to the theory of an original bisexuality in human beings. Yet they held
sharply contrasting positions on sexual inversion. Whereas Ellis’s psychology of sex had an open approach to female non-procreative sexuality, Blair-Bell’s gynaecology promoted a female sexuality strongly oriented to reproduction. Ironically, it was Ellis who in principle supported criminal anthropology, which presented sexual inverts as normal individuals, while Blair-Bell, who did not admit to the use of criminal anthropology in his sexological observations, implicitly supported the stereotype put forward by Continental criminal anthropology.

Blair-Bell’s work clearly highlights the progressive nature of Ellis’s *Sexual Inversion* and the fact that his work failed to influence British medicine in his own time. Almost twenty years after the first edition of *Sexual Inversion*, Blair-Bell adopted the term ‘sexual inversion’, but rejected Ellis’s conclusions. Sexual inverts would continue to be represented as abnormal individuals.
British and Italian psychiatrists not only used many of the same categories, such as mania or moral insanity, but they also shared an organic approach to mental illness, and to varying degrees saw psychiatric disorders as a result of hereditary degeneration. There was, however, an important difference. During the last decades of the nineteenth century, Italian psychiatrists were heavily involved in pioneering activities on all fronts: from the practical to the theoretical. Despite their awareness of the fragmented nature of the new kingdom, of the widespread poverty of a large part of the population, and of the relative backwardness of Italy when compared to other European countries such as Britain, many intellectuals felt themselves to be on the threshold of a new era. Science was seen as the crucial instrument of civil progress and emancipation. De Waterville, one of the editors of the journal, *Brain*, commented: ‘The political resurrection of Italy has been speedily followed by a scientific renaissance among its people. On every side signs of increasing activity become manifest’. Pioneering scientific enterprise was seen as critical to developing the nation, and sexology was one of the disciplines that gained the most ground in the last decades of the nineteenth century. At the very moment in which German and French psychiatrists — considered by historians at the forefront of sexology — were turning their attention to sexual inversion, Italian practitioners were in a phase of enthusiastic commitment to science. The social and cultural role of scientists in building the new nation, and the fact that they were part of
the ruling class, rendered them yet more enterprising. Another important characteristic of Italian psychiatry was the lack of government intervention in the management of the insane. Though left to fend for themselves, Italian psychiatrists had more freedom of action than their British counterparts.

British psychiatry, established earlier than Italian, had continuously to negotiate with a strong Government presence in the public sphere. Throughout the nineteenth century, official enquiries into the management of asylums and the enforcement of laws regulating the profession left practitioners reluctant to clash with the authorities. Maintaining that sexual inversion was an innate condition would have been tantamount to arguing that the law should have no right to punish male same-sex acts. This was indeed the position of Ellis and Symonds, but not all psychiatrists were willing to adopt a stance which did, after all, risk ostracism. Even those medical writers, Savage and Mercier among them, who did fleetingly address the topic of sexual inversion, were very prudent. The guarded attitude of British psychiatrists derived also from the fact that the Obscene Publication Act made it difficult to engage with writing on sexual issues. In principle, physicians were among the few who could reasonably write about sexuality, but in practice there were harsh constraints and ‘standards of decency’. The problems that Ellis faced following the publication of Sexual Inversion, and the reaction of the medical establishment, are also indicative of the difficulty experts had in entering into discussions about sexuality, especially ‘deviant’ sexuality.

The relationship between legal and psychiatric experts was anything but smooth in both Britain and Italy. Yet British psychiatrists were less willing than their Italian colleagues to challenge the law. In the late nineteenth century, the assumption behind the legal punishment of male homosexuality was that it was a vice, and not something inborn or even a disease. Physicians had an uphill battle arguing that sexual inversion was congenital or even an acquired disease, because this would have meant undermining the concept of free will, which was highly valued in British courts. In Italy, the Catholic Church valued free will just as much, but most criminal anthropologists and psychiatrists of the time were consciously challenging religious authority. This is not to say that there were no Catholic physicians, but most scientific knowledge until the turn of the century was produced by positivists. Positivism went into decline as the neo-idealism of Benedetto Croce flourished during the first decades of the twentieth century, yet so entrenched was the view that homosexuality was a mental disease that even some Catholics would endorse it in the long term.

Whereas Italian sexologists welcomed the opportunity to study deviant female sexualities, including sexual inversion, British physicians, though they did not neglect the topic, were wary of addressing the issue of female same-sex desires. At least until the publication of Ellis’s *Sexual Inversion*, they generally displayed a reluctance to accept the Continental concept of sexual inversion, and female same-sex desires were investigated in the context of other medical concerns. In both countries, the field of sexology in general, and the study of same-sex desires in particular, were developed in relation to quite specific professional and political interests, and thus there was nothing monolithic about them. Penta and Ellis alike were radical in their scientific and cultural stance, and prepared to risk professional ostracism. Lombroso and Blair-Bell, on the
other hand, were certainly conservative in their views on homosexuality. Yet when Lombroso spelt out the problem of sexual abuse of children, or when Blair-Bell advocated the right of hermaphrodites to choose their gender, they were taking up controversial positions for their own times.

There was an inherent ambiguity in sexology. Sexual experts contributed to the visibility of deviant sexualities by compiling endless descriptions of the bodily and personality signs of the deviant, thus separating the normal and the pathological. Yet they thought that the pathological was an exaggeration of the normal. In the nineteenth century, medical sciences’ understanding of the normal depended problematically on the idea that the pathological was always, with respect to the healthy state, either an excess or a lack.933 This idea was also present in psychiatric studies that employed evolutionary theory. In this way, both in psychiatry and sexology, the boundary between normal and abnormal was not clear cut, and by the end of the nineteenth century some sexologists, Ellis and Penta among them, had begun to reject the notion that same-sex desires were pathological.

