American Eugenics

Race, Queer Anatomy, and the Science of Nationalism

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Science as Savior

In February 1999, the *Atlantic Monthly* ran an article on the work of Paul Ewald and Gregory Cochran, a biologist-physicist team who have theorized that homosexuality, along with heart disease, cervical cancer, and mental illness, may be caused by a germ rather than a gene. This assertion is in direct opposition to a host of recent claims on the cause of homosexuality and gender "deviance": Simon LeVay's 1991 announcement that a cell group in one portion of the brain's hypothalamus is twice as large in straight men than in gay men; J. Michael Bailey and Richard Pillard's 1992 contention that lesbianism or bisexuality in the identical twins they examined points to genetic determinants in the brain in utero; Dean Hamer's 1993 declaration that a not yet isolated gene on the X chromosome influences male sexual orientation; and Dick Swaab's 1995 report that a region in the hypothalamus is 60 percent larger in men than in male-to-female transsexuals.

There's nothing new about all this conjecture. Speculation on the causes and symptoms of homosexuality has been both a professional and a popular preoccupation for over one hundred years: prenatal stress results in gay offspring; lesbians don't menstruate; lesbians have asymmetrical faces; gay men can't whistle; lesbians are proficient whistlers; fluoride in the drinking water causes homosexuality; and, ripped from the headlines of the *Oakland Tribune*, "Crash Made Him Gay, Jury Made Him Rich."[1]

The latest findings are not even unique in their genetic emphasis. Yet the media has treated them all as breakthrough science. Hamer and LeVay garnered most of the attention appearing on *20/20* and *Nightline* and in

the pages of the *New York Times Book Review,* the *Washington Post,* the *San Francisco Examiner, USA Today,* and the gay press. The popular press, along with mainstream publishers, has been instrumental in creating and disseminating the story of genetic homosexuality. Not only have they given the public access to what might have remained dense and unreadable in scientific journals, they have worked with researchers to market their findings to a broader audience. Ewald and Cochran's work appeared in the *Atlantic Monthly* long before it faced the rigorous peer review that accompanies publication in professional journals. While Hamer took pains to explain that he had not isolated a gay gene per se, merely uncovered evidence that such a gene exists, he marketed the buzzwords very effectively. His book, *The Science of Desire,* bore the subtitle *The Search for the Gay Gene and the Biology of Behavior,* enabling him to simultaneously disavow and profit from a misleading turn of phrase.

The warm reception that greeted these hereditarian hypotheses (Ewald and Cochran's germ theory has not garnered the same kind of reception) raises two issues: What is it about causation theories that is so appealing to mainstream institutions and heterosexual America? What is it about the research that has so many in the queer community looking to it for deliverance? Mainstream media and its predominantly straight consumers look for a good story; if it holds an unspoken promise of curatives, so much the better. More than that, a focus on what causes queerness eclipses the larger question: who wants to know and why? Significant segments of the gay community, on the other hand, hold that causation theories can be honed into a strategic tool and integrated into a larger legal and political struggle. For many, there may also be personal attachment to biological explanations, a comfort in being able to tell straight family and friends that "we were born that way." The stakes are clearly different, but there is a commonality here. Genetic promises have been embraced without interrogation by a community and a larger society eager to accept any quick-fix explanations (and consequent solutions) that modern science had to offer. Whether the hope was for an antidote for homosexuality or homophobia, this embrace typifies the science-as-savior prism that has greeted so many determinist enterprises.

Of all the groups targeted by biological determinism, queers seem to be the only ones who have looked to eugenics to deliver us from marginalization. Why, in the face of so much evidence to the contrary—chemical and electric shock treatments, lobotomies, hysterectomies, castrations, vasectomies, and clitoridectomies all performed on lesbians and gay men in this country—do we continue to invest in medical models? A case in point is the legal challenge to Colorado's anti-gay Amendment 2, which sought to ban the enactment of antidiscrimination protections for lesbians, gays, and bisexuals.

On 14 October 1993, Hamer, a geneticist at the National Cancer Institute, took the stand in Denver's district court. He had been subpoenaed by lawyers for the Colorado Legal Initiatives Project (CLIP) who were challenging the recently passed amendment. Their legal argument held that homosexuality is a biological construct and that rights cannot be denied or abridged based on biology. According to this reasoning, homosexuality, if it is hereditary or congenital, endows lesbians and gays with an authentic, incontestable, protected minority status. It is not chosen, but doled out by nature; ergo, gays and lesbians should not suffer social ostracism or political disfranchisement.

