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Under Construction:
The Medicalization of the Lesbian, 1880-1920

Robyn D. Fishman

California State University Long Beach

robyndfishman@yahoo.com

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Lesbianism has taken on a complicated and nuanced meaning as a political statement, sexual identity, and activist cause since the feminist movement of the 1970s. While the label does not carry the same stigmatization that is attached to male homosexuality in our culture, queer and lesbian communities are still struggling to separate themselves from playing into heterosexual stereotypes, roles, and expectations. Much of his conflict is tied to how the lesbian was constructed as a medical subject earlier in the century. The fact that homosexuality, for both genders remained a part of the Diagnostic Statistical Manual (DSM) until the 1970s has serious repercussions on the way Americans discuss homosexuality, and even heterosexuality in our culture. Previous definitions of lesbianism have impaired the way we as a society discuss sexuality, femininity, and ultimately identity. The quest for an authentic identity must continue because our culture has yet to renegotiate the language that defined lesbians at the end of the nineteenth and turn of the twentieth century.

In the 1880s lesbianism was only beginning to capture the attention of the psychiatric community. While the male homosexual had been under discussion as a medical subject since 1860s, it was twenty years later that a new crop of writings on homosexuality emerged from the psychiatric community to specifically deal with the female homosexual. The idea of attraction between same sex partners, much less any sexual act between them, was uneasy territory for nineteenth century science. For this reason homosexuality was initially discussed in a generalized way. Euphemistic language was often confusing, however, and too broad for many in the medical community. Using terms that indicated a reliance on a binary system that was counterweighted by heterosexuality, Karl Heindrich Ulrichs popularized the expression "contrary sexual feelings," and Havlock Ellis dubbed same-sex attraction as "sexual inversion." Homosexuality was specifically narrowed from an inversion of identity to discuss the proclivity towards same sex object choice. When Karl Maria Benkert argued in 1869 that persons with "contrary sexual feelings" were suffering from a congenital illness instead of practicing a criminal act, he was engaging in a much larger argument about the criminality of sexual intercourse between two members of the same gender, specifically male.[1] While there would be no clear consensus on what the term homosexual meant during the nineteenth century and

[1] Later that year, the term was used as a definition of a disease by a psychiatric journal. Eventually, it was immortalized as a psychiatric condition by Richard von Krafft-Ebing and Havelock Ellis. Anne Fausto-Sterling. *Sexing the Body: Gender Politics and the Construction of Sexuality*, (New York: Basic Books, 2000), 14.

beginning of the twentieth century, certain aspects of this categorization became mainstreamed into the discussion of masculinity, morality, and the sex act.

This understanding of homosexuality affected how the 'third sex' was treated by social and political systems (Bullough, 1994). In most cases this definition of the homosexual was framed in masculine terms. The inversion of male sexuality by the medical community allowed for the societal denigration of the moral, physical, and psychological attributes of middle class societal expectations. This construct defined the homosexual male as effeminate, degenerative, and morally and physically weak. The male homosexual's behavior was considered damaging to the social and political fiber of the larger community and in Western culture labeled deviant(Ellis and Symonds, 1975. . Mosse , 1982). The image of the homosexual then became that of a weak and controllable man, like the female, and sexually dangerous to a culture based on middle-class social and cultural expectations.

Examining the way the identity of the lesbian as a medical subject was constructed in the last nineteenth century allows us to see the role of past conceptions of mental illness, the way social and cultural understandings of women played into the development of the lesbian as both a member of American society and the mental institution, as well as how the residue of the medical community's creation in present day discussions about female sexuality. It is important to look at medical authorities and their role in shaping the lesbian as a medical subject because these medical identities have had long lasting effects on the way female homosexuality is discussed in our own modern era. Medical authorities were given an authenticity and authority by "science" or the appearance of science by the American layperson. Scholarly focus on medical writings has met with past criticism. George Chauncey Jr. argued that it is dangerous for historians to assign undue influence to medical ideology and that this focus ignores larger social forces that inevitably have led up to the construction of gay identities(Chauncey Jr., 1989).

Medicalization functioned as an effective way of defining and vilifying a source of cultural anxiety. At the end of the nineteenth and turn of the twentieth century homosexuality was understood as a mental illness in the United States, but the construction of the homosexual as a medical subject was specifically male.

