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Introduction: Female Sexual Inversion and other Medical Embodiments of Female Same-Sex Desires in Italy and Britain, circa 1870–1920

This woman is a cretin; she is fifty years old, and an inmate in the asylum of Pesaro, a small town in Italy. Her looks are rustic, and her appearance is mannish. She has a dolichocephalous skull, a wide forehead, badly implanted ears, dark skin, atrophic breasts, and abnormal genitals: at four times the normal size and nearly as hard to the touch as cartilage, her left lip is hypertrophic. Her clitoris is larger at the base [1885]. This woman is a spinster; she lives in Liverpool, England. Her body produces too much calcium and as a result her voice is low, man-like. She is also flat-chested. She has been masturbating since puberty, and her health has been bad ever since. The guilt over her own evil ways was so unbearable that her clitoris and labia were excised [1916]. This woman is a pretty middle-class teenage girl; she lives in a boarding school in Padua, Italy. Her face is pale. She is highly strung and has a restless temperament. Her attitude is masculine, and she is self-confident [1898]. This woman is single. She is forty-eight years old, and is an inmate at the Bethlehem asylum in London, England. She has no pubic hair and no breasts. The hands of this woman are like those of a man. She is very tall and broad, and has an overall masculine appearance. Her post-mortem examination revealed her uterus was like that of a child [1878]. This woman is a prostitute; she works in a luxurious brothel in Rome, Italy. Her hair is short, her clothes are fashionable, her preferred sports are typically masculine [1891]. This woman is in business. She is a prominent figure in professional and literary circles in London, England. The conformation of her body is overall feminine. She has a fine intelligence, and is perfectly healthy, but this is not what sets her apart from most women: her medical examination revealed that if she extends her arms before her palms-up, with the inner sides of her hands touching, she cannot bring the inner sides of her forearms together [1897]. These women have a common
feature: between the end of the nineteenth and the beginning of the twenti-
eth centuries, they were diagnosed as sexual inverts. This book examines the
often different but sometimes similar ways in which female same-sex desires
were theorised and represented across a wide range of Italian and British
medical writings in the 1870–1920 period.

The inception of the new medical category of sexual inversion set off a
series of shifts that continue to have indirect effects on contemporary under-
standing of human sexuality. This has determined that the story of how
and when Western physicians began describing sexual inversion – especially
male sexual inversion – has been written many times and from several dif-
ferent perspectives, from literary and medical histories to queer studies and
the philosophy of science. To a certain extent, it is possible to say that this
medical category has enjoyed more success as a basis for new understand-
ings of modern sexuality than as a basis for medical history. Although some
of my interpretations build on the work of earlier scholars, I have refined
the topic with special focus on how the sexual invert was positioned along-
side other medical representations of female same-sex desires such as the
tribade-prostitute, the *fiamma*, and gynaecological theories about same-sex
desires. All of these configurations have at least one feature in common: the
notion that women who engaged in same-sex practices did not conform to
the sanctioned behaviour for their gender.

One of the limitations informing much of the debate about sexual inver-
sion is that, by focusing on certain ruptures introduced by this medical
category in the Western perception of same-sex desires, scholars often under-
play the internal resistance, contradictions, continuities, and anticipations
at the core of medical thought and practice. In doing so, they create an illu-
sion of medicine as a monolithic, homogeneous, and stable field. In this
work, I have tried to show the extent to which the medicalisation of female
same-sex desires in the late nineteenth century was a process of simultan-
eous continuity and change; such medicalisation was informed by conflicting
explanations put forward by competing medical fields, and by different
national medical traditions. Drawing too sharp a contrast between a falsely
coherent and homogeneous notion of sexual inversion and other ideas of
female same-sex desires leads to ignoring how nineteenth-century medi-
cal debates operated. In order to understand how medical concepts were
constructed, and how they reflected their intellectual milieu, I have endeav-
oured to look at medical ideas about same-sex desires through the lens of
more than one medical discipline. At times, as with gynaecology and psy-
chiatry, these fields competed against each other; at other times, as with
psychiatry and criminal anthropology, the fields were allied. Even though in
the long term the psychiatric model of sexual inversion became received
knowledge beyond medical circles, a careful analysis of medical writings
about female same-sex desires shows that this new category was hotly
contested at the time of its inception. Such an analysis also reveals that
sexual inversion did not replace earlier explanations of same-sex desires, and that these formulations were not discredited as residual ideas from early modernity. Moreover, I have tried to resist portraying nineteenth-century medical writers who engaged in the study of female same-sex desires as either stigmatising agents of sexual non-conformity, or champions of sexual liberation. This dichotomy, which has informed many historical analyses, fails to take into account the intellectual and cultural context of the time, underestimates the controversies around same-sex desires, and ignores the fact that doctors would support one view over another based on considerations of professional interest. These attendant factors have framed my analysis. Although the conclusions of my historical research are consequently more revisionist than I had originally envisaged, my main aim is not to debunk old historiographical myths, but to bring to light new historical evidence on the subject of female same-sex desires. Contrary to widespread assumptions, late nineteenth-century physicians formulated detailed theories of love and sexual acts between women. Rather than mirroring more sophisticated explanations of male same-sex desires, medical ideas of female same-sex desires had their own rich narratives, and their own multilayered history.

