

**Sexualized Subjects:
Medical Discourses on Sexuality in German-Speaking Countries in the
Late Eighteenth and the Nineteenth Centuries**

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Some years ago the philosopher Edward Stein edited a book about the debate between essentialists and social constructionists on the theme of sexual orientation. In his conclusion he argued that categories such as heterosexuality and homosexuality have to be seen as "mistaken categories and (one has) to explain how these categories came to be entrenched, how people came to see themselves as either" hetero- or homosexuals.⁽¹⁾ Since the late 1970s the new history of human sexuality--as well as debate within the homosexual movement--has offered many new insights not only into historical sexual categories but also into more recent ideas of hetero- and homosexuality, male and female sexuality, of the inborn or social determinations of sexual desires and so on.⁽²⁾ Prompted by the work of Michel Foucault, numerous scholars have already shown that our sexual categories do not fit the knowledge systems and individual and collective experiences of former times.⁽³⁾

When I started this research project, I intended to analyze how modern middle-class ideas of sexuality were created in different disciplines of the human and social sciences.⁽⁴⁾ Having read hundreds of articles and books on sexuality of this period, I have had to admit that not all disciplines participated equally in the formation of these ideas. Knowledge formation was dominated primarily by the field of medicine and such allied disciplines as anthropology and forensic medicine. These professions had the epistemological power to define natural or unnatural, healthy or pathological, and normal or abnormal sexual behavior. When we ask, therefore, how sexual categories came to be entrenched, we must specifically analyze the development of the medical knowledge

system during the last two centuries. We should subsequently be able to ask how people came to see themselves according to these categories.

This article attempts to show how medicine has constructed central parts of the concept we call "sexuality" and how it has established some of its most powerful definitions and categories. I will do this by highlighting three important lines of development in the shaping of sexuality within the medical discourses of the German-speaking countries: first, the invention of onanism during the last decades of the eighteenth century; second, the construction of female sexuality in the late eighteenth and early nineteenth centuries; and third, the defining of the homosexual during the second half of the nineteenth century. There are, naturally, other parts of the medical discourse, such as perverse sexuality or age-specific categories, that I cannot deal with here.

Medical thinking, particularly in the field of sexuality, is deeply influenced by social and cultural changes. Nevertheless, it has its own consistent system of logic and follows the rational rules of academic discourse. Both the epistemological status and the social and cultural meaning of medical "thinking-styles" (*Denkstile*), a term first used by Ludwik Fleck, must be considered when we ask how they influence the scientific construction of historical subjects.⁽⁵⁾ Although I will allude to this complicated problem at some points, it is not the primary goal of my text. I will also have to omit the question of how scientific knowledge was popularized, that is, how it reached its primarily middle-class audience. These issues will be among the topics discussed in my forthcoming book on the medical construction of sexuality in the last two centuries.

The Invention of "Onanism"

In the year 1790, the famous German physician Ernst Gottfried Baldinger described what he termed the "sad case history of an onanite."⁽⁶⁾ This case history contained an anonymous letter and some parts of a diary of a young male patient who had diagnosed himself as suffering from a cruel disease: "onanism." The symptoms of the disease the patient described were well-known to doctors in the last decades of the eighteenth century. He complained of back pain, especially in his spine, occasionally-severe headaches, and many other somatic troubles. But there were also psychological phenomena he linked with his onanism. He was unable to concentrate on his work, suffered anxiety, and avoided social contacts. He believed the source of his troubles went back to his youth; he had practiced masturbation nearly every day since he had been a small boy.

Since the 1770s one can find hundreds of onanism records in German medical, pedagogical and theological literature.⁽⁷⁾ Baldinger's short case history, however, is an important text in the discourse on onanism from the end of the eighteenth century. It summarizes the main characteristics of the social construction of a new disease and of a sexual category that would survive until the "sexual revolution" after World War II. In it we can observe the appropriation of the masturbation theme by medical specialists, the development of a distinct disease, and its inscription into the self-experience of its

middle-class sufferers. Baldinger annotated his text with some significant remarks revealing the effect of the contemporary discourse on onanism: "One thinks, that we are reading Tissot's book on onanism. The patient has filled up his memory and his imagination with Tissot's ideas."⁽⁸⁾ Samuel Auguste Tissot's very famous book on onanism, published in France in 1760 and translated into German in 1770, lies at the beginning of the construction of "onanism" and of its inscription into middle-class society.

