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8

Striking at Sodom and Gomorrah: The Medicalization of Male Homosexuality and Its Relation to the Law

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Introduction

Social panics were rife in the Victorian period. This is understandable; there were, after all, rapists, poisoners, murderers, prostitutes, and kidnappers to be brought to justice, as the newspapers constantly emphasized. And the newspapers were backed up by a range of other publications, from the specialist to the popular. A formidable list of perpetrators could be assembled, including Thomas Neill Cream, Jack the Ripper, and Dr. Pritchard. There were many others whose names were writ large in the moral fears of Victoria’s citizens, and the possibility of meeting such bogeys kept women at home at night, and police on their toes. Another topic that provided prime material for a Victorian social panic with its accompanying expressions of moral outrage was (male) homosexuality, with the famous cases of Boulton and Park and Oscar Wilde, or the Cleveland Street Scandal, providing the targets around which widespread social unease and moral indignation could coalesce. As with so many other episodes of panic, the demand was for solutions. The important questions were: who should be the expert to decide the nature of the problem, and how to deal with “perpetrators”? There were two main candidates: lawyers and doctors. Of course, the lawyers had a stronger position; they worked within the law, and it was the law that had made same-sex practices illegal between 1533 and 1967 (it should be noted that some same-sex practices, such as with minors or involving sadomasochistic group practices, and so forth, still are illegal in England). Doctors, on the other hand, had to struggle to gain some foothold in court, and in society at large. There are contextual reasons for this struggle. Medicine in the nineteenth century was still trying to define itself as a “profession,” and doing so partly by trying to limit those who could legitimately practice medicine, and to set standards for the
training of doctors. But what it also needed was public acknowledgment of its professional status. Although medical practitioners coveted the lawyers’ power and influence and professional status, based in public acceptance of these factors, there was no obvious way of obtaining it, so far as medicine was concerned. Medical authority over moral issues was then not obvious, and it is only medicine’s strong social position that gives it such authority today. This chapter examines one aspect of the way in which medicine asserted its right to authoritative pronouncements in the public sphere, via the publicizing in the media of its activities in the courtroom.

Some Contextual Aspects

As Sandra Morton’s chapter in this volume demonstrates, medicine was taking an initiative in the field of adulteration of food and its prosecution. Medicine was also already being called on by law to back up prosecution or defense cases, especially in serious crimes. The advance of science provided real opportunities here. Doctors, especially those with a forensic bent, and others who found themselves in the courtroom giving evidence, had to manage legal knowledge in order to be heard on their own terms. It was exploitation of this legal knowledge that doctors used to enhance their own status. How was this done? By managing the kinds of expert knowledge about legal issues and the publicizing of this. In rape cases, this consisted of producing detailed medical descriptions of defloration, of virginal breasts, and of the “normal” state of the body; in cases of poisoning, it meant biochemical analysis and physiological experience. In the writings with which this chapter is concerned—discourses about male same-sex acts—this also relied on different strategies of producing narratives of expertise by relying on medical knowledge which was too esoteric for even most doctors, based on the reading of specific anatomical, psychological, or biological signs.

This analysis is facile, however. As this chapter shows, there were several different strategies for positing medical expertise in relation to the law which were available, from supporting lawyers in their hunt for sodomites, to constructing psychological ideas about homosexuals which were outside the ambit of legal practice (such as men who loved men, but who had not committed sodomy), to biological, historical, and anthropological standpoints on the nature of same-sex desire which argued that it was natural, and therefore should not even be considered illegal, thus challenging the law directly on the matter. It cannot be argued too strongly that there was no single medical voice, but myriad different medical discourses that had something to say
about same-sex practices and were seeking outlets to say it. In all of these types, the law acted as a motor for change in medical knowledge. It was an antagonistic force against which medical practitioners framed their arguments, either in a supportive or a challenging way. The panic in medicine around the discussion of homosexuality was not so much about the morality of same-sex practices, as about who should be the voice of authority.

While this chapter is concerned chiefly with the history of medicine, it fits into a larger historiography of the history of sexuality. Historians of homosexuality have paid much attention to the law of England, and particularly to sodomy trials, in order to gauge both what was generally thought of same-sex practices in the past, and how the law framed such practices as illegal. A great deal of historical attention has been directed toward the law, and especially to the many existing court records, in order to understand homosexual subcultures of the past. Scholars have also addressed the presuppositions about homosexuality that were held by the legal profession. Furthermore, historians of homosexuality have regularly considered medical discourses in order to establish the “official” view of homosexuality that was held in England; these sources often consider English sexologists such as Havelock Ellis. Most attention has been paid to Continental sexology, however. Both Continental and English medical discourses about same-sex practices changed from the focus on physical signs of sodomy used to convict “perverts” to the construction of a “homosexual type.” What was happening in England was not different to Continental sexology, although it is usual to think of the importation of Continental theory as a “watering down” of this knowledge for the English medical palette.

