

American Physicians' Earliest Writings about Homosexuals, 1880–1900

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ONLY IN THE LAST THIRD OF THE NINETEENTH century did European and American physicians begin to publish case reports of people who participated in same-sex activity. In 1869 the *Archiv für Psychiatrie und Nervenkrankheiten* in Berlin published the very first medical case report of a homosexual (Westphal 1869), with six more cases following quickly in the German psychiatric literature. A French report appeared in 1876 and an Italian one in 1878. The first American case report appeared in 1879, the second in 1881, and in the latter year the British journal *Brain* offered an entry, though that report's subject was German and the reporting physician Viennese. (British physicians seem to have been rather reticent on this subject through the 1890s.) The years 1882 and 1883 saw several major American contributions to the literature on homosexuals, by which time nearly twenty European cases had been reported. These persons were variously described as exhibiting "sexual inversion," "contrary sexual instinct," or "sexual perversion," though this last term was not common in the narrow sense and usually referred to a wider range of sexual possibilities.

By the century's end, the medical literature on the subject was large and growing fast, with dozens of American contributions and considerably more in Europe. These reports generally treat the problem

as a new phenomenon, unprecedented and previously unanalyzed. The case histories read like naturalists' reports of a new biological species, exhibiting the enthusiasm and wide-eyed character of proud discoverers. In reporting their cases, American physicians and their European counterparts not only described their subjects' lives, but also elaborated an entirely novel conception that homosexuality was a morbid condition, a view which lasted as official psychiatric doctrine into the 1970s.

Historians have recently traced the development of a variety of "new" diagnoses for behaviors that had not been interpreted as medical problems prior to the nineteenth century. One of the most pointed examples is masturbatory insanity (Hare 1962; Engelhardt 1974), but there were other novelties as well, including neurasthenia (Gosling 1987; Rosenberg 1962; Sicherman 1977), anorexia nervosa (Brumberg 1988), sexual psychopathy among women (Lunbeck 1987), multiple personality (Hacking 1986; Kenny 1986), and kleptomania (Miller 1981; O'Brien 1983). Though chlorosis is not a strictly behavioral syndrome, its rise and fall has some parallels (Brumberg 1982; Figlio 1978; Hudson 1977; Loudon 1984; Siddall 1982); and while hysteria was not then a new diagnosis, it achieved a new prominence in this era (Smith-Rosenberg 1985). The same era also saw medicine give new attention to criminality and inebriety as disease entities (Davis 1875, 1879; Fink 1938; MacAndrew 1969; Conrad and Schneider 1980).

This article is limited to a consideration of one aspect of this nineteenth-century trend toward the medicalization of behavior—the elaboration in American medical writings of sexual inversion as a new disease, later called homosexuality. My observations are based on a review of what I believe are all the cases published in the United States; although the group is too small for any statistical analysis, the composite picture is revealing both in its variety and in its underlying consistencies. Many of the cases were published by urban physicians in private practice specializing in neurology, a style of practice which was itself new and growing in the last third of the century. Another significant parallel development, not elaborated here, is the emergence of a new public presence of homosexual men, most noticeably in America's larger cities. (For references to the history of homosexuality, see the bibliographic appendix.)

Discovering a New Disease

In the medical reports about sexual inverts, the clinicians were self-conscious about opening up new territory, and they were proud of being the first generation to study the subject in a scientific manner. The authors of these pioneer case studies agreed as to the history of their collective project. "Casper was the first to call attention to the condition known as sexual perversion," explained one typical account. "But not until several works had been published by a Hanoverian lawyer, Ulrichs, himself a sufferer from the disease, did the matter become the subject of scientific study on the part of physicians. Westphal was the first to discuss it" (Kiernan 1884, 263).

In the 1870s and 1880s, when sexual inversion still seemed a rarity, cases were carefully described, numbered, and added to the stock of specimens. Shaw and Ferris (1883), for example, believed they had the nineteenth case world-wide and the first in the United States. Kiernan (1884, 263) brought the total, he claimed, to twenty-seven (with five from America) and observed that, with only four females and twenty-three males, men are clearly "predisposed to the affection." Over time, the cases grew numerous and it was possible for physicians to write about the condition without relating individual life histories.