As we know, onanism is not a real disease. Case histories of the time, however, prove that members of the middle classes believed the onanism discourse and structured their experiences according to the categories and statements of the scientific specialists. During the Enlightenment, theologians had lost their primary position in explaining the moral and transcendental order of individual and social life.⁽⁹⁾ They were displaced in the late-eighteenth century by scientists, philosophers and physicians who had now assumed the power to define the rules of the body and the soul. The latter's image of the body and its functions continued to be a traditional one: the human body was still embedded in its natural and social environment with which it communicated through fluids and fumes. Where previous ideas had held that a perfect balance existed in the exchange between the body and the environment, during the eighteenth century the balance-of-the-body image was destroyed.⁽¹⁰⁾ Now one had to constrain the energies of the body. The most important fluid of the body was thought to be semen. Because of its procreational power and the irritation of the nerves during masturbation, the loss of semen would weaken the psycho-physical organization of man forty times more than the loss of blood.⁽¹¹⁾ The gravity of this image made it easy for anatomists, psycho-physiologists, and other doctors, as well as anthropologists, pedagogues, and theologians to create the well-known, nearly unlimited symptom-pool of onanism.

Ironically, medical and social history have hardly dealt with the onanism phenomenon. Some studies have tried to explain the discourse on onanism by referring to the changes in Enlightenment body image briefly described above.⁽¹²⁾ But the onanism complex also fits medieval and ancient models of fluid theory.⁽¹³⁾ Medical history alone cannot explain the appearance of the onanism-as-disease model at this time. Onanism, in this sense, must be seen in the context of social change in the second half of the eighteenth century, particularly in the development of the middle classes and their wish to define their own body image.⁽¹⁴⁾ This new body image was constructed in opposition to the old body image of the nobility and as the psycho-physical basis for middle-class values. These values become apparent when one examines the consequences of the disease, for they confounded what is valued: to be able to work and live a healthy life, to master the emotions and desires, and to be sure that nothing disrupts the rational order of the self. Not only were individual values corrupted by the disease, but middle-class social qualities were also threatened: onanists became isolated, were unable to develop love-relations, and, most importantly, did not contribute their share to the expansion of the population. One image stands out above all others: the erosion middle-class family life. Masturbating children would remove themselves from parental education, while a masturbating adult would be unable to live a regular life as spouse, parent, and member of civil society.⁽¹⁵⁾

Onanism retained its pathological orientation throughout the nineteenth century and assumed a prominent position in the etiology of psychic deviations.⁽¹⁶⁾ Let me stress two points which will be important in further explanations. First, until the eighteenth century, sexual behavior had always been discussed in connection with other perspectives on the human subject. Now the discourse on onanism created a subject, the onanist, who was totally determined by his or her abnormal and unnatural desires. Onanists seemed to be imprisoned by their sexual desires and fantasies; their condition spread over the whole of their physical and psychic life. Thus, medicine had constructed a subject who was dependent on his or her sexual life. Second, the discourse on onanism affected not only perspectives on pathology, but also views on what constituted a healthy person and a desirable life style. Preventing onanism required prudent use of sexual organs. Until the discourse on onanism, sexual desire was sanctioned by moral and religious norms; now, controlling it was also important for the future health of the body and soul of every middle-class individual. Onanism had thus sexualized formerly unsexualized parts of "normal" middle-class life.