The famous American neurologist George Beard defined inversion as when "men become women and women men, in their tastes, conduct, character, feelings and behavior"

(Beard, 158). Beard's evaluation of the "third sex" involved much more than sexual object choice though. His definition established the homosexual as the exact opposite of their biological sex. It was based on the idea that the "third sex," or homosexual, experienced a complete reversal of gender role and identity. This definition worked extremely well for men in the context of nineteenth century morays. It feminized him, and provided a scientific trail of evidence that revealed his degeneration and regression. The reversal of this process for women, however, was more problematic for the psychiatric community.

George Beard's claim of complete inversion as it was applied to the homosexual man allowed for the possibility that the lesbian was a superior woman and an equal counterpart to man. The definition once attached to women immediately worked against the social and cultural environment of the United States in terms of expectations of women's roles in the home, family, and finally as a citizen. Constructing the lesbian was a difficult process because of the way the medical community had previously shaped the identity of the male homosexual. Homosexuality as a diagnosis was beginning to show up in newspapers, mental institutions, and court trials. As a result, male homosexuality was increasingly being labeled as deviant in Western societies. The popularization of the definition of homosexuality in and out of medical discourse was reflected in medical community's observations of the lesbian. As sexologists, neurologists, and psychiatrists began to mold the psychological state and being of the lesbian, several distinct patterns emerged.

The lesbian and her diagnosis within the mental institution also paralleled conceptions of mental illness established with hysteria. The similarities between causation and ways in which the lesbian was examined in relationship to the hysteric that had consumed the medical community earlier in the nineteenth century indicated the construction of the lesbian as a medical subject was part o a larger social and cultural upheaval of traditional gender roles. Further, the medical definition of the female homosexual was molded to mirror previous male conceptions of gender inversion and social deviancy. Psychiatrists linked female homosexuality to social deviancy for several reasons, but the most influential was how physicians, sexologists, neurologists and psychiatrists located and identified their new subject. The lack of visibility of the lesbian within social structures of Victorian Untied States made her difficult to identify and study. The inability to locate lesbian women led psychiatrists to seek out examples of non-normative female sexuality in mental institutions, prisons, and whorehouses. Another factor that

played a major role in how the lesbian was constructed was already popularized and established paradigms for discussing mental illness. It would be these factors that were inherently responsible for the final presentation of the lesbian medical subject as a woman who was masculine, criminal, or mentally retarded.

Lesbians were evaluated in terms of their physical appearance, the shape and size of the labia, and the brain. Psychiatrist borrowed from other female maladies that had been identified earlier in the nineteenth century. The most obvious was the hysteric. Early hysteria was divided into three classes. The first class was related to inactivity of women, hysterics from the second class had over stimulated themselves through work or education, and the last group of women with hysteria suffered from malfunction of her sexual organs(Terry, 1999, p. 15). Medical discussions of hysteria accredited heredity and degeneration for many cases of hysteria (Borossa, YEAR). Hysteria, like deviance, criminality or physical weaknesses, was inheritable and linked to similar behaviors found in those who acted outside of established societal norms. Another causation of hysteria was a woman's lack of self-control. This way of seeing hysteria highlighted the irrationality, irresponsibility, and inability to control oneself in comparison to a socially established set of behavioral expectations. Lastly, cases of hysteria were linked to the malleability of a patient or how easily she was influenced by others. In total, the hysteric patient was seen by the medical field as easily influenced and lacking in judgment. This lack of judgment was translated into acting out socially or sexually.

