from a somewhat lower social-class background than the other groups, and this may account for most of the differences.

In general, conclusive answers regarding gay v. straight drug use must await studies which carefully control for all the major demographic variables: marital status, age, occupational status, education, size of city of residence, and ethnicity. Such studies should also separate the predominantly homosexual subgroup from the bisexual subgroup, and should also begin to examine differences in the style of use of certain drugs (amyl nitrite, alcohol, barbiturates) in gay and straight social milieux. Finally, it is probably best to select the sample from the population at large and then determine their sexual orientation, rather than to attempt to select separate gay and straight samples.

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SEX DIFFERENCE AND MALE HOMOSEXUALITY IN FRENCH MEDICAL DISCOURSE, 1830–1930

Robert A. Nye

Near the end of the nineteenth century, psychiatrists first began systematically to identify and describe a spectrum of sexual disorders they called "perversions." Around 1900, however, Frenchmen who imagined themselves the guardians of the public welfare believed themselves justified in singling out the perversion of male homosexuality as a particularly grave danger to the nation. In the words of the politician Ernest Charles, "If there is one vice or sickness especially repugnant to French mentality, to French morality, to French health, it is—to call things by their name—pederasty." A public pronouncement of this kind would have been literally unthinkable only a few decades earlier, but, despite the fact that private homosexual activity was not illegal under the French penal code, a widespread consensus had emerged which held male homosexual behavior to be, at the very least, a symptom of profound individual pathology, and, at worst, a sign of imminent national collapse.

In this paper I hope to reconstruct the reasons male homosexuality reached this high level of public visibility by 1910, concentrating in particular on the role that medical language played in shaping its image. The layman Ernest Charles may have hesitated about whether to call "pederasty" a "vice" or a "sickness," but in characterizing it a threat to the "health" of the fatherland, he demonstrated a dependence on a medical discourse on sexual perversions shared by many of his contemporaries. This discourse was of relatively recent historical vintage. It linked together effeminacy and reproductive sterility in male homosexuals, and masculinity and sterility in lesbians—involving a kind of elementary inversion of the "normal" qualities of each sex. I wish to focus here on the reasons such a linkage was made for males; but, as we shall later see, in the binary classificatory system that regulated sexual identity in that era, changes admitted on one side of the sex/gender spectrum entailed proportional changes on the "opposite" side.

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168
Sex Difference and Male Homosexuality

The reciprocal dependence of the medical conceptions of male and female identities permits me to argue that "mannish" lesbians and "effeminate" homosexuals—the dominant images of the fin de siècle—were in part a product of the misogynous outlook of male doctors, who believed themselves obliged to defend ferociously the traditional system of sexual differentiation and all the social consequences that flowed from it.

In order fully to explain why the fin de siècle medical image of the homosexual was constructed the way it was, I will discuss the general biological context that shaped medical speculation about a spectrum of sexual types in the early nineteenth century and try to show where the place occupied after 1880 by "homosexuals" was usually located. I will then indicate how and why sexual preference for one's own sex was "pathologized" near the end of the century by psychiatrists and doctors of legal medicine. I hope to explain this development by discussing changes within French medicine, by analyzing cultural and social anxieties about the nation's geopolitical situation, and by considering the changing relations between the sexes. Finally, I hope to show that the acceptance and perpetuation of the medical image of male homosexuality owes much to early literary apologists for homosexuality, who uncritically adopted the discourse on the subject previously established by doctors.

It is certainly an exaggeration to say that "homosexuality" was invented in the fin de siècle. The word itself was of recent origin, to be sure, but there were a number of French words signifying male love—sodomy and pederasty chief among them—which may be traced to the Middle Ages. These and other words taken from argot were used, willy-nilly, in European legal, ecclesiastical, and medical texts to describe such behavior, to deplore it, and to outlaw it. Considering the origin of these terms, it is not surprising that in their earliest appearances in the French medical lexicon a tone of moral outrage took precedence over one of clinical detachment. Later in the century, as urban vice squads made more vigorous efforts to repress "outrages to public decency," medical specialists attached to the police prefecture and to prisons took greater interest in "pederasts" as a type of sexual deviant. It was roughly during the last quarter of the nineteenth century

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5 For instance, see the definition of "Pédastrice" by Pierre Buydelle in the "eternal shame" of these seducers of young boys, in Dictionnaire des sciences médicales, 60 vols. (Paris: Panskoucke, 1812–22), 40. 44.


The biological concepts that informed the medical outlook on human sexual variations in the nineteenth century may be briefly summarized. The human sexual economy was believed to function according to a quantitative model of energy flow in which "moderate" expenditures of (sexual) energy were most consonant with health and with reproductive fertility. Extreme expenditures of this energy (in masturbation or coitus) were regarded as pathological and as leading to impotence, sterility, or both. Low expenditures were already signs of morbidity, whether they were a product of inheritance or the result of previous excesses. The key concept in this model was the capacity to engender. Only "moderate" sexual function was believed to be consistent with healthy fertility; all forms of sexual activity departing from this reproductive ideal were consigned to the realm of the abnormal.\footnote{See, in general, Georges Canguilhem, \textit{Le Normal et le pathologique}, 3d ed. (Paris: P.U.F., 1975), esp. pp. 19–25, 34–40. On masturbation in particular, see Jean Stergers and Anne Van Neck, \textit{Histoire d’une grande peur: la masturbation} (Bruxelles: Editions de l’Université de Bruxelles, 1984).} Thus, medical science imagined a spectrum of possible rates of sexual function varying from low rates (sexual indifference) to high rates (sexual excess) through a moderate range corresponding to normal sexual function. But scientists also believed they could plot other sexual characteristics on this spectrum, correlating them with rate of sexual function. Genital morphology, secondary sexual characteristics, and the typical "moral" features corresponding to each point on the spectrum were gradually included.

