Pathology and Performative Masculinity: Medical Influence on Autobiographical Accounts of Homosexual Men in Fin-de-siècle France

Sophie Sauer

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Dr. Patricia Tilburg
What can one make of such horrors if not attribute them to the saddest and most shameful form of madness?

--- Ambroise Tardieu, *A Medical and Legal Study on Assaults against Morality*¹

In nineteenth-century France, the widespread conception of homosexuality was transformed. The term homosexual was coined between 1868 and 1869; with this new language, the once criminal – yet discrete – act of same-sex sexual behavior became intrinsic to the very core of the homosexual man’s being.² As such, physicians and scientists believed queerness manifested itself within the physical and mental beings of homosexual individuals. This conception led to extensive study on the biological differences between queer and heterosexual individuals, using autobiographical stories and physical examinations of homosexual men as case studies into the new and mysterious morphology of the queer man. These accounts, although they were often subjective and varied widely, shaped medical and therefore legal perception of homosexual men for decades. The trends and themes established by the medical studies of the fin de siècle were reproduced in many aspects of French culture, including in men’s autobiographical portrayals of their own experiences. Homosexual men both replicated and interrupted conceptions of male queerness from medical discourses at the turn of the century in France.

The transformation of sexuality in the nineteenth century was not limited strictly to queer people, but it was especially pertinent in public, legal, and medical representations of

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homosexuality. Same-sex attraction and sexual activity became incorporated into the idea of a sexual orientation and a new sociosexual persona; the homosexual was the subject of increasing legal and moral thought and study. This increase in discourse ultimately led to the conception of homosexuality as an inherent part of the queer individual’s very being. Foucault describes this shift in sexuality as it pertains to homosexual individuals: “The nineteenth-century persona became a personage…and a morphology, with an indiscreet anatomy and possibly a mysterious physiology. Nothing that went into his total composition was unaffected by his sexuality.”

Thus, the shift from homosexuality as a distinct action to a biological or medical concept was reified and medical study of queer individuals, particularly homosexual men, became prevalent. Biological studies of male queerness in the nineteenth century often focused on an “erotics of difference,” centering on men who fell in love with men of lower-class status or different age. The medical study of so-called “inversion” at the time often interacted in compounding and intersecting ways with the moral, religious, and legal discourses in the nineteenth-century French framework of sexuality.

Following Foucault’s work on the repressive hypothesis and internalized sexuality, many historians have examined the discourse surrounding homosexual men in this era, particularly with its relation to masculinity. Robert Nye, for instance, investigates the promotion of marital heterosexuality in nineteenth-century France, which intensified scrutiny of peripheral sexualities, including homosexuality. In addition, he argues that the responsibility for healthy reproduction was placed on the shoulders of men, reinforcing pressure for men to properly perform

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3 Puff, 735.
5 Puff, 735.
6 Ibid.
masculinity and therefore engage in normative sexual practices. Michael Sibalis uses primary sources on the Ru de Penthievre Affair of 1891 – the police raid of, and subsequent trial involving a bathhouse frequented by gay men – to further examine growing fin-de-siècle concerns about homosexuals and their degeneration and immorality. In particular, Sibalis notes the public description of the behavior of the homosexual men involved in the scandal as “both symptom and cause of wide reaching social and political changes.” Homosexuality was not only seen as an effect of the degeneration of French society, but also as a dangerous form of sexual deviance that was one of the origins of the decline of moral society in the late nineteenth century. This idea of hereditary deterioration detrimentally affecting masculinity manifested itself within the idea that homosexual men were fundamentally different from heterosexual – and morally intact – men.

The belief in fundamental difference shaped public views on not only physiological but psychological and even social differences between queer and straight men. Sibalis notes this distinction by describing the discomfort of newspapers in 1890 “when they could not fit most of the men arrested at the Bains de Penthièvre into this mold….” Similarly, physicians were disturbed by their own inability to determine physical features unique to the invert. Matt Reed examines Tardieu’s Etude médico-légale sur les attentats aux mœurs, which he labels as a “forensic pathology of sodomitical action;” this amounts to extensive categorization of physical features of sodomites, with a particular focus on the genitalia. However, biological traits of

8 Nye, 52.
10 Sibalis, 249.
11 Sibalis, 253.
inverts were not limited only to physical manifestations of sodomy; French physicians became fixated on traits that could identify homosexuals that appeared externally normal. Reed argues that physicians’ inability to determine universally obvious features of queer men led them to identify historical traces of inversion through the behaviors and past experiences of homosexual male subjects. The male invert had to be “aware of his desires and even ashamed of them;” diagnosing the homosexual required “connecting [present homosexual] acts to actions, habits, and fantasies in the past….inverts had been aware of their attractions since early childhood.”