Italian and British discourses around female same-sex desires shared a number of similarities. Same-sex desires were found in the context of psychiatric investigations into monomania, moral insanity and degeneration. All such medical categories rested upon a preoccupation with dysfunctions of the impulses, tendencies, and feelings, and with the inability of subjects to exercise free will. Same-sex desires undermined the concept of self-control in both countries. The figure of the tribade-prostitute was familiar in both medical contexts, thus betraying the use of common medical sources
and the influence of foreign scholars such as Parent- Duchâtelet, as well as social stereotypes. A major characteristic of both Italian and British medicine was the preoccupation with excessive female sexuality. Behind the Italian criminal anthropological representation of female deviancy there was a concept based on female active and excessive sexuality, which was hardly so much of an issue with male offenders. Even the fact that prostitution was considered the parallel phenomenon to male criminality reveals that the use of women's sexuality was crucial when it came to defining the abnormal. In Britain, female same-sex desires were found within medical observations of nymphomania because the main problem was not the choice of sexual object, but the excessive sexual activity of women.

In both countries virility and the image of a hypertrophied clitoris associated with tribadism were part of the problem of immoderate sexuality. A masculine personality and body, and hermaphroditism not only blurred the divisions between the two sexes, but threatened sexual dimorphism and therefore evolution. The progress of civilisation was subverted by gender confusions.

Female same-sex desires were believed to be widespread in women-only environments. The Italian figure of the fiamma and British warnings about young women sleeping in the same bed focused on schools. Female education was debated in both countries, and such discussions certainly helped to draw attention to schools and colleges, but medical debates around women-only environments not only revealed men's anxieties about women living without men, but were also a continuation of the old idea that women had sex with each other when located in women-only environments such as convents. Such

933 G. Canguilhem, Il normale e il patologico (1998) [1966].
medical discourses about young girls living together were plainly haunted by the sense of a growing threat both to female chastity and to the capacity of men to control female sexuality.

Yet the differences in medical discourses about female-same sex desires reveal the extent to which the two scientific communities were dissimilar. The proliferation of medical writing about female sexual inversion in Italy, the British reluctance to adopt the concept, and the extremely cautious language of British writers reveal that while Italian and British doctors were looking at the same phenomenon, they were doing so in two quite different ways. Italian writers, both prominent medical figures and marginal, turned a voyeuristic gaze on female homoerotic relationships, but also towards female sexuality in general. They indulged in descriptions of female sexual inverts, while the British were consistently prudish or at any rate on their guard.

In British medical literature there are no instances of authors describing women masturbating with eggs and crucifixes, or having sex with each other using dildos, though such highly coloured accounts do indeed feature in Italian authors such as Lombroso. British physicians were not so explicit; instead they took care to maintain a standard of decency. They preferred to hint at certain acts rather than shock their readers. Where British physicians spoke about hypertrophied clitoris in lesbians, Italian doctors described the consistency and the sensitivity to the touch of female genitalia. Even Ellis, for all his radicalism, was very careful to weigh his words when describing female sexual inverts. Italian medical literature had a titillating quality that British practitioners eschewed. It was not a coincidence that in Britain works such as Krafft-
Ebing’s *Psychopathia Sexualis* were considered scientific pornography, while it is possible that Italian medical literature was not read by medical experts alone.

If Italian positivist physicians spoke so openly about sex it was, I would suggest, in reaction to the silence of organised religion. The Catholic Church expressed a negative judgement about the value of sexual knowledge. The glorification of ignorance represented for the Church the best protection against sexual vices. Inverting this idea about the negative consequences of the knowledge of sexuality, Italian sexologists insisted that there was nothing worse than ignorance in the sexual sphere. No matter how ‘distasteful’ a subject might be, Italian psychiatrists would say that it was first of all necessary to analyse the phenomenon and then tackle the problem. It might also be suggested that during the nineteenth century medical discourses explicitly argued that Christian principles were an unnatural denial of human sexuality. From Mantegazza to Lombroso constant reference is made to the value of sexual knowledge and to the harm caused by religious prudery. There was also a less exalted reason for Italian physicians to speak so openly about sex. Medical writers such as Mantegazza or Lombroso were also professors employed by universities and other institutions, and as such were reasonably well paid. Yet there were other less established physicians, for example, a doctor by the name of Alberto Orsi who at the beginning of the twentieth century published erotic novels in the guise of popular expositions of the new medical theories. Indeed sexual subjects sold well in Italy and for both publishing houses and physicians titillating works were profitable.

---

The Italian concept of female sexual inversion incorporated old ideas of same-sex desires. Indeed, gender inversion was not absent from early nineteenth century medical literature, with the old cultural stereotype of the virago being the lesbian par excellence. Yet, if there was something new in the study of sexual inversion, it was perhaps the use of case histories. Through case histories doctors increasingly enquired into the invert’s childhood, early medical records, what s/he enjoyed doing, the irregular way of life, and the family’s hereditary diseases. Yet this kind of enquiry was not restricted to sexual invert's or sexual perverts. In late nineteenth-century medical literature there are case histories of every kind of mental disorder, as well as murderers and anarchists who were considered degenerate.