The most complete reports of homosexuals and lesbians ran twenty pages or more; but many were shorter, some as brief as two paragraphs. Extensive case reports included information about age, physique, physiognomy, occupational history, medical history, family history (especially the presence of insanity or nervous disorders among relatives), gender attributes, emotional life, and sexual experiences.

Both women and men were described as inverts, although clinicians agreed that men predominated. Chicago neurologist James G. Kiernan (1884, 263) suggested that the condition might be noticed more frequently among women if it were not so difficult, in general, to elicit a full sexual history from females. Cases also show a full range of occupations and social levels, though clerks and small businessmen are especially frequent. While a number of the cases were first discovered among asylum patients, only a minority of these exhibited mental symptoms beyond their odd sexuality; and of those encountered outside of the asylum system, only a fraction had mental problems beyond discontent with their peculiar sexual urges, with shame, or with fear of exposure and disgrace.

Among those men and women who felt attraction to members of their own sex, a number revealed cross-gender feelings, actions, and even physique, ranging from casual tomboy activities and a somewhat cross-gendered style of attire to the feeling of having a soul mismatched to one's body. Others were "perfectly natural in appearance" (Shaw and Ferris 1883). While the medical literature of this era also records some men having elaborate erotic involvement with female clothing and masquerade, these men were not reported as being sexually involved with other men, but were sexually oriented toward women; they used their feminine finery as a masturbatory fetish ("Dr. H." 1881; Spitzka 1881). Sometimes the adoption of an outwardly feminine style served among homosexual men as a means of mutual recognition. No men are recorded as having "passed" consistently in public living as women, though there are numerous cases in which two females lived as husband and wife for years or even decades without detection, sometimes even being legally married. For example, Murray Hall, a prominent Tammany Hall leader for many years, voted regularly as a man and was married twice to other women before her successful masquerade was discovered as she lay dying of cancer in 1901 (Katz 1976).

As with gender variation, the actual sexual activity of this first generation of medically observed inverts varied widely. The described sexual relations range from the purely genital to feelings and forms of affection that are far removed from any physical involvement. The unfortunate Mr. X., described by G. Alder Blumer (1882), pursued the affection of his beloved for months but without seeking a physical connection, having an "unspeakable horror of paederastia" (meaning, in this context, simply anal intercourse, not relations with boys). An immigrant businessman was tormented by desire "to embrace men," but had "never given way to his desires" (Shaw and Ferris 1883). One young woman, in the words of Dr. Kiernan (1884, 264),

feels at times sexually attracted by some of her female friends, with whom she has indulged in mutual masturbation. . . . She is aware of the fact that while her lascivious dreams and thoughts are excited by females, those of her female friends are excited by males. She regards her feeling as morbid.

In contrast, Lucy Ann Slater, alias Joseph Lobdell (Wise 1883), and

an unnamed cigar dealer (Hammond 1883) were both sexually experienced and demanding. When committed to an asylum, Slater persisted in making passes at the attendants and her fellow inmates; the cigar dealer went to considerable lengths to secure sexual satisfaction on a regular basis even in a less than ideal relationship.

A number of the inverts described by American physicians acknowledged heterosexual experience, sometimes with husbands or wives, sometimes with prostitutes. While some of these experiences were forced (often at the urging of friends or doctors) and others were reported as unsatisfying, the cases taken together do not actually confirm Krafft-Ebing's characterization, repeated frequently by American doctors (e.g., Shaw and Ferris 1883, 203), that inverts have a congenital absence of sexual feeling toward the opposite sex.