The Construction of Female Sexuality at the Turn of the Nineteenth Century

Physicians and their patients were not the only ones interested in sexual problems. Well-known philosophers reflected the construction of specific forms of sexuality as well. Hegel for example, wrote the following in his "Encyclopedia of the Philosophical Sciences" (1830) on the (sexual) typology of man and woman:

The clitoris is an inactive feeling in general. In the male we have an active feeling, a swollen heart, the corpora cavernosa of the penis which is filled up with blood (...); corresponding to these male blood-fillings there are the female blood-pours. As a single behavior, the passive reception of the uterus is divided in a male person into the producing brain and the outward heart. By this difference the male is the active, the female is the conceiving, because she stays in her undeveloped singularity.⁽¹⁷⁾

One would think that Hegel was writing about some transcendental or symbolic characteristics of mankind. Claudia Honegger, however, has shown that Hegel, along with many philosophers around 1800, was really referring to physiology when he defined the essential difference between man and woman.⁽¹⁸⁾ Honegger has also demonstrated that there was an expanding discourse on sex-specific characteristics in the human sciences beginning in the last decades of the eighteenth century. She uses the term "female special-anthropology" ("weibliche Sonderanthropologie") to signify that the human sciences had created a psycho-physiology that dealt primarily with female deviations from the male "norm."⁽¹⁹⁾ From the 1770s on, anatomy and physiology were the cardinal-sciences that tried to show how the female body and, dependent on it, the female soul, differed from the general human, that is male, standard.

Let us examine a few of the characteristics of this sex-specific landscape:

- The male body is held together by the strength of the bones, flesh, and nerves. The counterparts in the female body are not as well developed, but are weaker and finer.
- Women's organs and body functions also provide a physical base that determines the way women think, feel and behave. Their irritable nerves make them emotional and unstable, their weak skeleton predestines them for light physical activities, and so on.
- The main difference between the two psycho-physiological systems lies in the way men and women control themselves. A male is the master of his body and is able to organize his feelings and thoughts in a rational way. Women on the other hand, are totally dominated by their nature. Men cultivate their lives, while women are marionettes of their bodies.

This was the state of the human sciences around 1800.

"Female special-anthropology" tried to expand sex-specific traits over the entire body. Since the beginning of the discussion, however, the genital organs occupied a special place as the most powerful manipulator of female nature. As Hegel believed, the penis and testicles, on the one hand, and the clitoris, vagina, uterus, and ovaries, on the other, have different sex-specific effects on the body and soul. The former led to male assertiveness, the latter to female passivity. While men are periodically captivated by the sensations of their sexual organs, women remain permanently under their spell. Their genitalia are one of the most powerful sources of their emotions, thoughts and fantasies. Of course, the central position of the genitalia in female life did not automatically mean that women would have a strong sexual desire, or one stronger than men. On the contrary, during the eighteenth century female sexual desire was replaced by a woman's love ("Liebestrieb") for her children and her husband.⁽²⁰⁾

The construction of different sexual characters fits into the typology of male and female roles in middle-class society. There has been much written about the origins of sex-specific characters ("Geschlechtercharaktere").⁽²¹⁾ Best known are the theories on the split between the household and working spheres and the increasing gap between public and private life.⁽²²⁾ For my part, I want to address the function of female "genitality" within the character images. Naturally, the genitalia were, as authors around 1800 saw it, the ideal criteria for defining women as predestined for procreation and all the tasks surrounding it, such as household organization, education, and the creation of a nurturing emotional atmosphere. Thus, the "women's biological straightjacket" is stitched from her genital organs, because these organs not only guarantee the healthy reproduction of the middle classes, they symbolize its values, fortunes and abilities.⁽²³⁾ Here we find an analogy to the onanism discourse, which also stresses women's loss of procreational and emotional power through masturbation.