There are, however, other important historiographical issues to recognize before embarking on a history of the relationship between the law and medicine with regard to same-sex practices, and the media conversation presenting these to a wider public. These include the idea of fields and the idea of boundary construction. To identify a field, it is important to consider the specific set of dispositions possible for a particular individual. These dispositions are essential for identifying members of a field by constraining what they do, what they write, and how they act. Other actions are the products of other fields. For this reason, it should be emphasized that there were several different medical fields of writing on homosexuality that should not be conflated to suggest that a coherent body of medical thought about same-sex practices existed. These sui generis fields of discourse had their own “rules” of construction, even though they all existed under the ægis of medical practice. Here, the fields are forensic medicine, venereology, psychology, and sexology. That venereology and sexology are both medical fields does not mean that practitioners in these specialties have corresponding ideas about human sexu-
ality, and indeed, it is the different dispositions that they adopt which identifies them as venereologists, sexologists, or another type of doctor. For instance, practitioners of sexology formulated a position whereby the law should be revoked, and homosexuality would be an issue for psychologists rather than lawyers, whereas venereologists formulated more specific tests for the forensic expert to aid in the detection of sodomy.

The other idea running through this chapter is that although there was some cooperation between doctors and lawyers, and although some medical evidence was coopted into trials, there was also much antagonism as medicine tried to secure a position for itself. It gained this secure position by constructing boundaries between medical and legal approaches to same-sex practices, by utilizing different ideas and practices; basically, by maintaining the differences between the fields. Boundary working is a specific part of operating within a field; it only comes to the fore when the practitioner has to address the law directly. These boundaries are constructed around where “proper” expertise should lie. When the venereologist is addressing the work of other people in the same field, he constructs specific discourses that either support or challenge the positions held by other workers in the same field. When other fields are addressed, the differences in disposition (the commitments and specific actions that make the other discourses of a completely different field) come to the fore. This is precisely what happens in the following cases of medical authors addressing the law in order to gain some form of hegemony over the object of same-sex practices.

This chapter, then, is a study in how authority is constructed and given public validity, including the role of the print media in that construction. This authority was part of the process of debate central to the management of social panics, largely expressed through the rhetoric of the associated moral outrage in the public domain. Part of its aim was to keep the citizens at ease by suggesting that the object of their panic—be it a rapist, a poisoner, or a cross-dressing homosexual—was understandable, identifiable, and thus manageable (though Taylor, for example, has touched on the increasing tensions in this perspective). Some fields, particularly sexology, posited the idea that there was no need for a panic because the problem (male homosexuality in this chapter) was merely misunderstood, and so a witch hunt was not required after all. The claims of forensic medicine, on the other hand, meant that a credible identification could be put into place, and that doctors could facilitate the law in their management of the problem. They might even leave the British public safe in the knowledge that sodomy was a particularly Continental vice that had not affected the shores of Britain, as most expertise was either French or German. In this sense, British medical ignorance about homosexuality was actually celebrated as proof that it was not a major problem on these shores (a
point that emerged in the summing up of *R v Boulton and Park*, 1871). Without the law, we might ask whether there would have been a social panic over homosexuality at all, by doctors or by the public at large.

**The Medicalization of Sodomy: Forensic Medicine**

Medical discussions of same-sex acts, particularly sodomy, initially developed within forensic medicine. This was not because of a wide knowledge of sodomy held by physicians. In fact there is a relative absence of detailed discussion of same-sex practices. Rather, forensic medicine had good ties within the legal framework that the other fields of medicine concerned with sodomy did not have. The main position occupied by those within the field of forensic medicine was a supportive role to the passage of the law. The defense and the prosecution enrolled forensic arguments into their narratives to secure the freedom or punishment for the defendant.

The most prominent contributions to jurisprudential medicine came from Alfred Taylor, whose *Manual of Medical Jurisprudence* was continually updated from the 1840s until well into the twentieth century. Taylor specified that a case of sodomy could be brought before the courts only when anal penetration had taken place; “if it is done elsewhere it is not sodomy.” He also noted that sodomy was “commonly sufficiently proved without medical evidence.” Further, Taylor added that unless the individual “be in a state of insensibility, it is not possible to conceive that this offence should be perpetrated in an adult of either sex against the will of the party. . . . [The] slightest resistance will suffice to prevent its perpetration.”