That the cities might harbor numerous inverts was recognized early by some New York physicians, such as George M. Beard (1884, 102). In 1884 George F. Shrady (1884, 70), editor of *The Medical Record*, printed without comment the claim of a German homosexual then living in America that an estimate of the rate of sexual inversion at one in five hundred was too low since he was personally acquainted with twelve in his native city of 13,000 and also knew at least eighty in a city of 60,000. When Dr. Blumer's Mr. X. rejected the approaches from "men of unnatural desire" out of his distaste for the sexual behavior it implied to him, he noticed that they were "able to recognize each other," and he was aware that these men shared some common nature, even if he thought he was not one of them.

Of those lesbians and homosexuals described in the medical literature, however, only a limited number seem to have been aware of others like themselves. Many felt no possibility of finding like-minded individuals, yet some located gathering places and made contacts within tentatively forming communities, especially in the larger cities. It seems likely that they were seeking not only social and sexual relations, but also a confirmation of their odd feelings, for numerous cases refer to persistent efforts toward self-understanding. By voluntarily approaching physicians, many seem to have sought knowledge as much as therapy; case accounts regularly refer to patients' concern for self-justification. Blumer (1882, 23), for example, described a young man's letters and essays in which he sought to "explain, justify or extenuate his strange feeling." Two decades later, Dr. William Lee Howard (1904, 11) of Baltimore observed of homosexuals, "they

are well read in literature appertaining to their condition; they search for everything written relating to sexual perversion; and many of them have devoted a life of silent study and struggle to overcome their terrible affliction."

Description and Generalization

Despite their scientific aspirations, these pioneering clinicians were quick to generalize from a very small number of cases. At first, while the discussion was closely tied to the cases being reported, the diversity of the described experiences slowed the efforts to describe a well-defined syndrome under the rubric of sexual inversion; but after some publications outlined general features for the invert, other observers were then drawn into elaborating this stereotype, even though George M. Beard (1884, 101–2) had earlier pointed out that most inverts had "no occasion to go to a physician; they enjoy their abnormal life . . . or are too ashamed of it to attempt any treatment."

In searching for the characteristic feature of their sexually inverted patients, the physicians were unselfconsciously formulating the modern notion of a person's "sexuality" as something distinct from that individual's sexual behavior. After the first several cases, they came to focus less on particular sexual actions than on consistent impulses—one might today say "orientation" or "preference"—and, by implication, personality. In moving to a level of characterization that departed from gross sexual behavior, the doctors were not inventing a scheme *ex nihilo*; they were following the lead of their patients, most of whom felt that there was some interior quality which made them "different," whether it appeared in their behavior or not. And as the reporting clinicians tried to draw this condition into view for examination—and possibly therapy, they juggled and juxtaposed old and new concepts. For example, when they observed homosexual behavior in persons who seemed to lack this interior condition, they termed it "vice," and condemned it with a vigor that very few of them applied to the behavior of those they considered true inverts. The distinction between being and behavior could even operate in such a way that the sexual partners of the lesbians and homosexuals were in many cases not regarded as inverts by either the doctors or the patients.

Professional Reputation and Patient Self-referral

In some cases at least, a pattern of self-referral to appropriate physicians can be observed. Looking back from the perspective of 1904, Dr. Howard (1904, 11) described it this way:

They have but little faith in the general practitioner; in fact, in our profession, and their past treatment justifies their lack of confidence. Hence it is that when they do find a physician who has taken up a conscientious study of their distressing condition, they open their hearts and minds to him.

And later in the same article, Howard (1904, 13) remarks of a patient who was a Princeton student and a music lover:

He was well informed as to the attitude of the family physician in such cases as his, hence had studied up the subject for himself, having quite a library dealing with sexual perversions.

How such people might have found sympathetic physicians is not indicated in the case records, but since many were aware of the growing medical literature on their condition (both European and American), it seems probable that some physicians gained a reputation for trust and tolerance. The fact, as will be noted below, that practitioners of the emerging specialization of outpatient neurology are overrepresented among authors on inversion is another indication that some homosexuals at least were aware of specialty groupings within the profession—and of the neurologists' reputation as sympathetic healers appropriate to sufferers from "nervous" ills.