Until the 1880s this physiological spectrum of sexual variation was regarded as compatible with the classical system of anatomical teratology completed in 1857 by Isidore Geoffroy Saint-Hilaire which was widely cited through the century. It was Saint-Hilaire’s aim in his four-volume compendium to identify the general laws of anatomical variation in the animal kingdom governing the "anomalies" and "monstrosities" observed in nature.\footnote{Isidore Geoffroy Saint-Hilaire, \textit{Histoire générale et particulière des anomalies de l’organisation chez l’homme et les animaux, des monstres...}, 4 vols. (Paris: J.B. Baillière, 1832–37), 1: 99. See also the discussion on monsters in Georges Canguilhem, \textit{La Connaissance de la vie}, 2d ed. (Paris: Vrin, 1989), pp. 171–85.} All departures from the "representative" (average) type of the species or
race were the consequence, he argued, of an excess or deficit of development in the volume of an organ or organs, resulting in anomalous variations of size or number, or the displacement of parts in an organism. In Saint-Hilaire's system the principal evidence for human sexual variation was located in genital morphology, the teratological sign par excellence of deviation from the "representative" sexual norm. By ordering the known genital anomalies of each sex in a rank corresponding to whether they were the product of an "arrested" or "excessive" embryological development, Saint-Hilaire hoped to provide doctors of legal medicine in particular with a descriptive, ontological, and phylogenetic scheme for resolving practical cases of sexual identity.  

Saint-Hilaire envisions a spectrum of sexual differentiation isomorphic with the spectrum for physiological function described above. Males are grouped on one side of the spectrum and females on the other. The portion in the middle is composed of "hermaphroditic" anomalies inclining to one half or the other, depending on their genital structure. Saint-Hilaire deals with several particularly knotty cases, but he decisively places them on either the "male" or the "female" portion of the spectrum, because, as he explains, to these "great classes belong not only different but nearly inverse functions in the family and in society. In that sense there are no intermediaries; our laws do not admit their existence or foresee their possibility." Bisexuality, which he defined as the capacity to both impregnate and be fecundated, was therefore an actual and formal impossibility.

It is tempting to conclude here that this system of anatomical variation and sexual difference, as Saint-Hilaire's statement suggests, was predicated on the Napoleonic code; it took its marching orders, so to speak, from the civil obligations given doctors of legal medicine to establish the sex of individuals in disputes arising from marriage, paternity, inheritance, military service, or crime. In an article on "hermaphroditism" he published much later in the century, the physician Gabriel Tourdes wrote in nearly identical terms,

> The difference of sex establishes in all societies two categories of persons who dispose of different rights and duties; our laws do not admit the existence or even foresee the possibility of any intermediary condition. Sex determines not only civil status, but also the entire direction of life.  

The argument has been made recently, by Thomas Laqueur, Laura Schiebinger, and others, that an "anatomy and physiology of [sexual] incommensurability" was generated as a by-product of the era of the eighteenth-

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13 Ibid. (1836), 2: 33–44, esp. the chart on p. 36.
14 Ibid. (1836), 3: 573. This and subsequent translations by author.
century bourgeois revolutions to replace the old "metaphysical" hierarchy those revolutions had destroyed. This suggestion seems admirably suited to the French case, where, in the biology of sexual differentiation, it seems especially difficult to separate clearly the political and cultural from the scientific influences.

This anatomical and physiological hypostatization of sex difference, by clearly distinguishing the unique qualities of each sex, contributed to the construction of the "separate spheres" of public, productive (male) life and domestic, reproductive (female) life. In this system women were effectively restricted, by their natures, to the home and child-rearing, while men were guaranteed a monopoly of the great world beyond. But there were some unpleasant implications for males in such a system. Since genital morphology, secondary sexual features, fertility, and "moral" qualities were believed to be in correspondence with one another, the appearance of an atypical, nonmasculine feature on the body or in the behavior of a male served as a sign that his place on the spectrum of sexual variation was sliding toward the lower end of the male range; here, "female" features appeared in higher proportions as the "representative" male type approached the ambiguous, "hermaphroditic" zone at the spectrum's center. Thus, impotence, sterility, effeminate behavior or tastes, feminine secondary sexual characters, or a "vice" in genital conformation were symptoms, in this system, of demasculinization. Individuals at the extreme or "hypermasculine" end of the spectrum displayed none of these qualities, but they faced the danger of an overexpenditure of sexual energy which could relocate them in the low end of the spectrum, where feeble sexual economies were the rule.

As the result of a number of developments in France after midcentury to which doctors and psychiatrists were particularly well suited to respond, the spectrum of sexual variation underwent some important changes. As I have argued elsewhere, rising rates of alcoholism, insanity, crime, syphilis, and other organic and social pathologies bred widespread fear among critics of culture and the political elite that La grande nation was in a state of irremediable biological decline. Most industrializing societies experienced similar changes in vital signs in the era, but in France the situation was complicated by the weakened geopolitical status brought about by the German military victory of 1870.