The emergence of the medical category of sexual inversion: continuities and variations

By the mid-nineteenth century, a few medical writers including the French physician Claude-François Michéa and the German forensic doctor Johann Ludwig Casper had presented analyses of sodomy in which they noted that the preference for members of the same sex could be innate; Casper explicitly associated such inclinations in men with effeminacy. This notion was more comprehensively formulated almost twenty years later; in 1868, a leading German psychiatrist practising at the Charité psychiatric clinic in Berlin, Wilhelm Griesinger, associated sexual desire for one’s own sex with congenital ‘neuropathic’ conditions. Griesinger believed that brain lesions caused psychiatric problems, some of which might be manifest only as behavioural problems such as sexual perversion. He stressed that such psychiatric problems often expressed themselves only in the psychological realm, and did not interfere with the individual’s ability to follow logical processes in their daily life. A doctor, Griesinger noted, could easily underestimate the anomalous nature of these forms of neuropathy, with their ‘abnormal vagaries, instincts, drives, desires’. In the following year Carl Westphal, who was Griesinger’s student and his successor at the Charité clinic, published the first psychiatric article dealing with what he called conträre Sexualempfindung [contrary sexual feeling]. In this article he reported two case-studies, the more important and influential of which was based on a woman referred to as N. Although her examination revealed she had normal genitals, N. had
desired other women from an early age, showed aversion for men, and held the ‘feeling of having a man’s nature’. In 1877, Richard von Krafft-Ebing published an important article in the *Archiv für Psychiatrie und Nervenkrankheiten* in which he explained *conträre Sexualempfindung* as a ‘functional sign of degeneration’. This would go on to become the dominant psychiatric view of sexual inversion until the 1890s, paving the way for further sexological studies on various sexual deviations. The German term *conträre Sexualempfindung* was subsequently translated as *inversione sessuale* [sexual inversion] by the Italian forensic doctor Arrigo Tamassia in 1878; as *inversion sexuelle* by the French neurologist Jean-Martin Charcot and psychologist Valentin Magnan in 1882; and as sexual inversion in a series of English and American articles published in the early 1880s. Influenced by Westphal’s text, Continental doctors began compiling case-studies of sexual inverts whose main psychological characteristics were gender-inverted behaviour and sexual longings for individuals of the same sex. Most of these (male) case-histories remarked that the patients’ genitalia were normal and bore no marks of same-sex practices. By the 1890s, well-established psychiatrists on both sides of the Atlantic had been addressing the topic of sexual inversion not only in articles in important medical journals, but also in entire monographs.

Both late nineteenth-century physicians and twentieth-century historians agree that the introduction of sexual inversion to psychiatry played a pivotal role in the discussion of homosexuality because it posed the question of whether same-sex desires were pathological. In 1976, Michel Foucault famously drew attention to the different styles of sexual prohibitions typical of pre-modern legal codes and the nineteenth-century psychiatric approaches to sexual perversion, pointing to the emergence of sexual inversion in the 1870s. During this period, Foucault goes on to say, the homosexual became ‘a personage: a past, a history, and a childhood, a character, a type of life; also a morphology, with an indiscreet anatomy and possibly a mysterious physiology’. Foucault’s historical observation on the emergence of homosexuality as a disposition, a psychological characteristic, was not unprecedented. In 1968, the sociologist Mary McIntosh published a pioneering work, ‘The Homosexual Role’, in which she argued that modern conceptions of homosexuality are not identical to earlier understandings of same-sex acts; she pointed out that the concept of homosexuality as both a ‘condition’ and as a ‘type’ emerged in Western culture at the end of the seventeenth century. In the same years that Foucault drew attention to the emergence in the nineteenth century of sexual inversion as a category of psychopathology, scholars such as Vern L. Bullough and Jeffrey Weeks began to describe how the modern medical model of homosexuality was constructed in Western culture.