One should also note that the discourse on female sexual desire and on their organs and functions is exclusively a discourse of male scientists. I agree with Isabel Hull, therefore, that the construction of a sexualized female psycho-physiology is also a commentary on male sexual desire.⁽²⁴⁾ One of the main tasks of the female image is to absorb those parts

of male sexual life that are incompatible with the ideal of middle-class behavior. Many authors of the late-eighteenth century articulate this important problem. Male sexual fantasies and desires were to be projected onto the female nature, which was seen as bereft of sexual desires yet totally sexualized. Their sexual organs seemed to exclude females from a rational individuation beyond their nature. Women could therefore never assume one of the fundamental features of members of civil society.⁽²⁵⁾

At the beginning of the nineteenth century, students of anthropology and medicine would have believed that women's behavior was strongly determined by their sexual organs. The female subject, her actions, emotions, and thoughts were thought to be dependent on changes in her genitalia. It was also during these first decades of the last century that gynecology was established as a medical subdiscipline, primarily concerned with the female genitalia. The German term "Frauenheilkunde," literally the knowledge to heal women, emphasizes one of the two working fields of the new knowledge system.⁽²⁶⁾ Gynecologists not only took over the tasks of midwives, they also sought to cure the diseases of the female reproductive organs and all diseases that seemed to be caused by them. Physicians practicing "Frauenheilkunde" took the next step in sexualizing the female subject. Their medical construction linked sex-specific characteristics with pathological signs. Through gynecology, female sexuality achieved the status of an endogenous disease.

The first decades of the nineteenth century, then, brought about an important change in the general scientific view of the female body. Like all new scientific (sub)disciplines, gynecology attempted to widen its competence. In so doing, gynecologists defined many additional parts of the female body as belonging to their knowledge system. Normal or pathological changes in the female sexual organs could, for example, also influence the functions of the nerves and the brain. To prove these claims gynecologists utilized a new psycho-physical concept invented in the 1820s: the so called "spinal irritation." As Edward Shorter has shown, during this period irritations of the spinal cord were thought to be the cause of various somatic and psychosomatic diseases.⁽²⁷⁾ The female sexual organs were identified as the main irritator of the spine. Dietrich Wilhelm Heinrich Busch, the well known German gynecologist, summarizes the conventional wisdom of 1839 in one significant sentence: "In the female the nerves of the lower abdomen and namely of the sexual organs are the center of diseases that attack the whole system."⁽²⁸⁾

The "Frauenheilkunde" enlarged the definition of the genital-bound woman in an important way: women were not only seen as "uterine-driven automata," as Shorter argues, but their sexual organs now became the central source of pathological change in their bodies and souls.⁽²⁹⁾ Women were now permanently threatened by their potentially pathological sexual organs. Women's sexuality, their sexual desires and wishes, and their normal life cycles were inscribed in this image. Like other "typical" female diseases, sexuality was seen as an expression of this dangerous genital constitution. Female sexuality achieved the status of a life-long nervous disorder. From then on, referring to the knowledge system of medicine, the human sciences could reduce the question of female sexuality to the peculiar anatomy and organization of the female sexual organs.

During the nineteenth century this argument appears in different scientific and popular discourses. For example, in discussions of whether men or women had stronger sexual desire, whether women were able to develop intellectual potency without destroying their genital health and reproductive abilities, or whether there was a part of female life that was not affected by sexuality at all. Michel Foucault was right when he hypothesized that the nineteenth-century construction of the female was characterized by hysterization.⁽³⁰⁾ According to gynecology, not only were such "traditional" diseases as hysteria or nymphomania explained by the pathological sexual organs of woman, but female sexuality itself was pathologized.

Drawing upon the medical theories and images of the time it was easy for gynecology to create a female subject that was tied to the genital organs. The "Frauenheilkunde" did this by pathologizing a subject whose position in the middle classes was not yet clearly defined. Even by the early decades of the nineteenth century the social place of woman seemed an unresolved problem for the male middle classes and their scientific representatives. Male scientists thus formulated their powerful arguments in order to find the "right place" for women and so postulated the female within the biological straightjacket. At the same time they limited female sexual desire to reproduction and to the satisfaction of the male. The female being was seen as saturated with sexuality but with weaker sexual desire than the male. Normal or natural female sexuality was thought to be transformed into love. If a woman showed increased sexual desire, this reflected some genital or nervous disease.