Excessive sexuality was a component of many female mental illnesses in the nineteenth century. The way lesbianism was defined followed a similar pattern. Just as the female's lack of control over her reproductive organs was used to classify women's position in society, the use of the physical body as scientific or medical evidence to categorize and justify social hierarchies was extended to other organs as well. There is a long American medical tradition of linking gender to the physicality of the subject. Investigating the interaction between appearance and mental illness were considered highly developed and respected methods of analysis at the end of the nineteenth and turn of the twentieth century. It was a legitimate tool for sexologists, neurologists, and psychiatrists to use the physicality of their subjects to establish personality and moral traits. Sexual anatomy has played a large role in the way both the medical and scientific fields determined evolution, hierarchies of gender, and general health. By the last half of the nineteenth century, medical specialists such as superintendents of mental institutions,

neurologists, and even sexologists believed they were capable of finding physical indicators or evidence of mental illness. Historians like Sander Gilman and Roy Porter have dedicated a good deal of research on the use of photography, illustration, and how the physical being of the patient was examined, diagnosed, and used as a tool to instruct both the lay person and the medical community (Gibson, 2000, p. 119. Porter, 1995, p. 162). The most familiar use of this process was nineteenth-century scientists' use of the size and shape of genitalia to discuss the differences in sexuality between African American and white men and women. This method of examining sexual organs was extended first to hysterics who underwent surgeries to reconstruct or fix genitalia, and then to lesbians whose labia were overly large and, in the medical profession's opinion, mimicked the male penis (Gibson, 1997). Both types of female patients experienced an inappropriately shaped or sized sexual organ that needed to be reconstructed and fixed by the medical community.

Physically marked by her degeneration and mental disorder, the lesbian joined the ranks of the masturbator, the nymphomaniac, and the hysteric. Shortly after Beard defined the homosexual, psychiatrist Richard von Kraftt-Ebing outlined the four main reasons for a woman's sexual inversion. Despite the fact that Kraftt-Ebing was writing in Germany, his work was the foundation for a majority of American psychiatrists' views about Lesbianism until the 1940s. Lesbian tendencies, he argued were a result of 1) hypersexuality due to automasturbation, 2) lack of access to heterosexual intercourse, 3) dissatisfied wives and 4) disgust with the perversion of the male gender. These four fundamental causes of lesbianism, and general female deviant behavior linked a broad range of women under an umbrella term of lesbianism. An example of this is Kraftt-Ebing's identification of women with short hair or who wore male attire as possible lesbians. He felt that "careful observation among the ladies of large cities…convinces one that homosexuality [among women] is by no means a rarity" (Krafft-Ebing, *1965, p.* 263) This statement revealed more about his own personal anxiety about women's increased participation in the work force and public arena than an analytical psychiatric opinion. It also revealed a heavy reliance on the personal appearance of the lesbian (Krafft-Ebing. *1965,* 263). The lesbian was linked to sexual dysfunction either in terms of disgust with male sexual demands or a lack of access to sex. Either way, the lesbian, much like the hysteric of the nineteenth century, was connected to sexual dysfunction, unconventional lifestyles that put undue stress on the female or her mental processes, or unfortunate life events

that emotionally overwhelmed the patient. The medical community was convinced that it was an unnatural stress that caused a woman to invert her sexuality and gender role.

Themes of physical appearance, size and shape of the body, and condition of the brain, established with hysteria continued into the process of medicalizing the lesbian. While the brain size of hysterics was not generally discussed, it was assumed that there was something fundamentally wrong with the functionality of the brain as an organ in women suffering from hysteria. The lesbian's brain was in the process of deteriorating and was abnormally shaped. The discussion of the lesbian's brain, as a medical subject, was largely based on previous discussions started with phrenology and continued by medical studies of people of color (Gibson, 2000). These systems were used in an attempt to classify and further identify the lesbian and her role in relationship to society through the physical body.

An inversion of the female to a male state of being was problematic. It was important then to separate the idea of masculine appearance from the intellect. One of the most important was the brain. The lesbian, as represented by many late-nineteenth century scholars, had a masculine mental state and sexual appetite. She represented not only an aggressive sexuality, but lifestyle as well. The lesbian, as a medical subject, like other female degenerates, was thought to suffer from a pathological disorder. Dress was not the only way lesbians were connected to the idea of masculinity. Much of the scholarship suggests that some degree of physical manifestation of masculinity was symptomatic of Lesbianism.[2] More troubling, however, for psychiatrists was the inversion of the female sex drive. The Victorian woman's sexuality was defined as "passionless," and involved a lack of sexual desire or need for sex (Cott, 1987. Chauncey, Jr. 1989). According to nineteenth century sexual norms, the lesbian had to become "man-like in her sexual desire"(Chauncey, Jr., 1989, p. 87-118, 87-88). She also became masculine in appearance.