Thus, medical investigation of non-normative male sexuality turned to the individual histories of its subjects.

Physicians in nineteenth-century France often studied the historical origins of inversion through a close examination of autobiographical accounts of inverts in the nineteenth century for the “defining features” of homosexuality, usually alongside the degradation of masculinity. Aside from obvious sexual behaviors that indicated queerness, trends in dress, physical activity, and grooming were often cited as evidence of early manifestation of homosexuality – with the general trend that effeminate tendencies indicated inversion in men. Homosexuality also came to be associated with other forms of deviance and fetishism, as well as with accounts of poor physical health broadly. This autobiographical aspect of medical study of the era has largely been left unexamined by historians. Particularly, I am interested in the effects of medicalization on queer men’s narrations of themselves – how medical examinations and categorizations of inversion influenced the ways in which homosexual men processed and communicated their experiences, behaviors, and personal histories within the medical landscape of fin-de-siècle France. I argue that homosexual men often reproduced concepts of difference and

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13 Reed, 12.
generalizations produced by medical professionals in their own autobiographical discourses as 
they were presented in French medical studies from 1867 to 1905.14

To understand the conventions and generalizations that were imposed – and often self-
imposed – on queer men in nineteenth-century France, it is necessary to examine the findings of 
influential medical studies of same-sex attraction at the turn of the century. Such studies were 
often based on wildly differing accounts of vastly different experiences involving subjects’
childhood, adolescence, and sexual experience. However, these studies produced and reproduced 
generalizations about queer men that prevailed for decades. Most common was the notion that 
homosexual men were somehow essentially effeminate, whether through purely sexual desire, 
passivity, or manner of grooming and dress. Dr. Paul Garnier makes this association obvious in 
his examination of the autobiographical case of Louis X within his 1895 study of sexual 
fetishism: “[he is] meticulous in the care he devotes to his grooming…like an extremely 
coquettish woman.”15 Similarly, Antheaume and Parrot note in 1905’s A Case of Sexual 
Inversion that their patient Antonio has an outward appearance that “reveals a certain effeminacy 
and an eagerness to please….his gait and mannerisms are more feminine than masculine.”16 The 
documentation of feminine traits as a sign of homosexuality reifies hegemonic masculinity as 
dominant while simultaneously attributing homosexuality to degenerate and defective 
masculinity. The association between masculinity and sexuality was so strong that variance in

14 These sources come from a collection of translated works – Queer Lives: Men’s Autobiographies from 
Nineteenth-Century France, ed. William A. Peniston and Nancy Erber. While the sources are autobiographical 
excerpts from influential medical studies at the turn of the century, it should be noted that the sources represent only 
a portion of autobiographical expressions of male queerness at this time.

15 Paul Garnier, “The Fetishists, 1895.” In Queer Lives: Men’s Autobiographies from Nineteenth-Century 

16 André Antheaume and Léon Parrot, “A case of sexual inversion, 1905.” In Queer Lives: Men’s 
Autobiographies from Nineteenth-Century France, ed. William A. Peniston and Nancy Erber, (Lincoln: University 
of Nebraska Press, 2008), 119.
gender expression was by default related to queer sexuality; Charcot and Magnan, in their 1881 study of inversion, detail the case of a young man who enjoys dressing in women’s clothing.\footnote{Jean-Martin Charcot and Valentin Magnan, “Inversion of the Sexual Instinct, 1881.” In *Queer Lives: Men’s Autobiographies from Nineteenth-Century France*, ed. William A. Peniston and Nancy Erber, (Lincoln: University of Nebraska Press, 2008), 90.} Interestingly, his cross-dressing behavior is noted only in relation to his sexuality as opposed to his gender or masculinity specifically; this highlights the extent to which masculinity was connected directly to sexual orientation in this period. Conflating queerness with a sort of failure of masculinity reflects beliefs in hereditary degeneration that were prevalent in turn of the century France. Homosexuality represented a particularly despicable form of degeneration to the medical community and public alike, as it directly prevented men from reproducing and re-populating France, jeopardizing the moral as well as political and economic status of the nation.