To the medical historian, the most interesting aspect of the 1871 case of Boulton and Park is that all of the medical evidence tendered was purely physical in nature. Seven different doctors were called to give evidence, from Dr. Paul, a police surgeon who made the initial examinations, to Alfred Taylor and other doyens of the world of English forensic medicine. Of this physical evidence, the general conclusion was that the physician could not tell with any degree of accuracy if sodomy had been committed, although some doctors came down on both sides, believing that there were definite signs of penetration in some cases, and that the anuses of Boulton and Park had never been penetrated at all in others. It could be said that knowledge about sodomy in medical circles was scant indeed, and the national press confined itself to reporting regularly that the full details of the case were both disgusting and confused. This is hardly surprising in late Victorian times. Even in Germany, where the most important developments in sexology were beginning to take place, Carl Westphal’s important article, “Die Conträre Sexu-
alempfindung," had been written only two years prior to the trial. Sexology had not developed to the point where it could advance the concept of "homosexuality," although it was soon to do so on the Continent. But in England things remained much the same for the time being. Other, lower-key examples could be chosen, and further attention to the rape sections of forensic medical textbooks could be examined to show that the knowledge in the high-profile case of Boulton and Park was not unique. In other examples, forensic medical knowledge still maintained a position of serving the interests of the law: this was, after all, the main aim of the field. It did not have a powerful position; its own views were by and large ignored in favor of nonmedical issues. This becomes particularly apparent when we consider venereology.

Other Ways of Medicalizing Sodomy: Venereology

Venereology was an important branch of medicine in the nineteenth century. The panics about prostitution and syphilis were in some cases justified, as the dire venereal condition of the armed forces demonstrate in the Victorian period. In the preantibiotic age, syphilis was a serious issue, so a series of complicated measures involving mercury were required. Death came to those infected in the long run. Syphilis could also be an important forensic point. Medical jurisprudence texts abound with descriptions of syphilitic chancreas and gonorrheal oozes as proof of sexual intercourse. It is important to realize, however, that there were other more specialist medical fields that addressed these venereal complaints: particularly venereology. Nevertheless, venereology was hardly a great specialty in terms of medical prestige. It was associated with prostitution, police work, and treating anonymous upper-class gentlemen. It was also a particularly French profession. I will exemplify some of the issues of English venereology in the Victorian period by focusing on one of the premier players, who also wrote about sodomy and its detection.

William Acton (1813–75) was an important venereologist, though he has been much maligned by recent historians. His writings have been characterized by some as "the official views of sexuality held by Victorian society," although this view is not particularly sophisticated. Acton was interested in some the medicolegal aspects of sodomitic crime, and attended to cases "in which no doubt can arrive that contagion has had its source in unnatural intercourse, as the parties were taken in flagrante delicto, or the patients have acknowledged that such had been the origin of the complaint." From these cases, Acton argued that one could derive a "true interpretation of the symptoms" that "is very necessary to medico-legal inquiries." He suggested that diagnoses of nonspecific venereal infections of the rectum (rectal discharges
caused by neither gonorrhea nor syphilis) are difficult, especially considering
the jurisprudential ramifications of such a diagnosis. Acton preferred to
address definite cases with knowable causes. In this case, he addressed the
signs left by sodomy rather in the manner that Taylor had, above, although it
is significant to note that Acton did not ally himself with British forensic
experts, but rather with the work of French venereologists (he had studied
venereology in France after his time at Barts, and was one of the most signif-
icannt importers of French venereological knowledge to England). Acton noted
that “previous writers have stated that there are certain appearances of the rec-
tum which betoken the fact that unnatural crimes have been committed.” For
instance, the French surgeon Auguste Cullerier advocated the opinion con-
cerning “the funnel-shaped appearance of the rectum,” although Acton
emphasized that in a case which he had examined, “it was satisfactorily proven
that this funnel-shaped appearance of the anus does not necessarily follow the
commission of an unnatural crime; no such appearance was there present.”
Additionally, Acton described how dissection of a phthisical patient demons-
trates that “this infundibuliform appearance will often be found, as it
depends on the absorption of fat; an inflammatory affection may cause a
swelling of the parts around the anus, and give the opening a funnel-shaped
appearance.” Acton therefore inferred that sodomy could take place “without
this sign being present;” he also noted that “if it does exist there is no reason
to suppose that the crime has been perpetrated.”