The Definition of the "Homosexual" in the Second Half of the Nineteenth Century

The term "sexuality" has a relatively short history.⁽³¹⁾ It was introduced by Linnaeus in his scheme of male and female plants. In German medical as well as in general encyclopedias and dictionaries from the beginning of the nineteenth century, one can find different combinations of the word "sexual" (such as human "Sexual-System") that were used to describe reproduction and sex differences in general. "Sexuality" in the modern sense was first annotated in the middle of the nineteenth century. The spread of the term marks an important shift in the system of scientific knowledge. During the second half of the nineteenth century, scientists tried to construct a new research field by merging the claims of various sexual discourses. They combined traditional discourses on onanism, female sexuality, prostitution, and venereal diseases with theories from psychiatry and forensic medicine. The definitions and categories they developed became valid for the entire spectrum of human sexual life. The construction of "homosexuality" and the "homosexual" occurred during this evolution.

Much work has been done on the history of this social construction.⁽³²⁾ I will concentrate on two main topics: first, the manner in which the homosexual subject was seen as totally determined by his/her sexual desires and second, the construction of the male, but also the female homosexual, as a counterimage to the normal middle-class man and his sexual desires. Within this framework, the mid-nineteenth-century debate on homosexuality

must be seen as a conflict-solving strategy designed to articulate heterosexual male identity and sexuality.

Prior to the nineteenth century, homosexual acts were discussed in terms of sodomy and pederasty and belonged to a complex of religious, moral and legal norms and their punishments.⁽³³⁾ As a scientific discipline, forensic medicine in particular dealt with sodomites and pederasts and their illegal behavior.⁽³⁴⁾ To analyze the form and appearance of the penis and the anus was one of the main tasks of the forensic expert in legal proceedings concerned with such conduct. The forensic literature of the eighteenth and early-nineteenth century was interested in homosexual acts and persons who might engage in them; it did not examine the psychic constitution or the non-heterosexual soul of the accused.

With the appearance of writings on "uranism", "tribadism", "contrary-sexuality" and later on "homosexuality," a new type of non-heterosexual subject was constructed. With the publication of Karl Heinrich Ulrichs' works in the 1860s and Richard von Krafft-Ebing's Psychopathia sexualis (1886), the modern homosexual was invented.⁽³⁵⁾ In accordance with Ulrichs' central motto, "Anima muliebris virili corpore inclusa" (a female soul is enclosed in a male body), late-nineteenth century scientists not only discussed the various forms of illegal homosexual acts, but also tried to establish a theory of the homosexual subject itself. Did the wrong soul inhabit a male or female body? Was homosexuality inborn or socially learned? Was this form of sexuality a disease or a normal variation of nature? These were the questions that psychiatrists, forensic physicians, and theorists of degeneration and evolution tried to answer.

Theorizing about homosexual behavior led to complex systems of categorization and definition. The experts tried to analyze the bodies and souls of homosexuals, their emotions and fantasies, their life histories (especially youth), the sexual orientations of their parents, and so on. In comparison with the old, primarily male sodomite who was defined only by his sexual acts, the new, male and female homosexuals were constructed as subjects whose sexual preferences comprehensively determined their psychic and physical lives. The image of the homosexual offered sexual explanations for every behavioral, psychic, and physical deviance.

Discussions of male or female homosexuality in these decades employed a model of sexuality based on the heterosexual behavior of middle-class males and oriented towards "normal" sexual intercourse between husband and wife. According to this model, homosexuality was constructed as the quintessence of unmanliness in a man or of manliness in a woman. In either case, overstepping the boundaries of sex-specific character seemed to threaten the middle-class image of male identity and respectability. Klaus Müller has shown that the search for a male or female identity was also a central feature of homosexual case records and autobiographies of the late-nineteenth century.⁽³⁶⁾ Autobiographical texts by pederasts and so called uranists and tribadists thus provided scientists ideal material for discussing the individual and social consequences of transgressing the male-female boundary.