The best case study comparison emerges from Kraft-Ebbing's *Psychopathia Sexualis* where a man and a woman undergo the processes of sexual inversion. Several of his case studies revealed a belief that the basic physicality of a patient morphed along with the patient's sexual desire. In *Psychopathia Sexualis*, Kraft-Ebbing describes the regression of Case 130, Mrs. X.

[2] Carol Smith Rosenberg,269-73. Margaret Gibson, 81, San Francisco Lesbian and Gay History Project, 199-201, Ester Newton, "The Mythic Mannish Lesbian: Radclyffe Hall and the New Woman," in *Hidden From History: Reclaiming the Gay and Lesbian Past*, ed. Martin Bauml Duberman, Martha Vicinus and George Chauncey Jr., (New York: NAL Books, 1989): 281-94, 291-4, Ellis, Kraftt-Ebing, F. Stella Browne.

Mrs. X's (130) "hitherto soft and decidedly feminine features assumed a strongly masculine character, so much so that she gave the impression of being a man clad in female garb"(Krafft-Ebing, 1965, p. 215). This description is important because it traces the change physically, but Mrs. X's experience also borrowed from classic representations of the hysteric. The case study claimed that Mrs. X's menstruation stopped. Scholars familiar with hysteria can see the parallels between these changes and the ever-fantastic tales of the hysteric who stopped eating, held positions, or did tricks for extended periods of time. Mrs. X's case study became even more fantastic when it recorded that one morning she woke up to find herself a man. This process was not repeated for male patients experiencing gender inversion.

Male homosexuals did not fare as well in records of the mental institutions. Countess V was a male patient convinced that he was a female. Upon his arrival at the mental institution he was dismissed as delusional. He was never able to make the metamorphosis that Mrs. X accomplished. As his effeminacy escalated, his conception of himself was mocked by both his caretakers and his doctor. This parallel development of Mrs. X's transformation and Countess V's lack thereof revealed a double standard for the "third sex," and an active antipathy for the effeminate male. Mrs. X's attempts to claim masculine characteristics were met with wonder and lack of criticism. As Mrs. X's transformation progressed she developed a "quick and precise method of arriving at conclusions and forming opinions"(Krafft-Ebing, 1965, p. 215) Shortly following her conversion to masculine mental processes her sexual organs (breasts) shrank and she developed a penis. Again the case study shows a fascination with the physicality of the patient. In many ways the case study of Mrs. X reveals long standing assumptions about the mental capacity of women. Unfortunately her newly developed mental capacities could not be attributed to the female intelligence, but must be attributed to her recently acquired masculinity.

The success of Mrs. X to transform herself and cultivate her masculinity was short-lived, and by the turn of the century even Mrs. X was seen as a product of degeneracy. Like some cases of hysteria, lesbianism was believed by the psychiatric community to be passed down from generation to generation. A general concern over the regression of the intelligence or mental stability due to hereditary mental illness was a larger fear in the American culture and was applied to race, class, and past family histories of mental illness at the end of the nineteenth century.

What made this theme new in its application to the lesbian was that the medical community thought it was possible to see regression within the patient, herself. While it was possible that the lesbian was a product of hereditary malfunction, the lesbian could move backwards on the evolutionary scale. This belief was fueled by new studies conducted in prisons and mental institutions rather than on concrete data within the realms of the market economy and domestic spheres of middle-class America. American psychiatrist, James Kiernan, believed that lesbian was a product of "insanity, periods of involution, or…neurotic states… [or] vice" rather than attribute lesbians with the positive qualities assigned to men in American culture.

Kiernan conducted a study in 1888 titled "Sexual Perversion and the Whitechapel Murders." In it, he studied eight lesbians. Half of these women were described as "demonstrably insane and three were imbecile"(Kiernan, p. 129). The last lesbian in his study may not have been insane, but Dr. Kiernan was careful to point out that she did try to murder her husband. The underlining of her criminal behavior further supported the idea of the lesbian and her connection to criminality. There is a clear difference between the studies of the male homosexual which traditionally linked him as a medical subject to inferior feminine qualities, while studies, like the ones done by Kiernan in 1888 linked the lesbian to mental regression or criminality. His article was the beginning of a new chapter in the construction of the lesbian that began to view the lesbian as either a degenerate or a criminal. His argument was that women succumbed to homosexual behavior either because of their "weakness of judgment" or "neurotic ancestry"(Kiernan, p. 129). Both theories were readily adopted and believed by a medical community which was unwilling to accept a woman outside her socially and sexually defined boundaries.