In addition to hygiene and grooming, physicians in fin-de-siècle France examined physical traits of homosexual men, particularly relating to the genitals, as evidence of inversion. While most physicians examined subjects with normal sexual function, focus was still given in these studies to the condition of the subject’s genitalia in relation to his sexuality. Antheaume and Parrot note several characteristics that define an invert, including “normal anatomy and normal functioning of the genitals during inverted sexual acts.”\footnote{Antheaume and Parrot, 125.} Clearly, normal use and appearance of the genitalia of queer men was common. Even so, it was still a defining feature and one examined by many physicians studying inversion at the turn of the century. This trend once again represents the deep connection between homosexuality and masculinity, especially relating to the crisis of masculinity in France. Genitals were representative of masculinity via male sexuality; a functioning and reproductive penis was representative of normative male sexuality during this era. The inverse is also true: abnormal genitalia represented a perversion of
sexuality, masculinity, and by extension honor. Therefore, even though most inverted had phisiologically normal genitals, their function was a subject of study due to conceptions about the relationship between normative sexuality and normally functioning genitalia.

In addition to physical features, the overall physical health of the man, as well as his family, was often examined as a component of a patient’s sexuality. Most commonly, medical professionals noted poor health as either a cause or symptom of homosexuality. For instance, Charcot and Magnan note that their patient suffered “convulsive seizures from a very young age.” They also describe him as having a “[n]europathic tendency of ancestors [and] disparity between [his] father’s and mother’s ages.” Similarly, Dr. Garnier notes his patient’s epilepsy and his frequent urination in sleep in his respective 1890 study of sexual abnormalities. This connection between sexual perversions and health concerns, and especially to the poor health of the family, further perpetuates the concept of hereditary degeneration contributing to inversion. Therefore, it is evident that physicians in France at the turn of the century conceptualized homosexuality – at least partially – as a result of genetic inheritance. In addition, this connection to physical or mental illness represents the understanding of queerness as an ailment with discrete symptoms and pathologies. The focus on disease as pertinent to one’s sexuality demonstrates the overwhelmingly medical approach to defining male queerness in this era.

Another prevalent trend within medical discourses from France at the turn of the century was the conflation of homosexuality with other sexual behaviors considered perverse. Dr. Paul

19 Nye, 59. Nye examines the link between honor and impotence in his article, particularly in relation to heterosexual men and their responsibility to reproduce in societally sanctioned ways at the turn of the century. This also has implications for homosexual men; since they were, by default, removed from the realm of reproductive and therefore normative sexuality, they were also considered dishonorable in the traditional system of masculinity.
20 Charcot and Magnan, 92.
21 Ibid., 88.
Garnier, for instance, details the sexual habits of a young man, Louis X, who receives sexual gratification from purchasing and polishing a pair of boots.\(^{23}\) He also describes the account of L, a man infatuated with men that had “a masculine appearance and were dressed in their work clothes.”\(^{24}\) This careful examination of fetishes seems to associate homosexuality with other, often peripheral, degenerative perversions. By associating male queer sexuality so closely with more unconventional sexual vices, medical professionals of fin-de-siècle France clearly demonstrate the degrading nature of homosexuality. In the eyes of the era’s medical professionals, homosexual men are more prone to other perversions due to the already inherent immorality of their sexual orientation and attraction.

Another concept perpetuated by nineteenth-century French medical professionals as well as the autobiographical reports of queer men is the notion of an “erotics of difference.”\(^{25}\) Many of the medical subjects mention their love for younger men or describe their lovers using very child-like terms. Antheaume and Parrot’s subject Antonio mentions his love for a young boy that produced in him a “completely pure maternal instinct…mixed with carnal desire.”\(^{26}\) The unnamed man studied by Tardieu in his 1867 study of homosexuality mentions falling in love with “a child who seemed to have fallen from the heavens above…[who] was as beautiful as [a] little cherub….”\(^{27}\) While Tardieu does not explicitly mention the fact that his subject’s lover seems to be a child, Antheaume and Parrot note that their subject was attracted to older individuals, but “after puberty his homosexual desire was aroused only by adolescents and

\(^{25}\) Puff, 735. The term “erotics of difference” was used in the nineteenth century to describe homosexual relationships in which men fell in love with men of a different class or age than themselves. In my analysis, I use it specifically to represent the construction of age differences within the romantic narratives of queer men from the period.
\(^{26}\) Antheaume and Parrot, 122.
\(^{27}\) Tardieu, 85.
children to the exclusion of adults.”

Interestingly, they note that “love directed at children is rare among uranists,” even though many autobiographical accounts of homosexual men in fin-de-siècle France mention love for younger boys or child-like features. This clearly represents a disconnect between medical study and the reality of many queer men’s lives and attractions – assuming descriptions of youthfulness or child-like lovers are not simply exaggerated. In some sense, these queer men are reproducing the concept of an “erotics of difference” in their own portrayals of their lives and experiences even as the concept is falling out of favor in medical study on homosexuality. This replication could indicate that earlier discourses and expectations of homosexuality influenced inverts’ narration and portrayals of themselves in the medical landscape of fin-de-siècle France.