Acton elaborated on some of the methods of ascertaining if sodomy had
taken place. Simple rectal discharge afforded no assistance. However, if
syphilitic chancres were present, “and inoculation produces the characteristic
pustule,” the case could assume a different aspect especially if the chancre
does not exist on any other part of the sexual organs. There were exceptions
to this rule: “if chancres exist on the external organs of the female, there is
nothing to prevent the belief that the virus may have dribbled back and pro-
vided the affection of the rectum.” He emphasized caution when consider-
ing the “habits of the patient, or the history of the complaint,” as these
“seldom aid the diagnosis, as in judicial inquiries an acknowledgment of the
cause of the disease is not likely to be made.” Thus Acton suggested that med-
ical evidence given in cases of alleged unnatural offenses was a difficult sub-
ject, for “when no chancre exists, there is no one unequivocal sign that the
complaint which the surgeon is called to pronounce upon, depends on a dis-
ease contracted in unnatural connexion.” However, Acton did note that there
is a particular sign upon which his teacher, the Parisian venereologist, Phillipe
Ricord, laid great stress: “a rent or tearing of the margin opposite the coccyx
and perinaeum, which [Ricord] never found in persons unacclimated to the
crime.”
Venereology, as the example of Acton demonstrates, was involved with the law only insofar as to provide more efficacious methodologies for the detection of sodomy, and more detailed descriptions of the results of anal penetration, for forensic medicine. It did not try to challenge the ideas being promulgated by forensic medicine or by the law. Instead, it maintained the basic beliefs of same-sex behavior while adding descriptions of sodomy to its expanding group of sexual objects that could be medicalized. It is important to realize that boundaries between venereology and both forensic medicine and the law were drawn by venereologists. The descriptions of the sodomized anus were much more detailed and speculative in venereology than in forensic medicine, where hypothetical knowledge was not considered admissible evidence, and the facts of the case only were to be reported. These practical constraints are one of the reasons that different dispositions were maintained between fields.

The Medicalization of Homosexuality: Sexology and Psychology

The psychologization of same-sex activity was concerned neither with venereological description of the consequences of anal penetration, nor with forensic medicine. Rather, psychology and sexology emerged in order to explain same-sex behavior. Sexology often actively attempted to alter the law as a part of the “proto-gay liberation” movement. Psychology was content to describe clinical cases. In the mid-1880s, George Savage contributed a homosexual case to the Journal of Mental Science. Savage described a twenty-eight-year-old single man who “felt so ashamed of his unnatural state that he wished he were dead, to prevent scandal to his family.” The man, who was very religious, was also hard working and led a solitary life. He had no desire for women, and doubted that he ever did have. But “The sight of a fine man causes him to have an erection, and if he is forced to be in his society he has an emission.” Germane to this paper, Savage questioned whether this “perversion is as rare as it appears,” for he found that it was often met with in the courts, thus again emphasizing the role of the law in making medical practitioners justify their discourses on homosexuality in terms of the law, while also highlighting that the law was not totally effective for eradicating the problem, as the case he was examining was not a legal one. Savage was implicitly suggesting that medical practitioners had more to offer in certain circumstances: he was redressing the boundaries around the object of homosexuality by introducing the homosexual as a type rather than a series of signs on an anus. This new strategy is one of the things that set the fields of
psychology apart from venereology and forensic medicine. It should be seen as a challenge to the law over the nature of the object, rather than supporting the detection of crime.

To turn to sexology proper, the man-of-letters, John Addington Symonds, addressed the legal situation in a number of anonymously authored, privately printed, early sexological texts. Like Savage, he drew attention to the fact that although homosexual activity was punished, it still persisted. Symonds demanded treatment of homosexuality in medical and legal literature because he considered it to be hereditary: “every family runs the risk of producing a boy or girl whose life will be embittered by inverted sexuality, but who in all other respects will be no worse or better than the normal members of the home.” He considered it society’s duty “to learn what we can about its nature, and to arrive through comprehension at some rational method of dealing with it.”

In *A Problem in Modern Ethics*, Symonds argued that England should adopt the same stance on homosexuality as other European states that held the Napoleonic Code, under which male homosexual behavior was only illegal if performed in public, or if it abused minors.

Writing against many medical approaches to homosexuality, Symonds presented his own categories:

1. Forced abstinence from intercourse with females;
2. Wantonness and curious seeking after novel pleasure;
3. Pronounced morbidity;
4. Inborn instinctive preference for the male and indifference to the female sex;
5. Epochs of history when the habit has become established and endemic in whole nations.