From the 1980s onwards a plethora of studies have offered a more precise account of how homosexuality came to be regarded as a psychological condition. Building on Foucault’s insight, Arnold Davidson has suggested that
homosexuality's becoming a disease in the nineteenth century is in fact part of a major epistemological rupture in Western thought. His sophisticated framework sheds light on the conditions that made the emergence of the modern concept of sexuality possible, which came to be increasingly considered as a personality trait and a mode of sensibility. Sexology had a decisive role in this process. Davidson discerns three stages in the history of sexual perversion, each of which is characterised by a different supposed cause of the disease: genitalia, brain, or sexual instinct. In the first stage, sexual perversion was thought to be a disease of the reproductive or genital organs. In the second stage, sexual perversion came to be understood in terms of neurophysiology and the anatomy of the brain. The genital and cerebral explanations of sexual perversion, he synthesises, shared a 'commitment to the anatomo-pathological style of reasoning'. In the third stage, sexual perversion was held to be the result of functional deviations of the sexual instinct, and therefore not reducible to any cerebral or organic pathology. In this phase, perversion was viewed and treated at the level of psychology, 'not at the grander level of pathological anatomy'. This shift represents a major change in the history of sexual perversion as a disease category because an 'anatomical mode of reasoning' was replaced by a psychologically based 'psychiatric style of reasoning which conceptualized new symptoms related to: drives, inner states, and consciousness'. Thus, the idea that knowing a person's sexuality was a way of knowing that person became available only with the rise of the psychiatric style of reasoning. According to Davidson, it was only from the late nineteenth century onwards that homosexuality came to identify an individual's personal characteristics rather than a mere sexual behaviour.

Davidson claimed that pathological anatomy did not substantially influence the clinical description of sexual perversion. As the second part of this book shows, accounts of female same-sex desires present a different picture. While anatomical theories might not have hugely influenced Continental sexological literature on male same-sex desires, British medical and gynaecological approaches to female sexual perversion continued to rely on anatomical explanations. When nineteenth-century British gynaecologists encountered cases of women who indulged in same-sex pleasures, they identified the cause of those sexual desires in an abnormal reproductive system or genitalia. These anatomical explanations of female same-sex desires were so powerful in the British medical community that a few British psychiatrists such as George Savage embraced bodily oriented arguments when discussing the topic. Although to a lesser extent than in Britain, anatomical explanations were also adopted in Italy. Most Italian psychiatrists remarked on sexual invert's normal genitalia and searched for the origin of same-sex desires in the whole individual's degenerate constitution. However, some of these doctors, including Lombroso, resorted to clitoridectomies to contain the spread of female same-sex practices in asylums. Therefore, in medical treatments, same-sex desires were believed to have a genital origin. While it is
certainly true that Italian psychiatry was committed to psychological interpretations of female same-sex desires, anatomical explanations continued to be a part of daily practice towards the end of the nineteenth century and beyond. In part, the popularity of these anatomical explanations derived from earlier medical formulations of female same-sex desires. Before the concept of sexual inversion emerged as such, Italian and British doctors believed female same-sex desires were caused by an enlarged clitoris. The figures of the tribade and the virago, with their excessive sexual desires and abnormal clitorises that could replace a penis, continued to circulate widely in medical writings and did not disappear when the sexual invert entered the scene.