Because, with rare exceptions, the evidence on these men and women's motivations for self-referral comes only through the physicians' reports, it is impossible to know for sure just why they approached physicians for assistance at this particular juncture in time. Yet, three general transformations of that era probably helped shape individuals' response to a sense of personal difference. In a broad and slow ascent, science came to a position of social authority by the end of the nineteenth century in the United States. Medicine also gained status from this change, with the consequence that, for some Americans, physicians came to replace the clergy as authoritative personal consultants in the realm of sex. Second, for contemporaries who ob-

served the behaviors being medicalized in these decades—kleptomania and the judicial defence of “innocent by reason of insanity” were prominently discussed in the press, for example—the shift in status from crime to illness might well have appeared humanitarian and progressive. The consequent image of a sympathetic, forward-looking profession probably encouraged individuals to take the risk of sharing their secrets with the physicians active in these developments. A third context of self-referral was the contemporary emergence of a public awareness of homosexuals. That novelty showed some people with “odd feelings” that they were not unique in their experience, and while such an awareness would not necessarily lead a troubled person to choose to consult a physician, it promoted the idea that other people might assist in understanding or changing one’s feelings. Whether a person then turned to a physician or to fellow sufferers would clearly depend on such factors as his or her occupation, place of residence, social standing, and awareness of communities of inverts, as well as familiarity with the new types of medical practitioners.

The force of these three factors is revealed in the one extended first-person account of an American homosexual’s life in the 1890s, Ralph Lind’s *Autobiography of an Androgyne* (published in 1918, with an introduction by the physician Alfred W. Herzog, editor of the *Medico-Legal Journal*). When at age seventeen Lind first shared concern about his sinful impulses with a minister, he was counseled to see the family doctor. This physician “advised me to enter into courtship with some girl acquaintance, and said that this would render me normal. Like most physicians in 1890, he did not understand the deepseated character of my perversion” (Lind 1918, 47). Lind later sought specialized help first from Prince A. Morrow, the eminent venereologist, and then from an alienist, Robert S. Newton. Thereafter, Lind read all the medical literature on inversion he could find at the library of the New York Academy of Medicine. For a while he abandoned physicians, who mostly administered aphrodisiacs. But in time he found an (unnamed) alienist who urged Lind to follow his sexual desires, advising this as less harmful than the nervous problems risked by frustrating an exceedingly amorous nature. Over many encounters, this physician continued to support Lind’s sense that his peculiar character was natural to him and should be accepted and permitted expression. Eventually, Lind published his memoir so

that other physicians—and their patients—would suffer less from ignorance of such natures as his.

While the pioneer specialists consistently acknowledged social disapproval of the sexual behaviors involved, most tempered moralism with a tone of scientific detachment, a tolerance based, at least rhetorically, on a medical materialism which was powerfully reinforced by contemporary achievements. Reports often included some sort of evaluation, though not always so ferocious as George J. Monroe's (1899) litany: abominable, disgusting, filthy, worse than beastly. Most other physician authors, however, distanced themselves from such attitudes—without openly rejecting them—by coupling their disapproval with some justification for the legitimacy of their interest. George F. Shrady's (1884, 70) editorial opens with a typical example:

Sir Thomas Brown once wrote . . . that the act of procreation was "the foolishest act a wise man commits in all his life. Nor is there anything that will more deject his cooled imagination." The physician learns, however, and finds . . . far down beneath the surface of ordinary social life, currents of human passion and action that would shock and sicken the mind not accustomed to think everything pertaining to living creatures worthy of study. Science has indeed discovered that, amid the lowest forms of bestiality and sensuousness exhibited by debased men, there are phenomena which are truly pathological and which deserve the considerate attention and help of the physician.

Kiernan (1888, 129) opened one of his articles in a similar fashion: "The present subject may seem to trench on the prurient, which in medicine does not exist, since 'science like fire, purifies everything' ." And in William A. Hammond's (1883, 55) monograph on impotence, the section on sexual inversion began with a disclaimer different in tone, but similar in function:

Several cases of sexual inversion in which the subjects were disposed to form amatory attachments to other men have been under my observation. They are even more distressing and disgusting than cases . . . the details of which I have just given; but it is necessary for the elucidation of the subject to bring their details before the practitioner. So long as human nature exists such instances will occur and physicians must be prepared to treat them.