Symonds emphasized that those with an instinctive inborn desire for their own sex “behave precisely like persons of normal sexual proclivities, display no signs of insanity, and have no morbid constitutional diatheses to account for their peculiarity.” This was in distinction to social feeling, which “moulded by religion, by legislation, by civility, and by the persistent antipathies of the majority, regards sexual inversion with immitigable abhorrence.” For the first time in English writing, homosexuality was being conceived of as a “type,” and not as a series of either physical signs or behavioral symptoms. Furthermore, Symonds noted that scientific investigation had proved that

a very large proportion of persons in whom abnormal sexual inclinations are manifested, possess them from their earliest childhood, that they cannot divert them into normal channels, and that they are powerless to get rid of
them. In these cases then, legislation is interfering with the liberty of individuals, under a certain misconception regarding the nature of their offence.\textsuperscript{33}

In other words, homosexuality should be considered natural and should not be illegal.

Symonds died before any of the legal reforms for which he had argued materialized. So did the prominent English sexologist, Havelock Ellis, with whom Symonds collaborated on the first English medical textbook published on homosexuality, \textit{Sexual Inversion} (1897). \textit{Sexual Inversion} was written in order to reclassify homosexuality. Ellis and Symonds mooted that “It can scarcely be said that the attitude of society is favourable to the invert's attainment of a fairly sane and well-balanced attitude.” This, they thought, was “indeed, one of the great difficulties in his way and causes [the homosexual] to waver between extremes of melancholia and egoistic exaltation.”\textsuperscript{34}

Ellis and Symonds's \textit{Sexual Inversion} followed in the style of Continental sexologists, describing homosexuality in both men and women, and demonstrating that it was but another manifestation of the sexual instinct: itself a natural process. The major difference between homosexuality and “normal” sexuality was that the homosexual had the same sex as the object of their sexual desire. This was supported with many case studies that, like Savage's case above, illustrated how desire was manifest in an individual. Homosexuality was, in Ellis and Symonds's eyes, either congenital or acquired. They actively addressed English law; the ramifications of the Criminal Law Amendment Act 1885 made “'gross indecency' between males, however privately committed, a penal offence.” Ellis and Symonds were “of the opinion that neither 'sodomy' . . . nor ‘gross indecency’ ought to be penal offences, except under special circumstances.” In other words, “if two persons of either or both sexes, having reached the years of discretion, privately consent to practise some perverted mode of sexual relationship, the law cannot be called on to interfere.” Ellis and Symonds considered the law's function was “to prevent violence, to protect the young, and to preserve public order and decency.”\textsuperscript{35} They did not think it necessary to persecute homosexuals in order to achieve these aims. The liberating approach to homosexuality advocated by Ellis and Symonds was not heeded by the legal profession. When Ellis died in 1939 \textit{R v Boulton and Park} was still referred to in cases of unnatural acts; physical signs were still looked for when other evidence was not forthcoming. Psychological “justifications” for homosexual desire were not sought.\textsuperscript{36} It was only after an important sexological inquiry, tabulated in the Wolfenden Report, that sex acts between men became decriminalized in private. This was in 1967.
Conclusion

Medical writing about homosexuality in nineteenth-century England developed in relation to the law in a number of ways. First, forensic medicine was used in court in some instances (but far from all, as usually medicine was not relied upon to prove a crime had been committed). Forensic medicine did not challenge the legal definition of sodomy, but rather supplied further evidence necessary to the passage of law. Second, venereology added to the corpus of medical knowledge about sodomy by providing detailed descriptions of the physical signs and symptoms of sodomy that could be utilized in medical jurisprudence. Venereology did not attempt to alter the legal situation of those who had been charged with committing sodomy, but acted very much in the line of forensic medicine in its provision of support for the available medical evidence by which homosexuals could be convicted, even though it provided much more detailed knowledge that would not be admissible to English courts of the day. Lastly, psychology and sexology can also be seen to have developed in relation to the law in England in the latter part of the nineteenth century. Unlike those disciplines that relied upon physical evidence, sexology rested upon psychological theories of sexual development that were, by and large, imported from the Continent by Ellis and his colleagues. Ellis's sexology primarily challenged the legal status of those who indulged in same-sex activity by suggesting that homosexuality was not an unnatural state, and therefore should not be a criminal offense. Much of the impetus behind the development of sexology came from the liberal political views of its English proponents, particularly of Ellis and Edward Carpenter. In this sense, the medical challenge to the law, which encapsulated the aims of medical specialization in that it attempted to gain hegemony over a specific area of knowledge, was a part of a political movement as much as it was a medical phenomenon.