Moreover, psychiatric case histories had a long tradition within medical practice. At the end of the eighteenth century, Chiarugi concluded his Della Pazzia with an appendix containing one hundred case studies. While these were relatively simple in terms of descriptions of patients’ feelings, throughout the nineteenth century case histories became increasingly more sophisticated because of the growing specialisation of medical practitioners. Thus, at the turn of the twentieth century, Penta explained to his students the complex guidelines for compiling a case history. Penta’s students had to cover 77 points; from basic requirements like the name and age of the patient, through a number of bodily measurements such as skull size, to ‘psychic functions’, including awareness, personality, erotic thoughts, social and moral feelings, impulses, dreams and
At the beginning of the twentieth century a rival to sexology was psychoanalysis. As Freud himself acknowledged in his *Three Essays on the Theory of Sexuality* (1905), he wasindebted to sexologists such as Ellis. In the first of these essays, 'Sexual Aberrations', he covered the subject of 'inversion'. Freud was careful to separate sexual perversion from inherited degeneration. Yet the *Three Essays* do contain a striking description of female inverts. Freud noted that a large number of male inverts maintained the 'mental quality of masculinity' and that bodily they were masculine. When he came to comment on female inverts, he wrote that 'among them the active inverts exhibit masculine characteristics, both physical and mental, with peculiar frequency and look for femininity in their sexual objects', even if he conceded that a better knowledge of the facts might reveal a different picture. This difference in Freud's analyses of male and female homosexuality is puzzling. Why were women still so bound to their bodily appearance, or was it the masculine gender role that was a problem? Yet Freud did not have any problem admitting a masculine gender role in the case of male inverts. Freud's observation on female inverts shows how women's conduct in sexual relations was still linked with traditional gender roles, something that

---

937 On the importance of case-based reasoning in psychoanalysis and related disciplines, see J. Forrester, 'If p, then what?'.
940 Ibid., 49-50.
941 Ibid., 55.
942 Ibid, 57.
he was less willing to accept for men. One might see Freud's remark on the masculinity of female invert as an echo of the routine association between virility and same-sex desires.

Many elements of Freud's text are reminiscent of sexological discourses. It is thus proposed that the experience of early childhood had a determining effect on homoerotic desires,\textsuperscript{943} a suggestion that recalls the sexological debates about the theory of association put forward by Binet and its use in sexological analyses to explain inverted sexual feelings. Freud remarked that the importance of sexual 'abnormalities' lay in the fact that they facilitated a physician's understanding of 'normal development'.\textsuperscript{944} The basic idea of positivist scientists was to understand the normal through the abnormal. In 1875, in one of the founding works of Italian psychiatry, Carlo Livi said that madness represented a microscope that magnified and exaggerated normal feelings. Freud spoke of a universal bisexual disposition,\textsuperscript{945} as did many sexologists in the last decade of the nineteenth century. Freud also mentioned 'disturbances' of sexual instinct in the course of an individual's development, and maintained that they were crucial to the understanding of sexual abnormalities.\textsuperscript{946} His comment suggests that he shared with sexologists the assumption that there was a disorder beneath 'abnormal' sexuality. He argued that even a healthy person might display some form of sexual perversion, a point that many sexologists could agree with.\textsuperscript{947}

\textsuperscript{943} Ibid., 51.  
\textsuperscript{944} Ibid., 52.  
\textsuperscript{945} Ibid., 52-54.  
\textsuperscript{946} Ibid., 55.  
\textsuperscript{947} Ibid., 74.
Certainly Freud was less inclined than nineteenth-century sexologists studied in this thesis to identify bodily signs with sexual inversion. By contrast, even those sexologists who adopted a resolutely psychological approach to homosexuality were not able to disengage from a constitutional approach to sexuality. Yet it is because of this difference that Freud's comment on female homosexuality is even more striking. Despite challenging some sexological assumptions, Freud was not able to distance himself from the idea that female homosexuality was related to masculinity, both mental and physical — an idea which predated the concept of female sexual inversion. This was just one of the many older ideas about female same-sex desire that persisted in medical discourses in various different forms.

Despite the fact that Freud eliminated the association between degeneration and homosexuality, various twentieth-century homosexuals have viewed psychoanalysis with suspicion and instead preferred sexological accounts of same-sex desires.948 There are many explanations for this cautious approach to psychoanalysis, from rejection of Freud's Oedipal Complex, according to which there is a difference in the development of the homosexual and heterosexual (the homosexual remains fixed at an early stage of psychosexual development), to the fact that psychoanalysis is a 'talking cure', and thus its adoption implied 'curing' homosexuality.949 By contrast, Ellis's sex psychology was predominantly interested in describing sexual behaviour and advocating acceptance, not in 'curing' differences. This also explains the appeal of Ellis's research to twentieth-century 'sexual perverts'.

948 R. Hall, The Well of Loneliness (1928).
To say that the medical model of sexual inversion did not replace other forms of understanding of same-sex desires is not to contest the fact that there were conceptual shifts in the framing of psychiatric ideas about homosexuality at the turn of the nineteenth century. Nor is it to deny that in some countries, such as Italy, a particular model achieved hegemony over others. Yet I have endeavoured to show how different overlapping ideas were incorporated into the concept of sexual inversion and how a country like Britain resisted the theoretical implications of sexual inversion. Britain's reluctance to accept sexual inversion and the persistence of older ways of thinking about same-sex desires cannot be dismissed; indeed, they enable us to grasp the ways in which medical ideas of sexual perversion were uneven and incorporated a range of different influences, including sexual fantasies.

As my thesis shows, studies of sexual inversion were part of the increasing interest medicine showed in 'sexual aberrations', which had long been associated with mental illness. Indeed, medicine had an extensive tradition of addressing problematic desires. Surprisingly, historians interested in medical representations of same-sex desires have not engaged with the pre-sexological writings of the first half of the nineteenth century to anything like the same extent as writings from the last decades of the century. This gap in the existing research has also favoured the view of the late nineteenth century as a turning point in the history of sexuality. A lack of empirical research on the early nineteenth century has encouraged the current emphasis within the history of sexuality on epistemological ruptures.

While sexological discourses of male same-sex desires have been a touchstone for historians of sexuality, a serious and broad analysis of medical discourses on female same-sex desires has been lacking for both historians of medicine and social historians. Historians within Lesbian Studies who have engaged with this topic have mainly analysed 'great' texts such as Krafft-Ebing's *Psychopathia Sexualis* and Ellis's *Sexual Inversion*. Yet there is a lot to gain by moving away from classic sexological texts and looking at a wider range of medical materials, not least because female same-sex desires were commonly debated within different medical discourses. My research has clearly shown that same-sex desires were discussed within various branches of medicine to a far greater extent than historians have often conceded.