A variety of the trends developed and perpetuated by the medical community at the turn of the century are evident in homosexual men’s autobiographical descriptions of themselves. Particularly, the notion that queer male sexuality corresponded to feminine attributes is a focal point of many of the autobiographies collected for studies on male homosexuality. For instance, Antonio, the subject of Antheaume and Parrot’s study, mentions in his autobiographical account that at age six, he was “really a girl as much in the physical sense as in the moral sense.” He elaborates that he preferred “to play with a girl” and had a “foolish passion for dolls;” later in life, Antonio recounts being teased for having feminine physical features. Antonio’s description of himself, particularly when recalling his childhood, indicates that his feminine interests and attributes are inextricably linked to his portrayal of his sexuality. While this may be due to a number of outside factors – public perception of homosexuality and its roots, teasing as

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28 Antehaume and Parrot, 126.
29 Ibid.
30 Antheaume and Parrot, 120.
31 Ibid., 120-121.
a result of feminine features – it seems as though Antonio confirms the medical connection between femininity and male queerness through his description of himself and of his experiences. In addition, other men participating in medical studies also positioned themselves as effeminate, often detailing a preference for feminine style or activities existing within them since childhood or adolescence, as well as a continuing enjoyment of effeminate clothing or taste.  

This connection, while likely true for many homosexual men anecdotally, represents a propagation of a wider cultural and medical stereotype of a feminine psyche as indicative of male queerness. Although men in medical studies may be feminine in their self-expression, their predication of their sexuality upon this quality seems to be a reproduction of the medical discourse surrounding male homosexuality in fin-de-siècle France.

Along with replicating medical analyses about their own femininity, homosexual men who were subjects in turn-of-the-century French medical studies often characterized their experiences and emotions in a performative and exaggerated style. Often, memories of lovers are accompanied by expressions of desperate love, pleas to heaven, and even threats on one’s own life. Garnier’s patient, L, says of the loss of a lover: “God alone will justify me in my intolerable existence…I bid you farewell…My thoughts are of you alone and for you alone I wish to live. Your memory has taken root in my heart and is watered by my tears.” In this confession, it is clear that L conveys his experience of love and his pain at the loss of his lover in an over-the-top literary register. Many of the other men praise their love for men in similar ways. Tardieu’s subject states that his love for another man must be the “delight that the angels must feel,” and describes the lengths he would go for his lover, saying, “[f]or him, what on this earth would I not

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32 Charcot and Magnan, 90.
34 Tardieu, 83.
have done! What would I not have asked from heaven!”35 These melodramatic appeals to the emotions did not go unnoticed by those conducting the studies; Tardieu describes them as “intense images borrowed from true love.”36 The implication of this analysis is that homosexual men reproduced and perverted images and emotions of true – heterosexual – love in order to justify their immoral habits. Whether or not queer men viewed their own love as a wrong or lesser version of heterosexuality, it is likely that producing performative versions of accepted romance and appealing to religious figures was a way to justify inversion within a medical context that suppressed it.

Not all homosexual men studied in within the medical field sought to reproduce heterosexual norms or even to abide by the laws of morality set in fin-de-siècle France. Antheaume and Parrot’s subject, Antonio, writes about the “false human morality” that prevents him from publicly loving young boys and states that he “protest[s] against the miserable human morality that condemns the practice of homosexual love in our time.”37 While he, too, is melodramatic in his appeals for his same-sex attraction and love, he seems to express this without the desire to replicate normative sexualities and appeal to the moral law of France at the time. This is a relatively rare form of rhetoric in the autobiographies of male homosexuals at the turn of the century; Antonio is the only subject in this collection of influential studies who explicitly speaks of his desire to live without heterosexual norms and ethics at all. While performative expression of love may reflect a reproduction of normative sexual codes, Antonio’s characterization of his love is clearly situated in opposition to the medical reification of compulsory heterosexuality and conception of homosexuality as perverse and immoral.

35 Ibid., 84.
36 Ibid., 83
37 Antheaume and Parrot, 124.
While it is difficult to ascertain the motivations and desires of homosexual men who were subjects of late nineteenth- and early-twentieth-century studies of inversion, it is clear that some trends and assumptions are reproduced within the autobiographical accounts of these men. Most commonly, homosexual men replicated ideas of femininity linked to queerness and produced performative narratives of love as a possible recreation of heterosexual romance. Direct and clear opposition to these norms in a medical context is rare, but not unheard of. In the case of the sources I examined, this resistance manifested in the form of an outright denial of homosexuality as immoral. Overall, studies from fin-de-siècle France suggest that the medicalization of male homosexuality impacted the ways in which queer men described themselves and their experiences autobiographically.
Works Cited