French doctors adapted the medical concept of degeneration to an explanation of these symptoms of national decline and helped set in motion a number of programs designed to treat them. Of particular concern to

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medical and scientific observers was the fact that the French birth rate was significantly lower than the birth rates of the surrounding industrial powers, in particular the newly unified German empire. There was also a disturbing decline in the ratio of male to female live births, from 107:100 in 1840 to 104:100 in 1900. These figures raised concern about depopulation and the "degeneration" of the French "race." Doctors asked openly if there was a weakened masculine "will" to reproduce in France. And, since it was believed that males were desirable, and that male births depended on the sexual vigor and male identity of the father, then it was the duty of France's most masculine citizens to procreate. Individual French couples were not adequately moved by the desire for offspring to sacrifice their own standard of living for the good of the nation, but the abundant rhetoric on repopulation, a vigorous campaign against birth control, and the consideration of eugenic measures designed to improve the quality, if not the quantity, of the population testify to the general cultural anxieties this desire provoked.

These pressures for men to exercise their generative faculties for the good of the nation were building simultaneously with the appearance of a vigorous feminist movement demanding the vote for women and equal access to occupations, and with changes in the sexual behavior of women. Men were being asked not only to dismantle their comfortable monopoly in the public domain, but to give greater sexual satisfaction to the women who were to be their future competitors. Such developments were bound to produce reassessments of traditional sex roles and identities. It is certainly no accident that one finds in fiction from George Sand through 1914 the image of weak men and strong women in great abundance, as though novelists, men and women alike, were testing in their fiction the social and psychological consequences of the new relationship between the sexes. A recent student of this fin de siècle literature, indicating the number of themes involving a husband's helpless resignation in the face of his wife's...
adultery or flight, concluded, "With the emancipation of women, something has been refused males which seemed so much constitutive of their identity that they felt themselves totally rejected as men."22

Since they were already occupied with the elaboration of a medical explanation of national decline which included a variety of inherited and acquired pathologies, it was perfectly logical for doctors to consider these new developments within this frame of reference. It should not surprise us that they perceived them to be different manifestations of a single pathology, namely, a diminution or redistribution of the vital sexual energy required to guarantee both (traditional) sexual identity and reproductive fertility in men and women. Encouraged in this outlook by the profoundly conservative fears of French society, doctors sought to reaffirm the traditional sexual identities of both sexes and ground them more strongly than ever in "normal" reproductive fertility.

In practice this medical effort to undergird traditional sexual difference meant that doctors identified the types of sexual behavior which departed from the model of heterosexual reproduction and incorporated them into a new psychiatric nosology of abnormal sexual deviance. They thus helped to construct a new medical discourse of perversions which transformed sexual behavior into sexual identities, or, in Michel Foucault's terms, sought to locate sexual abnormalities "to strew reality with them and incorporate them into the individual."23

This was a task essentially for psychiatrists and doctors of legal medicine, who, among medical practitioners, most frequently encountered the varieties of human sexual behavior in their work. These specialists relied heavily on the old tradition of teratological classification, but they were also interested in the most recent biological findings on human fertilization, and on the evolution of sex. These findings more or less agreed with their own socially conservative agenda: sexual reproduction was "superior" to evolutionarily antecedent and more primitive forms of reproduction such as simple fission or hermaphrodisms; sexual reproduction depended in the higher animals on a highly distinctive sexual dimorphism, on highly aggressive reproductive behavior in the male, and on coyly passive behavior in the female.24 It is important to note here that most of the psychiatrists who were


busy dividing up the world into sex-specific behavior and illnesses probably regarded themselves as political progressives engaged in a Republican crusade against monarchy, the church, and superstition. By identifying and treating individuals, mostly women, who were afflicted with “reactionary” religious delusions or who displayed hysterical symptoms of religious zeal, they acted in a politically correct manner but also gave expression to their own misogynous impulses and those of the society around them.  

Until the mid-1880s the old anatomical taxonomies of sexual type held sway. The decisive benchmarks for evaluation of male sexual identity were the “typicality” of the genitals, secondary sexual characters, and, most tellingly, functional potency with a normally constituted member of the “opposite” sex. A man who did not possess a full complement of these features felt “wounded in his pride, . . . degraded; he [found] it difficult to dwell on his infirmity; his intellect and moral qualities [were] alter[ed], and his equilibrium [was] broken.” As we have seen, in the outlook of mid-nineteenth-century medicine, unmanly sentiments were associated with so-called hermaphrodites, eunuchs, or men afflicted by gynecomastia, hypospadias, cryptorchidism, or some other form of physical abnormality. When male homosexuals entered the orbit of the medical cosmology in the 1880s, they were naturally integrated into this anatomico-physiological framework and located near hermaphrodites somewhere on the lower end of the spectrum of male gender identity, where masculine features merged insensibly into feminine ones and where, of course, their immediate neighbors were “masculine” women.

The energy flow charts and equilibrium models constructed earlier in the century continued in service in the fin de siècle; sexual energy was still a finite resource and its overexpenditure a disaster for the organism. But in the new organicist psychiatry of the era, dominated as it was by the model of degenerative inheritance, rates of vital function which were too high or too low were also a disaster for the species (read “race”). Perversion was the term which eventually emerged to characterize the excesses or deficits of sexual expenditure which departed from “normal” reproductive activity, so the spectrum of the normal and the pathological was still composed of infinite variations measured in quantitative terms, despite the invention of a

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new nosological semiology of apparently qualitative type. However, it was now admitted that a normal equilibrium was rare enough that, in the words of Eugene Gley, "Every man has, in effect, some weak point in his mind or body, and there is no such thing as an absolutely normal condition for the one or the other."  