While I recognise the great merit of Davidson’s analytical framework, the tension between continuity and change in the medical representations of female same-sex desires is central to my analysis. Old medical explanations of female same-sex desires persisted throughout the nineteenth and well into the twentieth centuries, and contributed to shape the idea of sexual inversion itself. I do not wish to imply that there were no shifts in the perception of same-sex desires at the end of nineteenth century. By the 1890s, when the concept of sexual inversion became accessible to non-medical audiences, it had become a powerful notion that changed the meaning, subjectivity, and life experience of many individuals, and helped shape the modern idea of homosexuality. Nevertheless, as many historians whose research draws on empirical evidence have recently pointed out, modern homosexual identity was shaped by several factors – not just by the medical conceptualisation of sexual deviance. These other social and cultural factors were class, gender, religion, ethnicity, and a growing psychological understanding of the self related to the rise of Romanticism. However important the interaction of these factors may have been, this book does not focus on how the modern lesbian identity emerged, or how medical theories might have influenced this process. Such investigation would require measuring the impact of nineteenth-century medical theories on the lives of women, rather than an analysis of medical ideas of female same-sex desires.

My preoccupation with continuity in the midst of change in cultural meanings is shared by many historians, including those who have contributed to the history of sexuality. Robert Nye has noted the suitability of Davidson’s model for understanding the shifting concepts of sexual perversion in medical theories while pointing out the inadequacies of Foucauldian-informed historical accounts that favour discursive ruptures. On the whole, Nye agrees with Davidson’s description of the conceptual changes in thinking about sexual perversion in psychiatry. In pointing out some of its shortcomings, however, Nye explains that Davidson’s tri-partition does not easily fit the French situation, where the older anatomical style coexisted with the new psychiatric style of reasoning for many years. Moreover, according to Nye, undue emphasis on discontinuities obscures much that
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anticipates modern notions of sexuality, which continue to mobilise some of the language and deterministic implications of pathological anatomy. While Nye has addressed his critique from the perspective of a historian of medicine, the queer theorist Eve Kosofsky Sedgwick argued against the assumption that one model of understanding same-sex desires simply disappears when another is invented. She also noted that it is equally erroneous to conceive of these modes as a linear, chronologically ordered, sequence. Regardless of such caveats, studies of same-sex desires in various periods of Western thought continue to emphasise the role of conceptual ruptures, which have grown to become a largely unexamined axiom. Scholars interested in the history of homosexuality routinely talk about changing paradigms, and it is not infrequent to come across contrasts between the ‘acts paradigm’ and the ‘identity paradigm’, or the ‘paradigm of bodily structure’ and the ‘paradigm of desire’. Such a distinction is taken to coincide with a shift between the concept of sodomy as a criminal act, and homosexuality as a psychological type – the latter initiated by the introduction of the concept of sexual inversion into psychiatry. Yet, medical accounts of same-sex desires are more complicated than such a clear-cut narrative of replacement of paradigms suggests.

For more than a decade David Halperin has been studying how the appearance of sexual inversion changed discourses on same-sex desires; while he originally emphasised ruptures, his later work offers a more nuanced balance between change and continuity. Inspired by Sedgwick’s critique, Halperin has rightly pointed out how the ‘tension between interpretative emphases on continuity and discontinuity […] appears with almost painful intensity in the historiography of homosexuality’. After re-examining the role of continuity and change in explanations of same-sex desires throughout history, Halperin offered four transhistorical explanatory models of same-sex desires: effeminacy, pederasty or active sodomy, friendship or male love, and passivity or inversion. According to Halperin, homosexuality as we understand it today is a conjunction of these different models. Although my work has benefited from Halperin’s most recent insights, I do not aim to identify transhistorical medical taxonomies of female same-sex desires. Nor do I intend to look for precursors to sexual inversion in fundamentally different epistemological domains, because this would inevitably lead to anachronism. This book is concerned with developments in a number of medical specialities, which rearticulate same-sex desires differently. I am concerned with how different knowledges managed to coexist within medicine, which was not a unified system of knowledge. Wary of seductive theories, I wish to show the historical trajectories of medical ideas of female same-sex desires within their traditions and within a broader intellectual framework. Perhaps this will make future accounts of the topic mindful of historical detail, and thus more rigorous; perhaps this will indirectly further the debate and rethinking of the history of homosexuality. If it does, it will have exceeded
its original goal, which is to map the multiple meanings of female same-sex desires within medicine. This book is, above all, an intellectual history of nineteenth-century medicine.