In a climate of Social Darwinism, the rise of Eugenics, and the beginning of yet another wave of middle class reform-the Progressive Era-the inversion of female sexuality was pathologized as a result of lower class and racial degradation. Late nineteenth-century psychiatrists in the United States briefly argued that homosexuality was a choice, and that their sexual inversion was a decision. This decision was a rejection of middle class expectations and societal ideals. In this scenario, the homosexual was portrayed as indulging in disgusting and vicious behavior.

This is another reason lesbianism was constructed as a mental illness. The implications the lesbian's rejection of middle class norms signified a growing fissure in the community as

women began to emerge into political and social arenas. American psychiatrist, G. Frank Lydston said that it was "less humiliating to us as atoms of the social fabric to be able to attribute the degradation of these poor unfortunates to a physical cause," like insanity or heredity than a "willful viciousness over which they have or ought to have, volitional control" (Lydston, 1908). Psychiatrists were aware that many in the artistic community and upper classes engaged in homosexual behavior, but either dismissed it as another form of immorality inherent to those types of people or classified it as a disease. This tactic further enabled the defining of the middle class against both its superiors and subordinates. The lesbian was believed to be created by boarding schools, working class occupations (such as use of the sewing machine), working class living conditions, prostitution and the forced placement women of any class into homosocial environments on a regular basis. The Lesbian and the hysteric of an earlier generation seemed to share a mental instability related to over stimulation from education, the stress of the industrial workplace, and environments that did not provide for proper heterosocial interactions. Specific to the lesbian though was her association with regression of the mind and morals.

American medical practice sought out forms of moral deviancy in the lower and working classes as a way to further define and separate themselves as middle class. This further stigmatized working-class and immigrant women as focal points for these maladies. Havelock Ellis specifically argued female homosexual acts were more prominent and likely within non-white races (Ellis, 82-86). The medical community saw a clear link between "[i]nsanity and feeblemindedness [as] vehicles for linking the lesbian intellect to 'lower' rungs of the evolutionary and social ladder" (Gibson, 2000). The belief that every sexual deviation or disorder "which has for its result an inability to perpetuate the races is *ipso facto* pathologic, *ipso facto* an abnormality,'"(Robinson, 1914. Somerville, 2000), indicated a larger societal connection between lower classes and people of color with degeneracy and by extension homosexuality.

The American medical world was revolutionized by the eugenics movement. In a sensationalist article in 1913, Mary Otis exposed inter-racial lesbian relationships at a female boarding school(Faderman, 1991. Somerville, 2000). Otis attributed the male role in the school-girl lesbian romance to the African American girls (Somerville, 2000, p. 222-26). Her assumptions that white girls, despite their status, function within social expectations for women, while the black girls function as the aggressive male, not only reflected white supremacy and

myths about the hyper-sexualized black woman but reinforced the idea of the lesbian as inferior mentally, morally, and racially. While her discussion of this phenomenon was focused on separation of gender by race, her casual acceptance that this behavior was "well known in reform schools and institutions for delinquent girls" linked homosexual behavior to first to homosocial environments instead of race or class (Somerville, 2000, p. 224).

Homosexual acts were not limited to the lower strata of society. According to Dr. Kiernan "single instances of these perversions may appear in sane persons degraded in debauchery."(Kiernan, p. 172) This connection of homosexuality to the morally debauched extended to the criminal element in society. The connection of the lesbian to criminality undermined the traditional female role as a moral superior and linked her to the hyper-sexualize prostitute. In the 1920s, criminal psychologist Charles Ford discussed the lesbian prisoner in terms of retardation. In his commentary on inmates in lesbian relationships he claimed that many were "retarded in mental development" because of their involvement with other women (Somerville, 2000, p. 443). These links to mental inferiority and criminality further segregated the lesbian from her female contemporaries and denigrated her character.