Within the framework of these general developments there was an evolution over the period from medical characterizations stressing the anatomical features of homosexuals to those placing more weight on their psychology. In 1857 the physician Ambroise Tardieu claimed in his Étude médico-légale sur les atteintes aux moeurs that the pederasts picked up by the Paris vice squad possessed penises shaped like those of dogs, and their passive partners the soft and rounded contours of women. Because the "active" and "passive" modes corresponded to received ideas about sexual attraction, Tardieu and some of the first commentators on pederasty insisted that the "active" pederasts were wholly masculine in nature. By 1880, however, the view that the "males" in the typical pederastic couple were anatomically distinctive was decisively challenged; the masculine features of the active partner disappeared with his doglike penis, since it was now held that merely engaging in such behavior "made the most solid types effeminate and gave rise to cowardice." These are the first indications of the growing tendency to equate homosexuality with effeminacy and "unmasculine" behavior.

Until the 1880s French doctors seem to have preferred the term pederasty to refer to homosexual acts, despite the fact that such usage involved a considerable narrowing of meaning from earlier centuries. This term continued in use, particularly in medico-legal circles, for a while longer, and

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28 Georges Lanéry-Laura, Lecture des perversions: histoire de leur appropriation médicale (Paris: Masson, 1978). I must disagree here with Lanéry-Laura (especially his pp. 26–29), who wishes to see sexual perversions as qualitative, not quantitative, disorders. I think he is taking the signs of degenerate sexuality too seriously as signifying particular syndromes with autonomous states, though psychiatrists warned against doing this. See Jean-Martin Charcot and Valentin Magnan, "Inversion du sens génital," Archives de neurologie, November 1882, 4: 320.


30 Ambroise Tardieu, Étude médico-légale sur les atteintes aux moeurs (Paris, 1857). On Tardieu, see also Jean-Paul Aron and Roger Kempf, Le Bourgeoisie, le sexe et l'honneur (Paris: Editions Complexe, 1985), pp. 45–87, and Hahn, Nos Ancêtres les pervers, pp. 65–70. In this era there was literally no word for the passive partner of what the doctors called pederasty.

31 M. Masbrenier, "Pédastris et assassins," Annales d'hygiène publique et de médecine légale, 3d ser., 1879, 1: 254–56. In Germany around the same time the forensic physician Johann Ludwig Casper was publishing similar views on pederasty. See Klinische Novellen zur gerichtlichen Medizin: Nach eigenen Erfahrungen (Berlin: A. Hirschwald, 1863).


34 Claude Courouge demonstrates that until the end of the eighteenth century pederasty did not refer specifically to sexual relations, but was used in a number of more general senses, including the "amour des garçons," Vocabulaire de l'homosexualité, pp. 170–72. The term sodomy all but disappeared from the medical vocabulary because the act was decriminalized during the Revolution and did not figure in the Napoleonic code.
seemed able to incorporate convincingly the newest psychiatric findings. However, following Carl Westphal’s important article on the “contrary sexual instinct” in 1870, psychiatrists gradually developed new terminology, which enabled them to introduce the phenomenon into the domain of mental illness.

The first French text in this development was the 1882 paper by two of the most influential psychiatrists of the era, Jean-Martin Charcot and Valentin Magnan, on the “inversion of the genital sense.” Here, Charcot and Magnan treated inversion as a weakening or “perversion” of the affective faculties which produced a “strange order of ideas” giving rise to a genital appetite for the same sex. But inversion was not, in their account, an illness sui generis; rather, it was one of a host of other fetishistic attachments, such as obsession with nightcaps, aprons, or shoe nails, which, in the case of inversion, had fixed on a person of the same sex. Apart from the occasional reference to unusual genital conformatons, Charcot and Magnan had taken a decisive step away from the earlier generation’s faith in anatomical signs. They did not break with a constitutional analysis, however, because this degenerative disorder could be inherited from an ascendant, or could be provoked by masturbation or “vicious excess,” which by “weakening” the “natural” instincts opened the door to obsessive ideas. They not only preserved the link between inversion and the quantitative model of sexual excesses and deficits but extended this link to the whole culture by suggesting that sexual inversion was one of the “degrading consequences of a weakening of morals in a profoundly vitiated society.”

The primary themes developed by Charcot and Magnan were preserved and elaborated in the major French sexological texts through the 1930s. The appearance of homosexual love and a number of other forms of non-reproductive sexuality was treated as a tragedy for individuals and as a moral tare of grave consequence for France. This critique assumed its characteristic form in Alfred Binet’s important article “Fetishism in Love” (1887). Binet, a student of Charcot’s, modernized Etienne Esquirol’s old category of erotomania for the new organicist medicine. All love, he argued, was to some extent fetishistic, for how else could we account for the odd pairings one observed between ugly and beautiful individuals? But in some predisposed beings, a kind of “hypertrophy” in the “normal level” of genital excitement occurs, and, often by accident, the full attention of the erotic

38 Ibid., pp. 54–57; Charcot and Magnan, “Inversion du sens génital” (November 1882), pp. 297–98.
impulses is focused on a single feature or object. This "exaggerated" and "pathological" behavior was a true "perversion" of the sexual instinct.40 The bewildering variety of forms assumed by fetishistic attachments ought not to confuse us, because it is the "perversion itself which is the characteristic fact."41 The very appearance of these multiple obsessions is the consequence of the unique need

so frequent in our epoch, to augment the causes of excitation and pleasure.