National traditions and competing medical fields

At the turn of the century, medical sexual knowledge circulated easily in Europe and was increasingly international in many aspects, yet it was formulated differently in each country. Historians who have explained the developments of sexology have relied heavily on the internal dynamics of national history. In doing so, they have shown that medical sexual knowledge responded to local concerns. Nye, for example, has explained the rise of French sexology in terms of the French government’s demographic preoccupations 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 male same-sex acts. Sexology in Britain combined a detailed assessment of European and American sexology with the political motivations of homosexual rights activists such as Edward Carpenter and John Addington Symonds; the work of the well-known sex psychologist Havelock Ellis illustrates this very clearly. Lesley Hall has argued that British sexological concerns were a response to the rise of feminism, but Ivan Crozier’s research convincingly shows that British sexological research developed out of traditional psychiatric concerns about moral insanity and degeneration. In this book, I explain how Italian sexology grew out of criminal anthropology, political debates, and a strong anticlerical sentiment that ensued after the unification of Italy, with special emphasis on how Italian sexology developed a specific interest in female sexual deviation.

In this work I look at how two distinct medical communities articulated ideas of female same-sex desires, and how such formulations diverged and converged: while British medical writers were reluctant to endorse the Continental psychiatric model of sexual inversion, Britain and Italy represented female same-sex desires in much the same way, through the figures of the tribade-prostitute, the virago or masculine woman, and the fiamma or adolescent female same-sex crushes in school environments. These similarities in part depended on common readings and the influence of early nineteenth-century medical authors such as Alexandre Jean Baptiste Parent-Duchâtelet, who had written on the topic of love between women. The diverging trajectories
Female Sexual Inversion and Female Same-Sex Desires

of Italian and British medical writings, on the other hand, are explained by reference to the historical contingencies in which the two medical communities were embedded in the last decade of the nineteenth century. Following the unification of Italy, Italian physicians were committed to secularise Italian culture and thus had a relevant cultural role in the post-Risorgimento. When the time came to draft the civil and penal codes for the new kingdom, legal and scientific experts engaged in high-profile debates about the roles of family and of women in society, and what form of national law to adopt to regulate sexual behaviours that had been previously punished or allowed under different legal codes that followed the traditions of various foreign countries. The political urgency of these debates and the prominent cultural role of Italian scientists in the process of secularisation fostered a great number of studies on female sexual deviancy.

One of the aspects that makes the Italian and the British cases stand apart in their historical and political contexts is that sexological works such as Ellis's aimed to discredit laws against male same-sex acts on the grounds that they were not supported by scientific evidence. More traditional medical writers who engaged with the study of same-sex desires had been forced to be very cautious when addressing the topic in order to avoid conflicts with British law. Under the weight of legal constraints, it was easier for British physicians to regard same-sex desires as an immoral conduct, than to endorse Continental psychiatric theories that claimed homosexuality was an inborn condition. The discrepancies between the two countries can also be explained through the impact of different medical disciplines. Thus, at the turn of the century, criminal anthropology was a leading discipline, and one of the main proponents of the study of sexual psychopathologies in Italy. By this stage, however, the British medical community had grown sceptical about some of the deterministic assumptions favoured by Lombroso's school in its approach to deviant behaviours, and therefore dismissed its study of sexuality altogether.

Historians have often assumed that although national factors influenced the development of sexology in different countries, by the end of the 1890s the Continental psychiatric understanding of sexual inversion dominated most Western medical literature. The underlying assumption is that the process that led to different national communities and medical fields taking up this category must have been similar. Yet, at the turn of the twentieth century, medical thought around same-sex desires was complicated and contested by trends of professionalisation, national traditions, and the impact of new methods of enquiry. Since the inception of sexual inversion, this concept was rearticulated differently in distinct medical disciplines. The increasing specialisation of medicine in the nineteenth century resulted in the development of various disciplines that competed to extend their disciplinary domain over abnormal sexual behaviours. Certainly, these medical specialities had their own interest in supporting one view of sexuality over another, but different
views also depended on how a practitioner approached first the diseased body, and then the sexual body, so to speak. Different views of sexuality rested on how a writer approached the body and its sexual function. Thus, a practitioner working in public hygiene was concerned with how the environment could affect the body and with the social dimension of the disease, and sexual behaviour. Gynaecologists argued that diseased ovaries could result in injuries to the nervous system, and ultimately lead to mental illnesses or abnormal sexual behaviours; psychiatrists, meanwhile, reversed this way of thinking. In other words, each medical discipline framed and, to a large extent, determined its practitioners’ perspectives on sexuality. As I will illustrate throughout this book, different disciplines approached same-sex desires in various ways, and once psychiatry introduced the category of sexual inversion, competing disciplines redefined the subject to the point that, at the beginning of the twentieth century, a psychiatrist and a gynaecologist might have been looking at two different things even though they both used the term sexual inversion.