Despite his declaration of disgust and distress, Hammond's reports are quite sympathetic to the two inverts he described; and while such sympathy from Dr. Hammond and his colleagues may not have been unconditional, the humane impulse in many of these pre-1900 cases was prominent. This feature of the new viewpoint may well have arisen from its formation within the clinical context, where categories are not simply abstractions and where "problems" are encountered as embodied aspects of persons.

When clinicians asserted that homosexuality should no longer be regarded as criminal and forbidden, but tolerated in private as pathology that might be treated, some of them may at times have been aware that this would expand the medical profession's power (cf. Foucault 1978). For example, George F. Shrady (1884, 71) in *The Medical Record*, which he edited, declared on behalf of the profession:

We believe it to be demonstrated that conditions once considered criminal are really pathological, and come within the province of the physician. . . . The profession can be trusted to sift the degrading and vicious from what is truly morbid.

But such a motivation seems subordinate to and entirely consistent with their interest in according science and nature a higher status than traditional morality and religion. After Chicago's G. Frank Lydston (1889, 253–54) opened an 1889 article by quoting Kiernan's statement (as above) that "science, like fire, purifies everything," he announced that the subject of sexual perversion was being taken from the "moralist"; that it was far better "to attribute the degradation of these poor unfortunates to a physical cause, than to a wilful viciousness"; and that it was better to think of them as "physically abnormal rather than morally leprous."

Other physicians, nonetheless, saw moral dangers in the profession's accepting the invert as natural, even as a *lusus naturae*. For example, J.A. De Armand (1899, 24–25), of Davenport, Iowa, actively opposed the trend toward his colleagues' medicalizing—and thus offering inappropriate sympathy for—sin:

The complimentary offering of "mental derangement" which excuses the man who seeks sexual gratification in a manner degrading and inhuman, is seldom more than a cloak within whose folds there is rottenness of the most depraved sort. . . . It surely is

unnecessary to complicate medico-legal nomenclature by attributing such conduct to morbid mentality, when it clearly is devilry. . . . I have no patience with the ready excuse which the medical profession volunteers.

However common De Armand's sentiments have been among the profession in general, they were not frequently expressed in print. In the published literature on sexual inversion the medical model was becoming dominant by the turn of the century.

If the materialism of a scientific approach within medicine was one of the intellectual supports for reclassifying homosexuality from sin to natural anomaly, the shift was further advanced by a contemporary realignment of power and prominence among specialists in mental disease. An old guard, primarily asylum superintendents who were conservatives on political, religious, moral, and scientific issues, lost ground to neurologists, characterized as a group by private practice, appointments to general hospitals rather than asylums, European training in science, and a tendency toward the acceptance of agnosticism and materialism. (On the character and membership of these two groups, see Blustein 1979, Brand 1980, Gosling 1987, Rosenberg 1968, and Sicherman 1977.) This latter group predominated among the mental disease specialists who published cases of sexual inversion, including the eminent neurologists William A. Hammond, Charles H. Hughes, James G. Kiernan, and Edward C. Spitzka. Neurologists, with their highly visible outpatient practice, were a natural first recourse for self-referral by troubled men and women.

Persistence of Older Conceptions

While some physicians were in the process of establishing the invert as a type of person, others were continuing to deal with sexuality in more traditional terms, as simply an aspect of behavior, rather than as a fundamental aspect of being. (Although the new model eventually won out in medical thinking and in the wider society, the process was not completed—even for the medical profession—by the end of the century.) For example, when Randolph Winslow (1886) of Philadelphia reported in 1886 on an "epidemic of gonorrhoea contracted from rectal coition" in a boys' reformatory, he described the extent

and manner of “buggery” with precision, but without acknowledging any awareness that a burgeoning medical literature was endeavoring to describe the type of person engaged in such practices and to determine whether and when constitutional factors were more significant than depravity in explaining their occurrence.