Moreover, as it has been my aim to demonstrate in this thesis, a comparative approach to the history of medicine sheds new light on these topics. The analysis of previously unexplored Italian sources has helped me to identify British sources and debates which discussed female same-sex desires. Using both Italian and British sources has helped to illuminate the differences and similarities in the contexts within which medical sexual knowledges were formed, and the assumptions which underpinned the creation of these knowledges between and across different cultures. Such research, of course, should be carried out for other countries in an effort to gain a comprehensive understanding of the issue. Comparative history is not popular among historians interested in sexual knowledge, and in particular for those focussing on same-sex desires. Perhaps such a method is avoided because of the amount of research involved and the need to gain a deep understanding of both the language and the culture for the countries studied. These difficulties aside, such history is necessary in order to construct a genuinely
comprehensive historical account. My thesis is a first step in the direction of providing narratives and analyses which transcend the boundaries of national histories.

Within the history of sexuality scholars interested in discourses about same-sex desires were first engaged in the essentialist/constructionist debate in the 1980s. Subsequently, in the 1990s, Queer Studies brought fresh theoretical insights, and recently historians have increasingly challenged Foucault. Yet, while theories have abounded, more empirical research is still needed, especially on female same-sex desires. There is not yet an exhaustive study of how European medical texts addressed female same-sex desires in the nineteenth century. Not only have historians failed to pay attention to the presence of female same-sex desires in southern European medicine, there is also the enduring assumption that British physicians did not analyse the topic in any detail.

My thesis has focussed on debates about female same sex-desires in medical discourses, rather than concentrating on female homosexuality in numerous different fields (such as medicine, law, religion and literature).950 Still, there is work to do in exploring the cultural influences on medical discourses about female same-sex desires. Part of the difficulty in providing an exhaustive historical account of medical discourses about female same-sex desires stems from the multiplicity of fantasies haunting medical writing. When sexologists such as Ellis or Lombroso, in addressing the topic of female sexual inversion, quoted from and briefly discussed novels such as Diderot's La Religieuse [The Nun] (1760), Balzac's La Fille aux Yeux d'Or [The Girl with the Golden Eyes] (1835), Gautier's Mademoiselle de Maupin (1835), or Zola's Nana (1880), one wonders how such readings influenced the sexological understanding of
female homosexuality. Even the revival in the study of ancient cultures and that of Greece in particular, in the second half of the nineteenth century may have exerted some influence over the manner in which same-sex desires were represented in sexology. Symonds, who collaborated with Ellis in writing Sexual Inversion, may exemplify the influence of classical studies upon the framing of ideas about homosexuality. Even Lombroso and Penta mentioned classical texts, such as Lucian’s Dialogues of the Courtesans, when engaging with female same-sex desires. My aim has been to show the many diverse ideas that surrounded female sexual inversion, to trace a medical ‘genealogy’ of such ideas, and finally to challenge Foucault’s argument regarding the epistemological rupture implied in the new conception of homosexuality at the end of the nineteenth century. Historians have much to gain from looking at the wider range of models of understanding homosexual behaviour available to intellectuals in the second half of the nineteenth century.

Further prospective research might probe representations across different discursive domains and their mutual influences. Religious, medical and legal discourses had articulated various sexual knowledges before the emergence of sexology, and had addressed appropriate and inappropriate sexual acts. The sexual invert did not suddenly spring from the imaginations of sexologists, and rather than emphasising apparent discontinuities, scholars would do well to produce longer narratives and to explore the historiographical baggage associated with the sexual invert. Sexual inversion has indeed its own multi-rooted genealogies.

950 As, for example, Laqueur has recently done with masturbation, see T. Laqueur, Solitary Sex.
Of course, it is also possible to trace links between late nineteenth-century sexological enquiry into the origin of sexual perversions, and twentieth-century genetic research. The search for a ‘gay gene’, allegedly present in the chromosomes, which includes ‘symptoms’ such as finger length or the size of ear lobes, reiterates sexological discourses which traced the origin and the exhibition of same-sex desires to the body. The search for genetic differences in the body has not only addressed sexual desires, but has also investigated the differences between sexes and races, thus legitimising political values.

In the twentieth century, sexological research was used in several arenas. Although it has often been suggested that twentieth-century psychoanalysis captured the popular imagination and replaced sexology, the lesbian writer Radclyffe Hall, when preparing the novel *The Well of Loneliness* (1928), used Ellis’s and Hirschfeld’s sexological studies — and not Freud — to create the central character. 951 Hall believed that her novel would provide a moral argument against those who believed homosexuality was an example of indecent behaviour.952 While Hall’s book precipitated a trial for obscenity and was banned in England, it has become a classic and a bestseller. It was probably the most popular novel among female homosexuals until the 1960s, and has occasioned endless debate in feminist and lesbian studies.953 The nineteenth-century image of sexual inversion did not disappear with psychoanalysis, nor was sexology’s appeal to homosexuals curtailed.

In Italy the fascist regime used sexological research to build a theoretical apparatus designed to identify and round up homosexuals. It is well known that Lombroso's disciple, Salvatore Ottolenghi, founded the Polizia scientifica [Scientific Police] at the beginning of the twentieth century, and that criminal anthropology supplied the fascist regime with interpretative and practical tools to suppress various forms of deviation. At the same time the Italian police also investigated homosexuality among female prostitutes.\(^{954}\)

Long after the fall of fascism, the language of sexological research has still not disappeared. In March 2007, following political debates as to the timeliness of passing a law allowing homosexual couples to obtain rights such as the recognition of civil partnerships, the Catholic senator, Paola Binetti, belonging to the centre-left party, unleashed a fierce debate by asserting that homosexuals were 'deviations' from 'the norm inscribed into the morphological, genetic, endocrinological, and personality code'. The Italian psychiatric association replied a few days later saying that they had long since abandoned such a position, that they did not support the senator, and that her statements were not founded upon science. Yet for a few weeks Italian politicians, journalists, Catholics and scientists argued about the nature of homosexuality. Surprisingly, many Catholics used science to justify their position on the abnormality of homosexuality; it was, they said, a condition requiring treatment.