Differences amongst disciplines aside, clinical observations were complicated by local and historical circumstances. While the psychological dimension of sexual inversion made it fashionable in Continental psychiatric circles, British medicine was reluctant to adopt certain Continental psychiatric ideas, and continued to engage with sexual perversion in anatomical terms. It is not a coincidence, then, that British gynaecologists managed to influence even some British psychiatrists in their understanding of sexual behaviour. Bodily oriented explanations continued to be adopted in the early twentieth century, when British endocrinological theories were still denying there was a psychological explanation for same-sex desires. Even within the Italian scene psychological explanations of same-sex desires were contested, but in a different way. A number of criminal anthropological works, which took up Parent-Duchâtelelet’s social and cultural analysis of the phenomenon of love relationships amongst female prostitutes, explained same-sex practices in terms of environmental influence. Much late nineteenth-century medical literature proposes that rather than psychological factors, same-sex desires emerged as a consequence of the social context of prostitutes, prisoners, and even students living in boarding schools.

Narratives about the emergence of a homogeneous medical model of homosexuality, then, become more difficult to sustain when trying to pinpoint how national contexts and competing medical fields shaped medical texts. One of the reasons I decided to go beyond the boundaries of a single nation was practical and biographical in more than one way. When I began researching the topic, I was struck by what I perceived as a historiographical impasse in studies on female same-sex desires. Despite there being much literature on male sexual inversion, scholars working in the British context in particular have emphasised that in Victorian times medicine rarely addressed female same-sex desires. Yet it was enough to leaf through one
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of the major Italian psychiatric journals, the Archivio di psichiatria, to conclude that this was not the case in Italy. My research, then, was prompted by a single question: why were accounts of female same-sex desires so common in Italy but almost unknown in Britain? Historians who work on late-modern and contemporary subjects often remain within the boundaries of the nation-state, whereas early modernists effortlessly transcend national boundaries in their research. The mere fact that such a methodological division is in place confirms that the formation of nation-states in the late eighteenth century is a historiographical milestone. There are further practical considerations to take into account: early modernists cross national boundaries in an attempt to bring new primary sources to light. Having identified a number of sources in a specific geographical and temporal location, early modern historians favour comparative approaches so as to interrogate sources in a new way, to follow new paths, and to discover new sources when there might seem to be none in specific geographical areas. In the same way, I found that for an historian interested in the meanings and values attached to female same-sex desires, transcending national borders could be very rewarding, particularly when tracing new lines of enquiry and identifying sources where, at first glance, there was nothing. For example, in practical terms it is true that medical writings on the subject of love between women were not as abundant in Britain as they were in Italy. Yet, female same-sex practices were considered a deviant sexual behaviour in both countries. Conventionally, in mid-nineteenth-century psychiatry, deviant sexual behaviour implied perverted and unmanageable instincts, and these were found in mental disorders such as monomania, moral insanity, and degenerative disorders. It is amongst these disorders that the British provided examples and explanations of female same-sex desires. The difference between British and Italian psychiatrists was that the British did not generally adopt the term sexual inversion, and were very cautious, brief, or resorted to circumlocutions when addressing the issue of same-sex desires, whereas Italian physicians tended to be explicit and indulge in almost voyeuristic details. Similarly, in both Britain and Italy, debates on prostitution or women-only environments included analysis of female same-sex desires.