As late as 1899 George J. Monroe, a Louisville proctologist devoting an entire article to sodomy and pederasty, considered these sexual acts as “habits” (“abominable,” “disgusting,” “filthy,” and “worse than beastly” to be sure) with no attention to what kinds of persons might engage in them and with no psychological etiology. His assumption was that such acts occur either situationally, “where there is enforced abstinence from natural sexual intercourse,” such as among “soldiers, sailors, miners, loggers,” etc., or in those “satiated with normal intercourse.” Without apparent irony, he declared, “There must be something extremely fascinating and satisfactory about this habit; for when once begun it is seldom ever given up” (Monroe 1899–1900, 432–33).

Noticing these differences in thinking, however, should not lead us to conclude that Winslow, Monroe, and others like them were consciously rejecting the new observations and the style of thinking that defined the homosexual as a particular, if pathological, personality type. Since they did not address or challenge this novel conception, it seems more likely that they were simply unaware of it. In their traditional view, homosexual acts could occur if a person should simply “tire of the normal sexual act.”

Conclusion

Reviewing the ways late-nineteenth-century clinicians discovered homosexuals and then shaped homosexuality into a disease entity brings two points to the fore. First, this initial stage in the morbidification of homosexuality does not fit into a one-dimensional model of stigmatization and social control. Patients could be and sometimes were active conspirators with the physicians and not passive victims of the new diagnosis.

Although in the twentieth century the homosexuality diagnosis would become a central feature in the social oppression of homosexuals with elements in the medical profession benefiting from their ability

to proffer “cures” of the condition (Bayer 1981), such later developments would wrongly be attributed to the first generation of observers or to their self-referring homosexual patients. The actions of doctors and patients alike must be appreciated for the ambiguous character they had at the time and not dismissed out of a twentieth-century distress over people victimized by medicalization. Carroll Smith-Rosenberg’s (1985) interpretation of female hysteria is an apt guide here for its emphasis on the collaboration between the patients and their physicians, the advantages for women (at least some of them some of the time) in garnering the diagnosis, the way both parties’ thoughts and actions were shaped by cultural expectations concerning properly gendered norms of behavior, and in the way “physicians, especially newly established neurologists with urban practices, were besieged by patients.”

Physicians played another and more public role as well. Since few homosexuals before 1900 described their lives publicly from a nonmedical point of view, doctors were, by default, the leaders in accumulating and organizing knowledge of homosexuals for society as a whole. In time, this “knowledge” (even distorted as it was in parts) entered the public domain, where it offered thousands of uncertain people an identity, a way to think of themselves as fundamentally different, but neither immoral nor vicious.

Bibliographical Appendix

Although the references below include only items specifically cited, the primary sources for this study include what I believe are all the cases in the American medical literature prior to 1901.

Aspects of this medical literature have been analyzed in Bullough 1974, Faderman 1978, Chauncey 1982–1983, and Bullough 1987; and much of it was first reprinted in Katz 1976. For American medicine and homosexuality in the nineteenth and twentieth centuries more generally, see also Bayer 1981; Bullough 1976 and 1987; Bullough and Voght 1973; Burnham 1973; Conrad and Schneider 1980; Katz 1983; and Robinson 1976.

There is a small body of literature on nineteenth-century physicians and homosexuality in other national contexts. For Canada, see Kinsman 1987; for England, see Weeks 1976, 1977; for France, see Hahn

1979 and Nye 1987; and for Germany, see Hohmann 1979 and Pacharzina and Albrecht-Désirat 1979. Laura Engelstein of Princeton University has in preparation a study of prostitution in Russia that will shed light on lesbian history there. Foucault's (1978) striking interpretation has a pan-European perspective.

For the social history of American homosexuals and lesbians see the pioneering collections of documents by Katz (1976, 1983). See also the narrative history of sexuality in America by D'Emilio and Freedman (1988).

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