Historians have studied how scientific tenets have been used to justify or repress homosexuality, but they also need to map what, and how, different kinds of scientific

understanding have become popular. In turn science, both championed and spurned by homosexuals, has become the cardinal reference point of popular discourse. Whether or not science is followed in attempting to understand human sexuality, it is clear that in scientific theories are rife with political implications. While some might argue that the concept of sexual identity itself has limitations at the very moment in which it defines a person, nonetheless it has been embraced by minority groups and has done great service. Yet as it has been a central purpose of this thesis to demonstrate, even on its own terms this concept has uneven and overlapping genealogies that merit careful study.

955 For a powerful discussion of the limits of words in the process of defining, see J. Butler, Antigone's Claim (2000), 57-82.
Chapter 1, p. 10-11.

‘La Melanconia degli Sciti, (…) secondo la descrizione Ippocratica merita assolutamente di considerarsi essa pure come varietà di causa dell’esposta seconda Specie: perché si rileva da Ipocrite, che quei ricchi vagabondi per la continua equitazione senza staffe, allorché Eunuchi fiunt (cioè impotenti alla generazione) et muliebra officia obeunt, instarque faeminarum omnia faciunt, et loquuntur. Ne ciò con tristezza, or gran dispiacere: poiché, quando postea uxorès adeunt (segue così Ippocrate), impotensque se factos vedent cul illis coire, primum quidam, nihil molestius cogitantes, quiescunt, cum autem bis aut ter, aut amplius frustra opus tenterunt, neque quidquam proficiunt, mox putant se Deum offendesse, in quem culpam reiiciunt, induuntque se veste muliebri palam se eviratos confitentes eo. Vivendo assai essi adunque tranquilli, e contenti nella sua (sic) erronea persuasione, debbono dirsi Vesani nel senso di Linneo, e non Melanconici nel senso degli antichi.956

Chapter 3, p. 79.

‘Certe intime latebre dello spirito umano si scoprono meglio nell’alienato che nel sano: la civiltà, l’educazione, i pregiudizi, le convenienze sociali tolsero certi lineamenti e rilievi dell’uomo primitivo e naturale, la pazzia glieli rende. La pazzia ci dà modo sovente di notomizzare, di scomporre, dirò così, nelle sue intime parti questa meravigliosa sintesi dell’umano intelletto.(…) La pazzia, malattia che dissolve i legami

956 V. Chiarugi, Della pazzia in genere, e in specie (1793), vol. 3, 28-29.
naturali dell'ideazione e della volontà: come il coltello anatomico essa disgrega, notomizza lo spirito umano, ma come il microscopio ingrandisce anche ed esagera.' 957

Chapter 3, pp. 82-3.

'L'Italia, adunque, non è fusameno nel male. (...) E' evidente, infatti, che data la precocità sessuale di alcune regioni, non solo non si deve condannare ugualmente chi stupra in una regione una dodicenne, e quello che in un'altra, ma anche il limite d'età per la responsabilità deve mutarsi nelle zone meridionali e specialmente nelle insulari.'958

Chapter 3, p. 84.

'La pederastia, or miserevole malattia che i buoni ancora duramente travaglì, or laido vizio, che anime volgari insozza, sovente istradamenti e occasione di peggiori delitti, è l'uso non naturale del sesso, il quale si specifica nel congiungimento per l'ano, sia tra uomo e uomo, sia tra uomo e donna. Si riserva il nome sodomia all'unione sessuale con bestie. Tribadismo i sessuali congiungimenti tra donna e donna.' 959

Chapter 3, p. 87.

'[Q]uesta specie di dualismo tra sentimento della propria individualità e materialità dell'organismo'.960

957 C. Livi, 'Del metodo sperimentale in freniatria e medicina legale. Discorso che potrebbe servire a uso di programma', Rivista sperimentale di freniatria e di medicina legale in relazione con l'antropologia e le scienze giuridiche e sociali, 1875, vol. 1, 5-6
958 C. Lombroso 'Prefazione', in E. Fomasari di Verce, La criminalità e le vicende economiche dell'Italia dal 1878 al 1890 (1894), XX.
959 S. Laura, Trattato di medicina legale (1874), 421-22.
Chapter 3, p. 88.

‘A priori’ [questa perversione] ‘deve deporre per una limitazione della sfera intellettiva, anche senza prendere consiglio dai casi studiati. (...) Ciò perché all’impulso morboso si accompagna fatalmente una tale angustia mentale, da non riuscire ad afferrare la conoscenza esatta dei loro rapporti con la specie, ed anche questa raggiunta, in essi manca quella forza di volontà’. 961

Chapter 3, p. 101.

‘Un soverchio sviluppo della clitoride, se non è per sé sola causa di sterilità, può riescire [sic] tale perché adduce [sic] l’individuo più proclive alla conoscenza d’altre del suo sesso che sensibile alla carezze dell’uomo. La voluttà clitoridiana in alcune donne determina un bisogno imperioso che del continuo accende la loro immaginazione [sic]; e siccome sono assai lascive nei loro giochi erotici, così queste tribadi (...) coltivano amorosamente le loro padrone e si manifestano assai gelose.’ 962

Chapter 3, pp. 101.