Both history and physiology teach us that these are the marks of enfeeblement and decadence. The individual does not look for strong excitations with such avidity but when his power of reaction is already in a weakened state.42

Eventually this "love against nature" produces "an impotence of psychic origins," so that the fetishist is unable to reproduce, which is "entirely logical, because most often these sick individuals are degenerates and the ordinary consequence of degenerescence is sterility."43

This analysis was used by psychiatrists to account for any instance where love assumed exaggerated forms: necrophilia, bestiality, masochism, sadism, and exhibitionism, among others.44 Though the sheer variety of so many objects of sexual desire was a troubling symptom of general cultural disorder, the "hypertrophy of normal love"45 in fetishistic attachments was particularly worrisome because, as Charles Féré, another student of Charcot's, put it, "The sexual preoccupations [of individuals] are often in inverse ratio to their sexual powers. Nations that perish through sterility are remarkable for licentiousness."46

What Féré and other French sexologists of the era were describing was the disruption of a healthy balance between "natural" and "cerebral" passions. The strongest natural drive in the "normal" organism was to engage in reproductive sexual relations with a member of the "opposite" sex. Normally, this drive relentlessly overrode or ignored obstacles separating it from its innate aim, but when the drive was sufficiently depleted, through its own excessive activity or through a congenital weakness, the mind assumed, by default, the power to deflect the organism in abnormal directions.47 The

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40 Alfred Binet, "Le Féthichisme dans l'amour, étude de psychologie morbide," Revue Philosophique, 1887, 24: 143–44. His words are that fetishism is "pathologique, c'est à dire exaggerée" (p. 143).
41 Ibid., p. 165.
42 Ibid., p. 166.
43 Ibid.
45 Laurent, L'Amour morbide, p. 9.
supreme irony of this development is that psychiatrists believed it affected men more readily than women. In the evolutionary perspective of the era, men were more advanced than women, who represented a case of "arrested" embryological development. The male's superior intellect and capacity to reason, a strength in the struggle for survival, was a liability in love. In the words of Julien Chevallier, women are more instinctive, and so "resemble one another in love, while men, more conscious, more cerebral, love in a particular and personal fashion. This is, in the end one of the reasons for the instinct's fragility insofar as complexity is synonymous with instability."

Judging by the space devoted to it in medical discourse on male sexuality, inversion was regarded as one of the most common and certainly one of the most dangerous of the aforementioned perversions of the sexual instinct. Whether it was considered to be innate or acquired, inversion was most commonly treated as a fetish: "homosexual fetishism," in Pierre Garnier's words, or, in the view of Georges Saint-Paul, an exaggeration of the normal sentiment of male friendship in morbid guise.

However, the most interesting aspect of the medical perspective on inversion at the end of the nineteenth century is its characterization of homosexual desire as a pallid version of "normal" love, not a simple inversion of heterosexual love grafted onto instincts of normal power. A homosexual was born a homosexual not because he possessed an innate attraction for his own sex, but because his weakened vital force and tepid genital instincts left him in a state of relative sexual indifference, and therefore prey, as we have seen, to "cerebral passions" which might produce "monstrous attachments." We hear in this an echo of the old teratological formula for hermaphrodites and eunuchs, whose sexual instincts were believed to be exceedingly weak.

As we have also seen, the sine qua non of masculine sexual identity was the capacity for "normal" reproductive fertility. Doctors therefore denied to inverted, and for that matter to all fetishists whose orgasms were dependent

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Julien Chevallier, *L'Inversion sexuelle: une maladie de la personnalité* (Lyon: Sord, 1893), pp. 414–15. Féret makes a similar point more explicitly in arguing that the appearance of sexual pathologies is a sign of a "dissolution" (reversal) of a generally progressive biological evolution. *Evolution and Dissolution of the Sexual Instinct*, pp. 41–44.

Garnier, *Les Fétišistes*, p. 22. The use of the words *homosexuality* and *homosexual* became popular only in the 1890s; these words never challenged the primacy of *inversion* and *invert* before 1914. Of German provenance (homosexualité), the term was used alongside *inversion* frequently in the medical literature and seems to have been favored over the better-established term by sexual reformers well disposed to the cause of the acceptance of homosexuality (Magnus Hirschfeld, André Raffalovich). See "Homosexualité/Homosexualité" in Courouze, *Vocabulaire de l'Homosexualité*, pp. 129–38.

on abnormal sexual stratagems or objects, the capacity for true potency. Their interest in sex was considerably under the average, their orgasms, when they experienced them at all, were troubled by hyperesthesia or "irritable weakness." Because of the unusual demands it made on their sexual economies, coitus with a woman caused inverts to suffer a profound exhaustion that often endured for several weeks. Finally, in the most extreme cases, or as a consequence of a progressive degeneration, the invert assumed a wholly passive or oral attitude in sexual relations, experienced little pleasure, enjoyed no orgasm. Thus, homosexual love was practically a contradiction in terms; when it could be sustained at all, it was often "platonic" or consisted of mutual caresses leading nowhere in particular.

As noted above, the anatomical spectrum of sexual identity had posited a direct relationship between "normal" potency, genital conformation, and secondary and behavioral sexual characteristics. Inverts, with their weak genital drives, were thus presumed in advance to be effeminate in appearance, in manner, and in taste, so the appearance of any of these features was set down as clinical evidence for the condition. Many doctors acknowledged that episodes of homosexual behavior in youthful sex-segregated situations, if temporary, did not automatically provoke effeminization in its participants. But any appearance of feminine qualities in adult males was a universally recognized sign of a congenital or acquired sexual disorder, of which inversion was the most common type.