Lydston's analysis supported the vilification of the homosexual's sexuality, and undermined any socio-political statements the idea of the lesbian and lesbian relationships made on separate spheres, gender expectations, and male social control. The nature of friendship in the nineteenth century, especially between women, had been based on accepted physical and psychological exchanges of affection. These societal norms of friendship complicated how female homosexuality was defined and made it difficult for many psychiatrists to identify. This lack of ability to "see" the lesbian arguably influenced the way she was constructed mentally, physically, and socially.

As a result, doctors and psychiatrists of 1880-1920 sought out the lesbian element in prisons and mental institutions. Prostitution was another easily accessible source for these fields to examine, interrogate and observe female sexual inversion. The lesbian then became connected to prostitutes who found male sexuality disgusting, murderesses, women who had not had children before 32, and those women who were mentally retarded and sought affection as a child with the perversion of a mental illness. While prisons and mental institutions may have been convenient sources of study for the psychiatric community the results of this research severely

colored the definition of the lesbian and how she was understood as a medical subject (Ellis, 17-19).

The construction of the lesbian as criminal, a prostitute, "mannish," and insane was created and agreed upon by members of the medical community who were tied to the daily life of society. It was their participation and investment in that society that manifested itself in medical literature. Doctors like Richard von Kraftt-Ebing who believed homosexuality was a "manifestation of modern social life [that] … begets defective individuals, excites the sexual instinct, leads to sexual abuse and …, induces perverse sexual acts," was using prior definitions of he causation of mental illness to define how the female homosexuality was shaped in the minds of the larger social community.

It is important to briefly address how psychiatric diagnosis was used as a tool of social control. Lesbianism, as well as male homosexuality, is a unique psychiatric diagnosis because it is an evaluation based on a defined norm of sexuality. Normality is culturally defined; as such it cannot be applied universally in the same way that a chemical imbalance is discussed. Prominent American psychiatrist, Herbert J. Clairborne's comments in 1914 reveal just how culturally reliant the medical definition of lesbianism was. Clairborne said he did not "believe that all suffragettes were inverts… [instead, he] believe[d] that exaggerated masculine traits in their structural and psychic being [wa]s the original cause"(Porter, 1995, p. 162). His association between suffragettes, lesbians, and masculinity raise questions about how the role of medical profession opinions has been used in the past. Clairborne's connection was an assertion of his own hostility towards the movement of women into predominantly male spaces rather than brilliant medical deduction.

At the turn of the twentieth century Dr. William Howard linked that "the female possessed of the masculine idea of independence…and that disgusting anti-social being, the female sexual pervert," i.e. the lesbian "as are simply different degrees of the same class—degenerates" (Porter, 1995, p. 154). His connection begs many questions as to the ability of the doctor to separate himself form his social environment and personal interests. Historians like Margaret Gibson and Laura Briggs have paralleled the threat of being called a lesbian to the work of feminist historians of the 1970s who focused on the diagnosis of hysteria in the early nineteenth century as a catchall warning to women who stepped outside of the social expectations femininity. This connection is relevant because whether the lesbian, as a medical

subject, was classified as masculine, mad, or criminal; she symbolically stood as a creation of white male middle-class anxiety. The way the homosexuality was classified as a mental illness needs to be examined with more intensity. Just because we removed homosexuality from the Diagnostic Statistical Manual in the 1970s does not mean we as a society have stopped thinking about gender in terms of mental illness. All across the United States, camps are being established to cure homosexuality in children because there is a latent belief that homosexuality, like some mental illnesses, is curable. Worse yet, is that transsexualism is defined as a mental illness in the Diagnostic Statistical Manual IV. What this means is that we continue to divide our society into two genders in harder and darker lines than was previously thought possible in the nineteenth century.

Bibliography

George Beard, *Sexual Neurasthenia*, 158

Bland, Lucy, and Doan, Laura, ed. *Sexology Uncensored: The Documents of Sexual Science.* Chicago: University of Chicago Press: 1998.

Browne, Stella. "Studies in Feminine Inversion," *Journal of Sexology and Psychoanalysis*, (1923): 51-58.

Bullough, Vern L. Science in the Bedroom: A History of Sex Research. New York: Basic Books, 1994.