I want to stress that the scientific discourse on the homosexual was also a discourse on male sexual orientation. As an anti-type, the scientific construction of the homosexual helped middle-class males define their socio-sexual position vis-à-vis sexually-experienced women and within male friendships that were not de-sexualized.⁽³⁷⁾ One can detect the first case, for example, in discussions about the women's movement as well as in the prostitution debate of the time.⁽³⁸⁾ For male groups or male bonding, school classes or military organizations, for example, non-sexual friendship seemed to be a permanent problem through the last decades of the nineteenth century.⁽³⁹⁾

To summarize, I argue that the "onanist," the "sexualized woman" and the "homosexual" are categories in knowledge systems that appear first in the discourses of the medical sciences in the late eighteenth and the nineteenth centuries. The medical sciences invented these constructions despite the lack of an intrinsic need for them from the standpoint of scientific development. Instead, as I have tried to show, social and cultural factors stimulated these specific formulations. Nevertheless, the medical disciplines invested and deployed their social constructions with the full epistemological weight granted scientists since the Enlightenment. Onanism, female sexuality, and homosexuality were also strategic knowledge systems that developed complex technologies to spread their categories, diagnostic and therapeutic methods for their cure, and new forms of self-experience and self-perception. To reduce the gap between the discourse on "sexuality" and the sexual experiences of individuals in the past one must analyze the different ways in which this sexual knowledge system was popularized. We can then ask how people adopted these scientific categories and images and how they were affected by this kind of power-knowledge.

Endnotes

1. Edward Stein, conclusion. "The Essentials of Constructionism and the Construction of Essentialism," in Edward Stein, ed., Forms of Desire. Sexual Orientation and the Social Constructionist Controversy, New York 1992, 353. For the discussion of essentialism and social constructionism see also: Franz X. Eder, "Die Historisierung des Sexuellen Subjekts. Sexualitätsgeschichte zwischen Essentialismus und sozialem Konstruktivismus," in Österreichische Zeitschrift für Geschichtswissenschaften 5 (1994), 311ff.
2. A good overview of the "state of the art" is given in Domna C. Stanton, ed., Discourses of Sexuality. From Aristotle to AIDS, Ann Arbor 1992; see also the contributions in: Stein, Desire.
3. His very influential book is, Histoire de la sexualité. La volonté de savoir, Paris 1976. A detailed analysis of Foucault's view of the history of sexuality is brought by: Volker Weiß, found in Wißbegierde und Geständniszwang. Die Formierung der sexuellen Identität, Pfaffenweiler 1993.

4. The project was supported by the Austrian Science Foundation. One of its results is a machine readable data base on the primary and secondary literature on sexuality from 1800 to 1914 (not containing the literature on psychoanalysis). At the moment the data base contains about 11,000 records.

5. Ludwik Fleck, Entstehung und Entwicklung einer wissenschaftlichen Tatsache, Frankfurt a. M. 1993 (orig. 1935). Fleck's view was adopted by Thomas S. Kuhn in his The Structure of Scientific Revolutions, Chicago 1962 and has become the basis of the modern history of science. For a review see Charles Rosenberg, "Woods or Trees? Ideas and Actors in the History of Science," ISIS 79 (1988), 565ff. For the problem of the historical subject and the self, see the contributions in George Levine, Constructions of the Self, New Brunswick, 1992; also Domna C. Stanton, "The Subject of Sexuality," in Stanton, ed., Discourses, 1ff.

6. "Traurige Krankengeschichte eines Onanisten," Neues Magazin für Ärzte 12 (1790), 1. Stk., 85ff.

7. See, for example: Christian Friedrich Börner, Praktisches Werk von der Onanie, Leipzig, 1776; Christian Gotthilf Salzmann, Ueber die heimlichen Sünden der Jugend, Frankfurt am Main, 1785; Samuel Gottlieb Vogel, Unterricht für Eltern, Erzieher und Kinderaufseher, wie das unglaublich gemeine Laster der zerstörenden Selbstbefleckung am sichersten zu entdecken, zu verhüten und zu heilen sei, Stendal, 1786.