‘mestruazione si tacque del tutto, le sue mammelle assai voluminose disparvero, la sua pelle ebbe a perdere quella delicatezza che è propria del gentile sesso, e ogni di acquistava l’abito maschile, per cui in meno di un anno assunse i caratteri fisici e morali delle virago.’ 963

961 Ibid., 115.
962 F. Tonini, Igiene e fisiologia del matrimonio (1862), vol. 2, 190-191.
Chapter 3, p. 103.

L’‘inversione dell’istinto sessuale comprende quella anomalia psichica ed istintuale, per la quale l’individuo di un dato sesso sente gli attributi intellettuali ed istintivi del sesso opposto, ed è spinto ad amare persone del proprio sesso, avendo ripulsa o indifferenza verso gl’individui di sesso contrario.’\footnote{Ibid. 194.}

Chapter 3, p. 104.

‘[P]ersone apparentemente sane di mente, e nelle quali solo l’alienista scrupoloso trova lo squilibrio tra le diverse facoltà intellettive, o il troppo predominio su di esse dei sentimenti e degli’istinti, o il pervertimento di alcune tendenze, o la eredità morbosa diretta o trasformata.’

Chapter 3, p. 104.

‘In essi però \textit{la coscienza della propria personalità è conservata}, e nasce quindi il tremendo dualismo tra la propria riconosciuta organizzazione e le tendenze sessuali opposte e contraddicenti ad essa. Il sentimento sessuale invertito in questa seconda categoria di pazienti per l’ordinario è congenito e immanente.’\footnote{G. Cantarano, ‘Contribuzione alla casuistica della inversione dell’istinto sessuale,’ \textit{La psichiatria, la neurologia, e le scienze affini}, 1883, vol. 1, 201.}
Chapter 3, p. 104.

'In questi pazienti o è invertita la idea fondamentale dell’io, la coscienza della propria personalità in rapporto al sesso, o con questa coscienza discretamente conservata in mezzo alla fiacchezza della mente, la volontà non è così forte da opporsi al pervertimento istintuale.'\textsuperscript{966}

Chapter 3, p. 106.

'Non l’attaccamento alla famiglia, non la vita casalinga, non il trasporto all’abbigliamento donnesco ed ai lavori del suo sesso, non il desiderio di essere ammirata e cortecciata dai giovanotti, non il tormentoso pizzicore del matrimonio, non la riservatezza e il pudore della fanciulla. La vita girovaga, la scelta di occupazioni virili, la ripugnanza all’uomo e la tendenza verso il proprio sesso, l’ardire del discolo e l’improntitudine dello scapestratello fanno del suo carattere un insieme armonizzante interamente col carattere di un giovane, cui si sia allentata la briglia sul collo.'\textsuperscript{967}

Chapter 3, p. 106.

'è l’esplicazione intera e ordinata dell’insieme del sentimento sessuale di un uomo trasfuso nel corpo di una donna.'\textsuperscript{968}

\textsuperscript{965} Italics are mine. Ibid., 201-2.
\textsuperscript{966} Ibid., 214.
\textsuperscript{967} Ibid., 209.
‘E’ impossibile segnare i confini che separano la fisiologia dalla patologia dell’amore. Gli ultimi gradi dell’erotismo possono essere i primi del pervertimento, e in quell’uragano dei sensi, della passione e della fantasia che ravvolge un uomo e una donna che si desiderano e si posseggono, non sono che i sofisti del casismo che possono distinguere ciò che è bene da ciò che è male. E anche di questo bene e di questo male è diverso il giudizio, secondo che si considera il lato igienico o il lato morale del problema. E’ vero che in una morale più ragionevole e scientifica che ha in là a venire, igiene ed etica dovrebbero andar perfettamente d’accordo; ma fino ad ora spesso le due cose fanno ai pugni e si contraddicono; prova sicura che o l’igiene è ignorante o la morale è falsa.’ 969

Chapter 3, p. 111. [Le] ‘astruserie fantastiche della donna, vizio proteiforme e caratteristico’970

Chapter 3, p. 111.
[Tribadismo è ] ‘una pratica [usata] da una femmina che fornita di clitoride eccezionalmente lungo può simulare l’amplesso con altra femmina’.971

968 Ibid.
970 Ibid., 136.
Chapter 3, p. 112.

‘Nota a tutti e a tutti ripugnante la virago coi baffi, col pelo sul seno, coi fianchi stretti, le membra asciutte e la voce maschile (...). In amore attaccano e non aspettano; o non desiderano mai l’uomo; amano gli esercizi violenti; la caccia e fors’anche la guerra; hanno gesti senza grazia e cuore senza tenerezze. Amano comandare e maledicono la sorte, che ha loro negato la gioia suprema di calzare stivali e portare calzoni.’

Chapter 3, p. 113.

‘Al pari delle delinquenti, alle prostitute non bastano l’automatico senso d’amore pel sesso diverso, contraggono fra loro stesse degli schifosi e ributtanti legami, ed allora divengono gelose oltre ogni dire; simile curioso sentimento d’amore, di sovente si constata fra le delinquenti di questa casa penale [di Messina], ove la tribadia in alcune è così sfacciata, che fa d’uopo usare dei mezzi di repressione.’

Chapter 3, p. 118.

‘[C]ome le legne accese le une colle altre maggiormente s’infiammano, come le monache ferventi di amor di Dio le une colle altre sempre più s’infervorano di santo ardore.’

971 Ibid.
974 G. Frassinetti, La monaca in casa (1862), 136. Italics are mine.
Chapter 3, p. 120.

[Nelle fiamme c'è una] 'deviazione del fine e dei mezzi dell'amore, poiché il fine non può essere direttamente quello della procreazione, ed i mezzi sono inadeguati a questo scopo'. 975

Chapter 5, p. 187.