It would be a truism to say that medicine and the law were both fields that maintained their power in society by their ability to isolate and define members of that society. In the case of medical theories of same-sex activity we see the challenge to move from the dominance of one discipline (law), which had the support of certain varieties of medicine (venereology and forensic medicine), to a position where a new branch of medicine, sexology, became the orthodox medical position on same-sex activity by the mid-twentieth century. This move can be identified by the invention of new categories (psychological and congenital reasons for homosexual behavior, rather than the purely deviant behavior with which the sodomite was accused), which undermined the efficacy of the traditional legal position (that is, once sexology's natural model for the homosexual was accepted, it would render legal models
of “unnatural” behavior irrelevant). The fact that sexology’s attempt to challenge the law as the dominant discourse in the control of same-sex behavior was primarily unsuccessful does not alter the fact that the law acted as a motor for changes in medical knowledge because of the antagonistic role it played in relation to the growth of medicine in the nineteenth century. These developments were either in support of or in opposition to the law, depending on the field being considered.

Notes


4. See, for example, the attention which has been paid to the most famous nineteenth-century sodomy trial, *Regina v Boulton and Others (Park)*, Queen’s Bench, May 1871. William Roughhead, *Bad Companions* (London: Green and Co., 1930), 149–83, seems to have been the first historical account of Boulton and Park and has been used to frame most of the later accounts. The best account of the trial is William Cohen, *Sex Scandal: The Private Parts of Victorian Culture* (London: Duke University Press, 1996), 73–129. For a recent contribution addressing some of the medical literature, but in a way removed from other contemporary medical writing, see Charles Upchurch, “Forgetting the Unthinkable: Cross-Dressers and British Society in the Case of the Queen vs. Boulton and Others,” *Gender and History* 12 (2000): 127–57.


10. R v Boulton and others (1871) 7 Cox CC 87.

11. Alfred Swaine Taylor, A Manual of Medical Jurisprudence, 2nd ed. (London: J. Churchill, 1846), 560–61. Specifically, this meant that same-sex fellatio was not illegal, something which would change in 1885, under the Criminal Law Amendment Act. See F. B. Smith, “Labouchère’s Amendment to the Criminal Law Amendment Act,” Historical Studies 17 (1976): 165–75. A case of fellatio could lead to a charge of conspiracy to commit sodomy, but this charge amounted to proving whether or not sodomy had been committed. Cohen, Sex Scandal, 87–89.


14. For example, Daily Telegraph, 31 May 1870; 12 July 1870.

15. Carl Westphal, “Die Contraire Sexualempfindung: Symptom eines neuropathischen (psychopathischen) Zustandes,” Archive für Psychiatrie und Nervenkrankheiten, 1869. This text was noticed after the trial in an anonymous report on Archive für Psychiatrie, 1869, in Journal of Mental Science (October 1871): 422. Westphal’s article has been hailed by Foucault as the beginning of a science of sexuality; see Michel Foucault, Introduction, vol. 1, The History of Sexuality (Harmondsworth: Penguin, 1990), 43.


20. Acton, Practical Treatise, 331–32. This material was also dealt with by Ambrose

21. Inoculation was the practice of extracting some of the pus from a suspect ulcer and infecting a clean site on the patient’s body. If a characteristic syphilitic ulcer appeared in the newly contaminated site, then one concluded the original sore was syphilitic. If not, then the original sore was concluded to be nonspecific, caused by gonorrhea or another such nonspecific disease (theory developed by Phillipe Ricord, pregerm theory). See William Acton, “On the Advantages to Be Derived from the Study of Inoculation, in the Investigation of the Treatment of Disease,” *Lancet* 1 (1839–40): 351–54; W. Acton, “Advantages of Inoculation in Venereal Disease,” *Lancet* 1 (1839–40): 533–35.

22. Acton, *Practical Treatise*, 332. The law in England specified against unnatural acts, which did not necessarily mean male-male sodomy. Theoretically, one could be hanged for consensual sodomizing of one’s wife before 1861.


26. Ibid.

27. Ibid., 391.


30. Ibid., 123.

31. Ibid., 124.

32. Ibid., 125.

33. Ibid., 129.


35. Ibid., 155–56.


38. See Waters, “Havelock Ellis.”