8. Samuel-August Tissot, Von der Onanie oder Abhandlung über die Krankheiten, die von der Selbstbefleckung herrühren, Eisenach, 1770 (orig. De l'onanisme, ou dissertation pyhsique sur les maladies, produites par la masturbation, Paris, 1760).

9. See for example Roy Porter, Kleine Geschichte der Aufklärung, Berlin, 1991, 45ff.

10. An overview is given in Corinna Wernz, Sexualität als Krankheit. Der medizinische Diskurs zur Sexualität um 1800, Stuttgart, 1993. For a history of body image see Barbara Duden, Geschichte unter der Haut. Ein Eisenacher Arzt und seine Patientinnen um 1730, Stuttgart, 1987. New perspectives on body history are published in Catherine Gallagher and Thomas Laqueur, The Making of the Modern Body. Sexuality and Society in the Nineteenth Century, Berkeley, 1987 and Michel Feher, ed., Fragments for a History of the Human Body, Part 3, New York, 1989.

11 . See Jos van Ussel, Sexualunterdrückung. Geschichte der Sexualfeindschaft, Gießen, 1977, 113ff.

12. Ibid. and 164ff. See also, Jean Stengers u. Anne van Neck, Histoire d'une grande peur. La masturbation, Brüssel, 1984 and Ludger Lütkehaus, O Wollust, o Hölle. Die Onanie. Stationen einer Inquisition, Frankfurt am Main 1992.

13. Britta Rang shows that the psycho-physical explanations of gender dualism can be found before the eighteenth century, in "Zur Geschichte des dualistischen Denkens über

Mann und Frau. Kritische Anmerkungen zu den Thesen von Karin Hausen zur Herausbildung der Geschlechtercharaktere im 18. und 19. Jahrhundert," Jutta Dalhoff et al., eds., Frauenmacht in der Geschichte. Beiträge des Historikerinnentreffens 1985 zur Frauengeschichtsforschung, Düsseldorf, 1986, 194ff.

14. The specific connections of the late-eighteenth-century materialist view of the individual and of the social world is analyzed by: Lynn Hunt, "Foucault's Subject in 'The History of Sexuality,'" Stanton, ed., Discourses, 85ff.

15. For a general view of middle-class body image in the late 18th century and its political function see Christian Barthel, Medizinische Polizey und medizinische Aufklärung. Aspekte des öffentlichen Gesundheitsdiskurses im 18. Jahrhundert, Frankfurt am Main, 1989.

16. As demonstrated by Annemarie Wettley and Werner Leibbrand in Von der "Psychopathia sexualis" zur Sexualwissenschaft, Stuttgart, 1959.

17. Georg Friedrich Wilhelm Hegel, "Enzyklopädie der philosophischen Wissenschaften," in Werke, Vol. 9, eds. E. Moldenhauer and K. M. Michel, Frankfurt am Main, 1970-1971, 517ff. (translated by the author).

18. Claudia Honegger, Die Ordnung der Geschlechter. Die Wissenschaften vom Menschen und das Weib, Frankfurt am Main, 1991, 190f.

19. Ibid. 126ff.

20. See Pia Schmid and Christina Weber, Von der 'wohlgeordneten Liebe' und der 'so eigenen Wollust des Geschlechtes'. Zur Diskussion weiblichen Begehrens zwischen 1730 und 1830, in Jutta Dalhoff et al., eds., Frauenmacht in der Geschichte. Beiträge des Historikerinnentreffens 1985 zur Frauengeschichtsforschung, Düsseldorf, 1986, 150ff.

21. Summarized in Ute Frevert, ed. Bürgerinnen und Bürger. Geschlechterverhältnisse im 19. Jahrhundert, Göttingen, 1988.

22. The classic book is: Jürgen Habermas, Strukturwandel der Öffentlichkeit. Untersuchungen zu einer Kategorie der bürgerlichen Gesellschaft, Neuwied, 1962. See also Karin Hausen, "Die Polarisierung der Geschlechtercharaktere. Eine Spiegelung der Dissoziation von Erwerbsarbeit und Familienleben," in Werner Conze, ed., Sozialgeschichte der Neuzeit Europas, Stuttgart, 1976, 363ff.