'[A]nche la follia si concatena allo stato fisiologico e l'amore dei pazzi riproduce, esagerandole, le tendenze dell'uomo sano'. 976


'[L]'amore invertito ci ricorda gli orrori Lesbici e Socratici e li spiega, e forse rimonta più in su a quell'ermafroditismo che Darwin divinò nei nostri più antichi preantenati e che si intravede nei primi mesi dell'età fetale, ed anche (...) in quell'analogia dei due sessi che io scopersi nei delinquenti'. 977

Chapter 5, p. 192.

'[S]entono gli istinti sessuali come fossero femmine'. 978

Chapter 5, p. 192.

'[L]a pederastia e il tribadismo sono spesse volte un puro effetto di malattia mentale; chi per primo rilevò tale forma morbosa fu in Germania il Camper e poi il Griesinger, il Westphal, Gock e Krafft-Ebing che lo chiamarono Contraère Sexualenfandung'. 979

975 G. Marchesini and G. Obici, Le "amicizie" di collegio (1903) [1898], 116.
977 Ibid., 31-32.
Chapter 5, p. 193.

I 'pederasti' sentono il 'bisogno di associarsi al delitto' e in 'congreghe in cui si riconoscono al solo sguardo'.

Chapter 5, p. 196.

'La figura giuridica dello stupro e della pederastia ha il suo sosia nella sessualità invertita'.

'In individui (scrive Kraepelin nel suo bel Trattato) che d'ordinario presentano anche altri segni di degenerazione psichica (specialmente disordini della vita affettiva), si osservano alcune volte certi impulsi morbosi, che un tempo si sollevano considerare come speciali forme di malattia (le cosiddette monomanie dell'Esquirol), ma che invece altro non sono se no indizi di una patologia e incompleta organizzazione mentale.'

Chapter 5, p. 206.

'Un ostertrico illustre (Giordano) mi deceva: L'uomo ama la donna per la vulva, la donna ama nell'uomo il marito e il padre'.

---

978 Lombroso, 'Delitti di libidine' Archivio di psichiatria, scienze penali ed antropologia criminale per servire allo studio dell'uomo alienato, 1883, vol. 4, 335
979 Ibid., 337.
980 C. Lombroso, L'uomo delinquente in rapporto all'antropologia, giurisprudenza ed alle discipline carcerarie. Delinquente nato e pazzo morale (1884), 453.
Chapter 5, p. 208.

‘[P]erché noi nella femmina soprattutto cerchiamo la femminilità; e quando vi troviamo l’inverso, concludiamo pel massimo dell’anomalia’.984

Chapter 3, p. 209.

‘L’umingo femmina si sente come un uomo: si compiace nel dimostrare coraggio ed energia virile, perché queste doti alle donne piacciono. Ama quindi di portare i capelli e gli abiti secondo le fogge maschili, e la sua massima felicità è quella di comparire in certe occasioni vestita da uomo. Ha inclinazione solo per i giuochi, occupazioni e piaceri maschili, vagheggia con la mente ideali di personalità femminili; nel circo e nel teatro solamente le attrici destano il suo interesse, e similmente nelle esposizioni artistiche soltanto quadri e statue di donna risvegliano il sentimento estetico e la sua sensualità. Essa ha una figura, oltre che il vestiario da maschio’.985

Chapter 5, p. 218.

‘[E] dicasi pure anche una volta, smettendo le impocrite reticenze, anche dal pregiudizio che ci fa reputare colpevole per un sesso quello che per l’altro non è nemmeno una contravvenzione.’986

982 Ibid., 223.
983 C. Lombroso e G. Ferrero, La donna delinquente, la prostituta e la donna normale, (1893), 57.
984 Ibid., 359.
985 Ibid., 417.
986 C. Lombroso, ‘Introduzione’ to R. von Krafft- Ebing, Le psicopatie sessuali (1889), XXXI.
Chapter 6, p. 225

'[S]emplice ed elementare, ridotto cioè alle primo prove di amore, spesso è invece impulsivo, strapotente quasi come una idea fissa, e come per lo più l’atto sessuale negli animali'.

Chapter 6, p. 234.

‘(...) sollecitare certe debolezze umane (...) cosi noi ci aggireremo in questi oscuri fondaci del cuore umano, per scavare una porta ampia e farvi penetrare il sole'.

Chapter 6, p. 244.

'[B]orghesia grassa, ingorda, vanitosa, pesante e stupida'.

Chapter 6, pp. 247-8.

‘Anche io nel 1896, seguito da una schiera di volenterosi volli battere in breccia ai pregiudizi ed ai finti od esagerati pudori della societä (...)’. L’ Archivio delle psicopatie sessuali ‘lasciava una lacuna che ora si va colmando dall’ottimo Annuario tedesco. Il quale se non contiene lavori veramente sperimentali o clinici, ha però il gran merito di popolarizzare certe idee, di togliere il ribrezzo e lo schifo d’attorno a certi fenomeni naturali e di far amare, rispettare gli individui che li offrono (sic)—comprendre c’est oardoner—giacchè attraverso le sue pagine dense di fatti e di citazioni e di ricordi e di illustrazioni passa tutta intera si può dire, e in forma semplice e chiara la storia della omosessualità (...) colle relative cause, i caratteri, il significato biologico e vis si dimostra, infine dei conti, che la virilitä vera e la femminilitä completa sono dei tipi,

987 P. Penta, ‘L’origine e la patogenesi della inversione sessuale, secondo Krafft-Ebing e gli altri autori,’ Archivio delle psicopatie sessuali, 1896, 64.
quasi delle astrazioni artistiche o delle eccezioni, mentre rimane sempre vero, anche pei caratteri sessuali, il detto del Linneo: *Natura non facit saltus* e l’omosessualità, non sarebbe un fenomeno di atavismo, non di degenerazione, non di mostruosità, ma semplicemente naturale e comune che va rispettato anche dalle leggi, come l’eterosessualità. 