Working on two different national contexts helped me single out possible common sources and lines of enquiry, and look at well-known sources in a new light. Moreover, looking at more than one national context has also enabled me to see how medical knowledge about female same-sex desires circulated amongst countries. For instance, a lot of British research, including Symonds’s and Ellis’s Sexual Inversion, grew out of an interest in Italian sexological knowledge. Italian and British periodicals of the time bear evidence that there was an active exchange of ideas between Britain and the Continent, and between Italy and the rest of Europe; in turn, this has led me to question whether and how different histories and models of scientific communities shaped diverging discourses on sexual perversion.
The hero/villain dichotomy

Drawing on past medical authorities to justify their enquiry into sexual perversion and to present it as a plausible enterprise in the wider field of medicine, sexologists such as Ellis fashioned themselves as champions of reform and treated the cause of sexology as the cause of sexual emancipation. Such narratives of progress were popular throughout the first half of the twentieth century because historians interpreted sexology – and later psychoanalysis – as intellectual achievements that helped liberate Western thought from Victorian repressive attitudes towards sex. In the second part of the twentieth century, however, these narratives of scientific progress started to be challenged: Foucault famously interpreted the emergence of sexology as a determining factor in the imposition of standards of normalcy whereby new ways of regulating sexual behaviour replaced the authority of religion and the law. From at least the 1970s, feminist historians have questioned the concept of value-free and neutral science, and showed how ‘objective’ findings were tarnished by the scientist’s biases. Medical theories of an organic female nature have been interpreted as attempts to preserve the social status quo. Numerous feminist historians have argued that sexology pathologised female same-sex relationships, created a climate of opinion that stigmatised single women and their relationships, and favoured heteronormativity. Some feminist writers have also argued that nineteenth-century sexologists reinforced the idea of a clear boundary between ‘normal’ and ‘abnormal’ sexual behaviour, and have charged them with undermining feminism and female homosexuality.

In more recent years there have been substantial challenges to the assumption that sexologists contributed to stigmatise sexual minorities, and a few historians have warned against simply labelling sexological descriptions as misogynistic. Laura Doan, for instance, has suggested that for lesbians in particular, the blurring of categories of gender and the greater dissemination of sexual knowledge made possible new frameworks for self-understanding, which in turn paved the way for the formation of subcultures.

In this work I have tried to overcome the dichotomy that presents medical writers as either heroes of sexual liberation or villainous agents of a culture that discriminated against same-sex desires. In nineteenth-century medical thought, sexual normality and pathology were notions that were more fluid than is generally acknowledged. While many nineteenth-century medical writers conceived of same-sex desires as cause and symptom of various diseases – especially mental disorders – or as a form of insanity in itself, such views were not uncontested. Especially in the context of European psychiatry, same-sex desires defied a stable categorisation and could be located across a complex and unsteady borderline between normal and pathological states. In my work I have endeavoured to trace the intellectual developments of such ideas, how such texts and theories were created, their intellectual
debts and provenance, and not least, the wider medical debates in which they participated.

Depending on who the practitioners were, and on their professional, cultural, and intellectual context, sexology itself became a conservative or a radical endeavour. While nineteenth-century medicine had an established tradition of addressing problematic desires, with the rise of sexology same-sex longings became a central issue as sexologists started questioning the assumption that only reproductive sexual behaviour was normal. This, in turn, brought abnormal sexual behaviours to the fore. The third part of this book in particular shows how sexological research could serve a number of different professional and political purposes. My study of Italian and British sexology is organised around four medical writers, whose statements about same-sex desires and sexuality in general mark them as either ‘conservative’ or ‘progressive’ in regards to their own historical and cultural context. Cesare Lombroso’s and William Blair-Bell’s views on sexual inclinations might be interpreted as conservative, yet their beliefs were not monolithic and some aspects of their research were quite innovative in the fields in which they emerged. Pasquale Penta and Havelock Ellis, on the other hand, advanced radical positions and faced professional ostracism for their views on sexuality, yet some of their writings present a certain degree of ambiguity. The careers of these scientists also illustrate the trends that shaped their respective countries’ medical fields. The eminent psychiatrist Lombroso was the founder and leader of criminal anthropology, which had a significant influence in the Italian medical community, whereas the psychiatrist Penta eventually specialised in sexology, establishing international networks and founding the first European sexological journal. Trained as a doctor, Ellis was an outsider to the traditional medical community in many ways, and British physicians’ reactions to his work on sexual inversion tell much about the British rejection of Continental ideas. The famous gynaecologist Bell is representative of a field that influenced other British medical disciplines in shaping ideas of female same-sex desires.