23. Anne Digby, "Women's Biological Straitjacket," in Susan Mendus and Jane Rendall, eds., Sexuality and Subordination. Interdisciplinary Studies of Gender in the Nineteenth Century, London, 1989, 192ff.

24. Isabel V. Hull, "'Sexualität' und bürgerliche Gesellschaft," in Ute Frevert, ed., Bürgerinnen und Bürger. Geschlechterverhältnisse im 19. Jahrhundert, Göttingen, 1988, 60ff.
25. The argument that woman are dependent on their body/nature is also centered on the discussion about the political participation of both sexes. See Reinhart Koselleck, "Semantik und Sprachpragmatik der bürgerlichen Welt. Eine vergleichende Studie zum Bürgertum in Deutschland, England, Frankreich," in: Sozialgeschichte des neuzeitlichen Bürgertums. Deutschland im internationalen Vergleich. Arbeits- und Ergebnisbericht für die zweite Forschungsphase 1989-1992, SFB-Projekt 177, Bielefeld, 1991, A2, 73ff.
26. The development of gynecology is described in Esther Fischer-Homberger, Krankheit Frau und andere Arbeiten zur Medizingeschichte der Frau, Bern, 1979.
27. Edward Shorter, From Paralysis to Fatigue. The History of Psychosomatic Illness in the Modern Era, New York, 1992, 25ff.
28. Dietrich Wilhelm Heinrich Busch, Das Geschlechtsleben des Weibes in physiologischer, pathologischer und therapeutischer Hinsicht dargestellt, 5 Vols., Leipzig, 1839-1844, vol. 1, 491; translated by the author.
29. Shorter, 68.
30. In Foucault, 126. For a controversial view of "hysterization" see also: Christina von Braun, Nichtich. Logik, Lüge, Libido, Frankfurt, 1988.
31. See Institut für deutsche Sprache, Deutsches Fremdwörterbuch, Vol. 4, Berlin 1978, 157f.
32. See for example Jeffrey Weeks, Coming Out. Homosexual Politics in Britain from the Nineteenth Century to the Present, London, 1977; Kenneth Plummer, ed., The Making of the Modern Homosexual, London, 1981; Martin Duberman, Martha Vicinus and George Chauncey Jr., eds., Hidden from History. Reclaiming the Gay and Lesbian Past, New York, 1989; Klaus Müller, Aber in meinem Herzen sprach eine Stimme so laut. Homosexuelle Autobiographien und medizinische Pathographien im 19. Jahrhundert, Berlin, 1991.
33. See Randolph Trumbach, "Gender and the Homosexual Role in Modern Western Culture. The 18th and 19th Centuries Compared," in Dennis Altman et al., eds., Homosexuality, Which Homosexuality? International Conference on Gay and Lesbian Studies, London, 1989, 149ff.
34. Müller, 93ff.

35. Karl Heinrich Ulrichs (pseud. Numa Numantius), Vindex, Inclusa, Vindicta, Formatrix, Ara spei. Fünf Schriften über die mann männliche Liebe, Leipzig 1864-5. Richard von Krafft-Ebing, Psychopathia sexualis, Stuttgart, 1886.

36. Müller, 178ff.

37. On "sexualized" male identity see Jacques Le Rider, Das Ende der Illusion. Die Wiener Moderne und die Krisen der Identität, Wien, 1990.

38. As Karin J. Juek proves in her habilitation: Karin J. Juek, Auf der Suche nach der Verlorenen. Die Prostitutionsdebatten im Wien der Jahrhundertwende, Groningen, 1993.

39. See examples in: George L. Mosse, Nationalismus und Sexualität. Bürgerliche Moral und sexuelle Normen, Reinbek, 1987, 34ff. Also in Harry Oosterhuis, "Reinheit und Verfolgung. Männerbünde, Homosexualität und Politik in Deutschland," Österreichische Zeitschrift für Geschichtswissenschaften 5 (1994), 388ff.