Though doctors frequently praised the "feminine" qualities of steadfastness, sensibility, and tenderness in women, they presented these same features in men in the most negative way imaginable, revealing the savage misogyny that undergirded the conservative medical perspective on sex and gender. Effeminate men were held to be "timid," "wicked and pusillanimous," or to be "lacking a grandeur of mind and spirit [and therefore] incapable of vast enterprises or of spontaneous expressions of courage and

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54 Tholozé, Attentats aux moeurs, p. 312.

55 Antoine Luy, Les Fééristes (Paris, 1889), p. 43; Paul Bouvard wrote of passive pederasts in 1880 that to the extent they lacked the normal "ardor" of the male, "they undergo rather than provoke the genital activity in which they participate" ("Étude critique," p. 189). In L'inversion sexuelle, Chevalier writes that "active" pederasts become, by degrees, "passive" ones, and descend finally to "oral oranism, the last stage of depravity and the termination of all genital potency" (p. 173).

56 Chevalier, L'inversion sexuelle, p. 377. Smith-Rosenberg has noted similar material in the medical literature on lesbianism: "New Woman as Androgynine," p. 275.


Sex Difference and Male Homosexuality

devotion."60 Louis Thoinot deplored their vanity, their tendency to gossip and commit "indiscretions,"61 and Julien Chevalier found them "capricious, envious, and vindictive" and given to lying, men for whom "writing an anonymous letter is the most exact expression of their courage."62 Since such beings were an "homme incomplet, femme manqué," in a formula of Emile Laurent's,63 a true invert was "capricious, vain, cowardly, envious, vindictive, susceptible, uniting all the flaws of a woman without balancing them off by any of the qualities of a man; thus he will be equally detested by both sexes."64

In Georges Saint-Paul's account, homosexuals were either "born invert" (incurable and "vicious") or "feminoform," a condition, which, depending on the degree of hereditary predisposition, was potentially reversible.65 In his scheme the degree of pathology corresponded to the degree of feminized behavior, so that, by definition, the "male" character in a typical homosexual union was the "accidental" or "occasional" type. Doctors, in their efforts to present the differences between the sexes as harmonious and complementary, were ordinarily constrained in their analysis of females to discuss their feminine (nonmasculine) nature in a positive manner, not as a simple "negative" of "positive" masculinity. However, they were under no such constraints in discussing these feminine features in men, where the mask of solicitude for the "weaker" sex they customarily assumed could be temporarily and revealingly set aside. Carroll Smith-Rosenberg has persuasively documented the misogynous impulses that informed the medical description of "mannish lesbians" in this same period; doctors were busily adding a set of masculine physical and behavioral characteristics to the "barrenness" that typically marked the nontraditional woman.66

As noted above, the whole of this medical analysis of homosexuality was embedded in a critique of modern culture and society stressing the vast range of novel stimuli promoting the spread of "cerebral" passions at the expense of natural ones. Garnier blamed bourgeois materialism and the thirst for riches,67 Lacassagne the "intellectual emancipation" of the age;68 Emile Laurent believed that excessive leisure, food, and drink were at fault.69 Julien Chevalier echoed Jean-Jacques's denunciation of luxure and

61 Thoinot, Attitudes sexuelles, p. 309.
62 Chevalier, L'Inversion sexuelle, p. 194.
63 Laurent, Les Bisexuels, p. 18.
64 Reuss, "Des aberrations," p. 131.
67 Garnier, Impuissance, pp. 18–19.
68 Alexander Lacassagne, preface to Chevalier, L'Inversion sexuelle, p. v.
69 Laurent, L'Amour morbide, p. 319.
sensual excess, which bred a kind of "exhausted and jaded precocity" in which "one excess calls for another" until normal heterosexual attractions lose their appeal.\textsuperscript{70}

In their search for historical parallels to the putative contemporary growth of homosexuality, medical commentators were drawn to the example of ancient Greece whose "turpitudines," one argued, were obvious to those who did not view them through the "brilliant colors of a prism."\textsuperscript{71} Less hasty consideration of "amitié antique" might partially exonerate Greek homosexuality on the grounds of cultural relativism,\textsuperscript{72} but there could be no question of deploying this argument in defense of the "normality" of homosexuality in the twentieth century:

While the Greek, who was a homosexual by education and culture, could harmonize his cult of masculine beauty with his sexual potency simply by allowing a considerable latitude in the choice of erotic object, our homosexual, who is endowed with a sexual constitution in discordance with the social milieu, suffers most frequently from a weakening of his procreative sexual power; which justifies in turn his classification among the neuropaths and normals.\textsuperscript{73}

The power of this medico-biological discourse of homosexuality was so great that medical concepts influenced the first reasoned defenses of the phenomenon in France. Literary figures who sought to present a generally more favorable account of homosexuality than could be found in the medical literature were forced to do so on a linguistic and conceptual terrain already marked out by medicine, a fact that invariably vitiated their efforts in behalf of greater tolerance. André Raffalovich, an energetic propagandist for homosexual rights, sought to establish the existence of a type of homosexuality in which the man had lost none of his manly qualities and often concealed his true nature behind the facade of married life. Raffalovich accordingly heaped abuse on "effeminate" inverters, arguing that their moral worth was in inverse relation to their degree of effeminacy.\textsuperscript{74}

Emile Zola, *Dreyfusard* and noble crusader for unpopular causes, pleaded the cause of inverters in his preface to Georges Saint-Paul's book on sexual perversions. He observed that one does not condemn a hunchback for having been born that way, so "why scorn a man for acting like a woman when he has been born half woman?" But Zola follows this half-hearted plea for understanding with a piece of undigested familialist propaganda:

\textsuperscript{71} Ball, *La Folie érotique*, p. 142; also Charcot and Magnan, "Inversion du sens génital" (January 1882), p. 54.
And in the end everything which touches on sex touches social life itself. An invert is a disorganizer of the family, of the nation, of humanity. Man and woman exist to make children, and they will kill life itself on the day they decide to make no more of them.\textsuperscript{73}

André Gide, himself a homosexual, attempted to refute such arguments in \textit{Corydon}, a justly famous defense of homosexuality which was begun in 1907 and privately printed in 1911. Gide had Corydon complain, "The only serious books I know on this subject are certain medical works which reek of the clinic from the very first pages."\textsuperscript{76} But explicitly acknowledging the force of such texts, Gide took special pains to distinguish what he called "normal homosexuals" from inverts, whom he admitted were effeminate and perhaps even "degenerates."\textsuperscript{77} Corydon drew upon the "heroes" of ancient Greece to demonstrate that a society could tolerate homosexuality and still preserve martial values, concluding, "I can think of no opinion more false, and yet more widely held, than that which considers homosexual conduct and pederasty as the pathetic lot of effeminate races."\textsuperscript{78} Nor, replied Corydon to a charge of his interrogator, was there some necessary connection between homosexuality and depopulation. Forgetting an earlier statement that "respect for women usually accompanies uranism,"\textsuperscript{79} he said that depopulation was a result of "the shameless stimulation of our popular imagery, theaters, music halls, and a host of publications [which] serves only to lure woman away from her duties; to make her into a perpetual mistress, who no longer consents to maternity."\textsuperscript{80}

Gide's ideal of homosexuality was subsumed under the ancient term \textit{pederasty}, which had once meant an intimate tutelage of a young boy by an adult male, in contrast to its modern, medicalized, usage. In a note he added to the 1922 edition of \textit{Corydon}, he contrasted this manly relationship to the cases of "inversion, of effeminacy, of sodomy" which Proust had, alas, discussed at such length in his novel.\textsuperscript{81} One might ask, however, whether a defense of such a narrow concept of homosexuality, which,

\textsuperscript{73} Emile Zola, preface to Saint-Paul, \textit{Perversion}, pp. 3–4.
\textsuperscript{75} \textit{Ibid.}, p. 119.
\textsuperscript{76} \textit{Ibid.}, p. 115.
\textsuperscript{77} \textit{Ibid.}, p. 116.
\textsuperscript{78} \textit{Ibid.}, p. 118.
\textsuperscript{79} \textit{Ibid.}, p. xx n. The story of Gide's struggle with his own homosexual impulses has been well told by Gide himself in his \textit{Si le grain ne meurt} and his Journals. Jean Delay also discusses the biographical details at some length, underscoring Gide's profound repugnance for "sodomy" (adult male anal intercourse) and "effeminacy." Of particular interest is Gide's acceptance of the advice given him by Paul Brouardel, a professor of the Paris Medical School, whom he consulted about his first homosexual affair and who told him that his condition was temporary and would be replaced by "natural instinct" after his marriage. For Brouardel, and presumably for Gide, the most hopeful sign was that he was fully "viril," that is, potent with women. See Jean Delay, \textit{La Jeunesse d'André Gide}, 5th ed., 2 vols. (Paris: Gallimard, 1957), 2: 517–20. See also Gerald H. Stoner, "The Homosexual Paradigm in Balzac, Gide, and Genet," in Stambolian and Marks, eds., \textit{Homosexualities and French Literature}, pp. 186–210; also Wallace Fowlie, "Sexuality In Gide's Self-Portraiture," \textit{Ibid.}, pp. 243–61.
moreover, seems to share the prejudices of the standard medical thinking on the subject, constitutes much of a defense at all.

Marcel Proust’s effort to extract what was worthy in the variety of homosexualities from that which was not is much more complicated, but no less troubling, than Gide’s. Of course Proust did not attempt to write a defense of homosexuality in his À la recherche du temps perdu, but to study objectively its nature and variations, as his numerous botanical and other scientific metaphors are meant to suggest. Many scholars have demonstrated Proust’s familiarity with the medical and biological theories of the prewar era, particularly his knowledge of mental pathologies, and literary critics have shown how these theories served the literary aims of the writer in his great novel.82

The most extraordinary of these critiques, J. E. Rivers’s Proust and the Art of Love, convincingly argues that Proust’s apparently detached account of life in Sodom and Gomorrah was heavily influenced, and ultimately enriched, by his internalization of the social prejudices against the homosexual impulses in himself. The unflattering accounts of “inverts” in his novel were the result, Rivers argues, of a homosexual self-hatred that moved Proust to deny his own nature and yet express his own unhappiness in portraits that were alternately scornful and pitying.83

The “social prejudices” that Proust feared were, it happens, the same as the medical ones we have been considering here. We know that the youthful Proust chose his male friends from among those who were “physically well made, sporting, at once aristocratic and liberal.”84 We also know that Proust fought a duel in 1897 with Jean Lorrain over the insinuation of a homosexual relationship, and nearly provoked another a decade later when a young friend did not strenuously enough deny to a third party the suggestion that Proust was homosexual.85 In yet another incident, when Proust was 49, Proust scolded Paul Souday for attributing to him a “feminine” sensibility in terms that leave little doubt about the precise nature of his fears:

At a time when Sodomie et Gomorrhe is about to appear—a time when, since I will be talking about Sodom, no one will have the courage to come to my defense—you are blazing the trail (without malice I am sure) for those who are malicious by treating me as being “feminine.” From “feminine” to “effeminate” is one short step. Those who served me as seconds in my duel will tell you whether I have the softness of effeminates.86

82 Among the most recent of these are Serge Béhar, L’Univers médical de Proust (Paris: Gallimard, 1970); Bernard Stross, Maladies of Marcel Proust: Doctors and Disease in His Life and Work (New York: Holmes and Meier, 1980).
84 Béhar, L’Univers médical de Proust, p. 52.
86 Ibid, p. 52.
Sex Difference and Male Homosexuality

In the brilliant opening passages of *Sodome et Gomorrhe* Proust reveals to his readers that, in an unguarded moment, a certain gentleness and spirituality could be seen in the face of the imperious Baron de Charlus, "who prided himself so upon his virility, to whom all other men seemed odiously effeminate, what he made one suddenly think of, so far had he momentarily assumed her features, expression, smile, was a woman." Charlus is suddenly transformed in the narrator's eyes into a "new person" whose whole being became more "intelligible" in light of this discovery. The narrator then speculates that Charlus belongs to "that race of beings, less paradoxical than they appear, whose ideal is manly simply because their temperament is feminine and who in their life resemble in appearance only the rest of men". Charlus is a male invert with an "incurable malady" of a degenerative kind, the chief symptom of which, as Proust reveals in later volumes, is a diminished capacity to conceal his progressive effeminization.

Proust admits of a kind of love between invert, but only where the gap between the more masculine and feminine of them resembles the "normal" dimorphic attraction of men and women, as is the case with Charlus and Jupien. The invert's normal fate, "for every creature follows the line of his own pleasure," is to "seek [love] in a sex complementary to his own." The tragedy of homosexuality in Proust's novel is that, in practice, homosexuals "fall in love with precisely that type of man who has nothing feminine about him, who is not an invert and consequently cannot love them in return." The close kinship of the "hermaphroditic" invert and women ensures their "sterile" relations, and leads Proust to admit that the kind of self-fertilization that typifies hermaphrodites leads inevitably to "degeneracy and sterility," but he speculates that in the "moral sense" one invert may fertilize another with his "music, or his fragrance or his flame."

Though Proust occasionally endows the invert in his novel with masculine features, as in Saint-Loup's personal bravery and energetic patriotism, he more frequently reflects the unforgiving views expressed in the medical perspective of "inverts" as sterile, repellently effeminate, unstable, and afflicted with a congenital disorder whereby their abnormal sexuality is hypostatized into a "mode of selfhood" and a "category of identity."

The widespread fear of effeminization and homosexuality that was...
common elsewhere in Western Europe in the decades before the war was certainly stimulated by growing military tensions, a number of prominent homosexual scandals, and the multiple strains put on traditional sex roles by the progressive emancipation of women. These pressures produced in Germany and England, in particular, the same anti-homosexual animus that prevailed in France, and resulted in similar defensive denials by homosexuals and their defenders that homosexuality was incompatible with manliness or constituted a threat to the national security.95

Carroll Smith-Rosenberg has recently argued that in its dual capacity to empower and restrain, a dominant discourse such as the medical assessment of homosexuality may create new models that individuals so labeled might employ for their own emancipation, thus confounding the discourse's original meaning. She shows convincingly how the medical image of the androgynous lesbian was used by women to construct a new "ideal" for female behavior. This androgynous ideal, because it broke with traditional notions of passive and domesticated femininity, served as an inspiration and model for feminist writers in the 1920s and 1930s who were seeking not only new horizons of love but an entirely new vision of a being who had broken the mold of woman as wife and mother.96

But if women, especially in the Anglo-Saxon nations, could make a positive virtue of the dominant medical discourse on "lesbian" androgyny, male homosexuals and their defenders could not do the same with the image of effeminacy, at least not without gravely threatening the relatively more narrow and tenuous foundation on which male identity was believed to rest. This was nowhere more true than in France, where the unusual concerns about depopulation and infertility encouraged the development of a medical prophylaxis that stressed the connections between normal sexuality, traditional family life, and national survival. These linkages also made doctors the natural experts in these matters, and provided a widespread currency, as we have seen, for the medical discourse they generated on male sexuality in particular. In the words of Georges Saint-Paul:

Truly normal love is very rare, I must confess, at least in that state of perfect normality in which not only the vital ends of generation and the purity of race, but also the social aims of patriotic grandeur, the conservation of the family and the purity of morals are all bound together.97

The threat to "French mentality, to French morality, to French health" which Ernest Charles had claimed to discover in "pederasty" testifies elo-

97 Saint-Paul, Perversity, p. 233.
sequently to the power of a biological and medical discourse of male homosexuality in the fin de siècle. There is no escaping the existence of what Jean Borie has called the pervasive "ordre familial," which doctors elaborated throughout the century and which even found its way into the literary formulas of those who sought to combat it.\(^9^8\) The adherents of this "order" viewed sexual behavior through the lens of legitimate reproductive fertility; men who could not attain to this ideal, or feared falling short of it, risked forfeiting that solid status residing in being a father and husband, a man with heirs and his manhood beyond question. At stake for men, and no doubt for women, too, was a self-identity for which their sexuality had become the sign. As Pierre Hahn has written in his study of the invention of homosexuality, "By the end of the century, no man could call himself sane or normal if he could not affirm his sexual identity from head to toe."\(^9^9\)

\(^9^9\) Hahn, *Nos Ancetres les pervers*, p. 82.