Chauncey, George Jr. "From Sexual Inversion to Homosexuality: The Changing Medical Conceptualization of Female 'Deviance,'" in *Passion and Power*, ed. Kathy Piess, Christina Simmons and Robert A. Padgug. Philadelphia: Temple University Press, 1989): 87-118.

Cott, Nancy. "Passionless," *Signs*, Vol. 4(1987): 219-36.

Ellis, Havelock and Symonds, John Addington. *Sexual Inversion*. New York: Arno Press, 1975. Reprint of the 1897 ed. Published by Wilson and MacMillan, London.

Faderman, Lillian. *Odd Girls and Twilight Lovers: A History of Lesbian Life in Twentieth-Century America.* New York: Columbia University Press, 1991.

Fausto-Sterling, Anne. *Sexing the Body: Gender Politics and the Construction of Sexuality.* New York: Basic Books, 2000.

Gibson, Margaret. "Clitoral Corruption: Body Metaphors and American Doctors' Constructions of Female Homosexuality, 1870-1900," in *Science and Homosexualities*, ed.Vernon A. Rosario. New York and London: Routledge, 1997: 108-33.

_____. The Masculine Degenerate: American Doctors' Portrayals of the Lesbian Intellect, 1880-1949. *Journal of Women's History*, Volume 9, 2000.

Kiernan, James G. "Sexual Perversion and the Whitechapel Murders," *Medical Standard*. Vol. 4(1888): 129-30, 170-72.

Krafft-Ebing, Richard von. *Psychopathia Sexualis; With Especial Reference to the Antipathic Sexual Instinct, a Medico-Forensic Study*. Translation and introduction by Franklin S. Klaf. New York: Stein and Day, 1965. Original German version published 1886.

Lombroso, Cesare and Ferrero William. Introduction by W. Douglas Morrison. The Female Offender. London: T. Fisher Unwin, 1895.

Lydston, George Frank. The Diseases of Society: The Vice and Crime Problem. Philadelphia and London: J. B. Lippincott Company, 1908.

_____. "Sexual Perversion, Satyriasis and Nymphomania," *The Medical Surgical Reporter*. Vol. 61(1889): 245-60.

Miller, Heather Lee. "Sexologists Examine Lesbians and Prostitutes in the United States, 1840-1940," *NWSA Journal*, Vol. 12(2000): 67-91.

Mosse, George L. "Nationalism and Respectability: Normal and Abnormal Sexuality in the Nineteenth Century," Journal of Contemporary History Vol. 17(1982): 221-46.

Newton, Esther. "The Mythic Mannish Lesbian: Radclyffe Hall and the New Woman," in in *Hidden From History: Reclaiming the Gay and Lesbian Past*, ed. Martin Bauml Duberman, Martha Vicinus and George Chauncey Jr. New York: NAL Books, 1989: 281-94.

Porter, Roy. *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914*. Part of Cornell Studies in the History of Psychiatry, ed. Sander L. Gilman and George J. Makari. Ithica: New York: Cornell University Press and Binghamton University Art Museum, 1995.

Rosario, Vernon A. *Science and Homosexualities*, ed.Vernon A. Rosario. New York and London: Routledge, 1997.

Smith-Rosenberg, Carroll. "Discourses of Sexuality and Subjectivity: The New Woman, 1870-1920," in *Hidden From History: Reclaiming the Gay and Lesbian Past*, ed. Martin Bauml Duberman, Martha Vicinus and George Chauncey Jr. New York: NAL Books, 1989.

_____. "The Hysterical Women: Sex Roles and Role Conflict in Nineteenth-Century America," *Social Research*, Vol. 39(1972): 652-78.

_____. "Puberty to Menopause: The Cycle of Femininity in Nineteenth-Century America," in *Clio's Consciousness Raised: New Perspectives on the History of Women*, ed. Mary S. Hartman and Lois Banner. New York: Harpertorch Books, 1974: 23-37.

Somerville, Siobhan B. *Queering the Color Line: Race and the Invention of Homosexuality in American Culture*. Durham and London: Duke University Press, 2000.

Wise, P.M. "A Case of Sexual Perversion," Alienist and Neurologist, Vol.4 (1883): 87-8.