The (in)visibility of female same-sex desires

While psychiatrists did not seem to encounter any shortage of case-studies of men, female inverts appeared more difficult to find, to the extent that in 1897 Ellis could still write that physicians knew ‘comparatively little of sexual inversion in [women:] of the total number of recorded cases of this abnormality, now very considerable, but a small proportion are in women, and the chief monographs on the subject devote but little space to women’. Indeed, some of the most important monographs on the topic confirm Ellis’s observation: Krafft-Ebing’s seventh edition of *Psychopathia Sexualis* (1892) contained forty-one male case-studies, but only eleven female case-studies. Likewise, Ellis’s *Sexual Inversion* contained twenty-seven male-
Female Sexual Inversion

44 According to late nineteenth-century sexologists, female homosexuality remained much less known than male homosexuality due to the scarcity of case-histories on women. Historians have tended to take this remark as true, and have thus focused mainly on male sexual inversion; it is currently believed that almost all medical texts across a variety of specialisations ignored female same-sex desires. Yet, as this book shows, this perception is wholly misguided, and derives more from a gap in the historical enquiry than from hard evidence. Such a misleading assumption has also been reinforced by a strong trend in lesbian studies to denounce male culture’s attempts to refuse visibility to female same-sex desires.

45 As this book demonstrates, late nineteenth-century medical writers’ theories about female same-sex desires were fully articulated. While in the British context there were only a few case-histories of female sexual inverts, Italian medical journals regularly published them. But it is only when we move our attention away from the female sexual invert that we are struck by the complex and multiple representations of female same-sex desires. The female invert was positioned alongside other medical figures of same-sex desires such as the tribade-prostitute, the fiamma, the nymphomaniac, and women with abnormal genitalia or bodily dysfunctions. These figures might overlap, so it was possible for a physician to describe a tribade-prostitute who was also an invert, or to discuss a nymphomaniac with abnormal genitals who had sexual relations with women, or a sexually inverted fiamma. By the end of the nineteenth century, diagnosing a person with sexual inversion meant the physician would have been influenced by a combination of socio-cultural, physical, and psychological approaches to same-sex desires. Sexual inversion had become multilayered, and at the same time multiple images embodied different ideas of female same-sex desires. And yet, Italian and British medical communities remained widely different: while British physicians were cautious in approaching the topic, proceeded by circumlocutions and adopted an almost coded language, in Italy, female same-sex desires captured doctors’ imaginations, and consequently studies on the topic multiplied. Regardless of the mode of engagement, one thing is clear: female same-sex desires were a complex reality, and much debated topic in medical writings.

Despite the multiple guises of female same-sex desires unveiled in various medical texts, this book is a history of male medical perceptions of same-sex desires, rather than a work on different forms of love between women. Whatever else it may be, this book is not a lesbian history in the sense of uncovering women’s homoerotic experiences; here, love between women is an object of medical knowledge. Medical case-histories certainly reveal aspects of the lives of real women; likewise, medical accounts of same-sex desires might betray cultural anxieties, biases, and the expected role of women in society. Medical accounts therefore represent just one of many
Female Sexual Inversion and Female Same-Sex Desires

In the nineteenth century, medical texts were written by male physicians for other physicians, quite often serving professional purposes and according to medical codes and rules. Although a few of these treatises fell in women’s hands, the authors did not intend these texts for a female audience.

It has been impossible to analyse female sexual inversion without unpacking medical theories of their male counterpart, because although female same-sex desires were not simply the mirror of the male invert, both formulations share their conceptual foundations. Ultimately, the multiple embodiments of female same-sex desires in different medical communities in the late nineteenth and early twentieth centuries urge historians to interrogate whether such accounts are specific to female same-sex desires. However, such an investigation would require a detailed account of medical representations of male same-sex desires, which is beyond the scope of this book.

In this history, I favoured a close and detailed reading of the texts in order to preserve the richness and complexity of the medical debates, and to recover various representations of female same-sex desires. Nonetheless, I have endeavoured to show the broader context in which such representations were situated; how the roles of institutions and associations, certain medical fields’ ongoing struggle to secure professional prestige, and how editorial policies of journals had an impact on the way physicians spoke about female same-sex desires. This awareness of the intellectual milieu in turn made it possible to trace the trajectories of specific ideas in the work of individual thinkers. This, then, is a history of ideas that pays attention to the environment that nurtured them.
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