988 F.lli Capaccini, ‘Programma,’ *Archivio delle psicopatie sessuali*, 189, IV.  
989 P. Penta, *Lezioni di psichiatria dettate nell’anno scolastico 1899-1900* (1900), vol. 1,44.  
Bibliography

Primary Sources


G. Cantarano, (1883) ‘Contribuzione alla casuistica della inversione dell’istinto sessuale’, *La psichiatria, la neurologia, e le scienze affini*, vol. 1, 201-16


— (1896) Letter 28 Apr., Rome, attached to *Archivio delle psicopatie sessuali*.


V. Chiarugi, (1793) *Della pazzia in genere, e in specie. Trattato medico-analitico con una centuria di osservazioni*. (Florence: Luigi Carlieri).


F. Churchill, (1835) *Outlines of the Principal Diseases of Females. Chiefly for the Use of Students* (Dublin: Martin Keene and Son).


A. de' Liquori, [1760] (1842) *La vera sposa di Gesù Cristo cioè la monaca santa per mezzo delle virtù proprie d'una religiosa* (Bassano: Tipografia Remondini).


G. Drysdale, [1854] (1882) *The Elements of Social Science or Physical, Sexual and Natural Religion: An Exposition of the True Cause and Only Cure of the Three Primary Social Evils: Poverty, Prostitution, and Celibacy* (London: E. Truelove)


— *Papers and Manuscripts*, British Library ADD 70536.

370


— (1898) A Note on the Bedborough Trial (London: The University Press).


— (1878) Manuale di afrodisiologia civile, criminale e Venere forense (Pisa:Nistri).


G. Frassinetti, [1859] (1862) _La monaca in casa_ (Florence: Luigi Manuelli).

F. Freschi, (1855) _Manuale teorico pratico di medicina legale_ (Milan: Volpato).


F. Gandolfi, (1862-63) _Fondamenti di medicina forense analitica_ (Rome: Capaccini).


— [1894] (1897) L'inversione sessuale nell'uomo e nella donna, Omosessualità, evirazione, effeminatezza, metamorfosi sessuale, ermafroditismo, uranismo, viraginità, androginia, ginandria (Rome: Capaccini).

— [1875] (1897) Trattato di psicopatologia-forense in rapporto alle disposizioni vigenti in Austria, Germania ed in Francia (Turin: Bocca).


A. La Cara, [1902] (1924) La base organica dei pervertimenti sessuali e la loro profilassi sociale (Turin: Bocca).

The Lancet (Editors), (1898) 'Editorial article', The Lancet, 19 Nov., 1344-45.

S. Laura, (1874) Trattato di medicina legale (Turin: Camilla e Bertolero).


— (1874) 'Sul tatuaggio in Italia fra i delinquenti. Studio medico legale', Archivio per l'antropologia e l'etnologia, vol. 4, 393-400.


— [1876] (1884) L’uomo delinquente in rapporto all’antropologia, giurisprudenza ed alle discipline carcerarie. Delinquente nato e pazzo morale (Turin: Bocca).


— (1894) ‘Prefazione’, in E. Fornasari di Verce, La criminalità e le vicende economiche d’Italia dal 1878 al 1890 (Turin: Bocca), V-XXII.


L. Martineau, [1884] (1896) Le deformazioni vulvarie ed anali prodotte dalla masturbazione, dal saffismo, dalla deflorazione e dalla sodomia (Rome: Capaccini).


E. Mausdley, [1874] (1875) La responsabilità nelle malattie mentali (Milan: Dumolard).


C. Mercier, (1890) Sanity and Insanity (London: Walter Scott).


P. Moreau de Tours, [1880] (1897) *Le aberrazioni del senso genesico* (Rome; Capaccini).


A. Niceforo, (1897) *Le psicopatie sessuali acquisite e i reati sessuali* (Rome: Capaccini).


— (1907) *Lussuria e castità* (Turin: Streglio).


— (1900) Lezioni di psichiatria dettate nell’anno scolastico 1899-1900 (Naples), Vol. 1 and 2, Manuscript.


— (1904) La simulazione della pazzia e il suo significato antropologico, etnico, Clinico e medico legale (Naples: Perella).


T. Pouillet, [1880] (1897) L'onanismo della donna (Rome: Capaccini)


A. V. Schrenck Notzing, [1892] (1897) La terapia suggestiva delle psicopatie sessuali
(Turin: Bocca).

S. Sighele, (1892) ‘La coppia criminale’, Archivio di psichiatria, scienze penali ed
antropologia criminale, vol. 13, 519-41.


— (1896) A Problem in Modern Ethics Being an Inquiry into the Phenomenon of Sexual
Inversion. Addressed Especially to Medical Psychologist and Jurists (London: Charles
R Dawes Ex Libris).

— (1901) A Problem in Greek Ethics Being an Inquiry into the Phenomenon of Sexual
Inversion Addressed Especially to Medical Psychologists and Jurists (London: Privately
Printed).


A. Tamassia, (1875) (review) “Ein Fall von Gewaltsamer Unnatürlicher Nothzucht” di
Reimann, 1875’, Rivista sperimentale di freniatria e di medicina legale in relazione con
l’antropologia e le scienze giuridiche e sociali, vol. 1, 489.

— (1877) ‘La pazzia morale’, Rivista sperimentale di freniatria e di medicina legale in

— (1878) ‘Sull’inversione dell’istinto sessuale’, Rivista sperimentale di freniatria e di
medicina legale in relazione con l’antropologia e le scienze giuridiche e sociali, vol. 4,
97-117.


— (1911) Psichiatria Forense (Milan: Vallardi).


Dr Urquhart, (1891) ‘Case of Sexual Perversion’, *The Journal of Mental Science*, vol. 37, 94-96.


Secondary Sources


R. D. Laing, (1960) *The Divided Self: A Study of Sanity and Madness* (London; Tavistock)


M. Vicinus (ed.), (1972) *Suffer and Be Still: Women in the Victorian Age* (Bloomington: Indiana UP)