This particular strategy was not without precedent, at least outside the courtroom. Lesbian and gay history is replete with champions who relied on evolutionary or biological arguments to agitate for our civil and human rights. Karl Heinrich Ulrichs, for example, pursued this line in the mid–nineteenth century. If homosexuality was recognized as inborn, he reasoned, gays could not be criminally prosecuted. Perhaps choice implied guilt, but the undeniable force of nature should not. Magnus Hirschfeld engaged in similar reasoning, but neither his Institute of Sex Research, which ultimately fell to Nazi violence, nor the Scientific-Humanitarian Committee, which he cofounded, could safeguard civil rights for gays and lesbians. More recently, studies on everything from hormone levels to maternal DNA have underscored a furious desire for morphological explanations of homosexuality. As evidenced by a quick succession of antigay ballot initiatives in Colorado, Oregon, Maine, and Idaho, such quests have contributed little to the abatement of homophobia. The best that can be said of such theories is that they promote not justice or equality or respect, but a grudging tolerance infused with pity. The worst that can be said of them takes up the bulk of the pages that follow.

Arguing the biological immutability of homosexuality, a tactic historically used against queers, was an acquiescence on CLIP's part to demands

that the lesbian/gay/transgender/bisexual community explain or justify its very existence in order to secure full political and social enfranchisement—a troubling precedent for all civil rights movements. In choosing to invoke medical models, our legal advocates chose also to ignore not only a century of medical assaults on queers—indeed, no matter how well intentioned, CLIP's strategy is a product of this history—but also the current round of eugenics being unleashed on other marginalized groups. They put up witnesses such as Richard Green, a UCLA psychiatrist and author of *The Sissy Boy Syndrome.* Green stated in his affidavit that prenatal stress could turn a male fetus into a homosexual boy, and testified that large clitorises not treated by "corrective surgery" within the first year of life could turn little girls into lesbians. The court also heard from Judd Marmor, who claimed that some transsexuals have "temporal lobe pathology."[2]

Hamer was asked to testify because of his "discovery," some months earlier, that a small region on the X chromosome was the same in a disproportionately high number of gay brothers, indicating, to his mind, a genetic basis for homosexuality. Hamer later wrote, "More than once, sitting in that Colorado courtroom, I thought, what am I doing here? What does biology have to do with law, politics, and equal rights, anyway?"[3] This would be a sound and reasonable question if there were not a long history, in this country and abroad, of science and social policy reinforcing each other's agendas. It might be a valid question had the trial not been taking place a decade into the AIDS pandemic, the political and medical responses to which have so clearly demonstrated exactly what biology has to do with law, politics, and equal rights. Hamer's own book jacket displayed a quote from E. O. Wilson, standard-bearer of sociobiology: "The search for a genetic basis of homosexuality illustrates, in a profound way, the potentially turbulent relation between the biological sciences and public policy." Wilson called *The Science of Desire* "an authoritative and very readable explanation of how both to conduct good science and to manage its risky social implications." In truth, the book fails on both of these counts. While the primary endeavor of this chapter is to historicize these "risky social implications"—not the least of which is the specter of eugenics the book raised but never adequately dealt with—something needs to be said about just how good Hamer's science was. Adherence to faulty scientific data demonstrates both the right's commitment to homophobia *and* the political desperation of gay rights advocates. It also exposes the stalwart faith in the alleged neutrality of scientific theories, an enlightenment belief in progress that has marked most eugenics enterprises. For these reasons, the conditions of Hamer's research, and that of his like-minded contemporaries, require a brief discussion before proceeding further.

On 25 June 1995, the *Chicago Tribune* reported that Hamer was under investigation by the National Institute of Health's Office of Research Integrity. Just two years earlier the *New York Times,* the *Washington Post, Newsweek, USA Today,* the *San Francisco Examiner, Nightline,* and London's *Daily Examiner,* just to name a few, had all lavished favorable coverage on Hamer's "breakthrough." One headline blared, "Abortion Hope after 'Gay Genes Finding.'"[4] Even San Francisco's *Bay Area Reporter,* a queer weekly, was calling the geneticist a "trailblazer" and claiming that "the social, *medical* and other benefits of this could be enormous."[5] The *Tribune* 's report did not prompt serious critique in the national press. News that Hamer was now being accused of manipulating data during his search for a gay gene, specifically that he ignored data that contradicted his own theories, hardly made the same sort of media dent. When he released his second set of studies in October 1995, the news coverage made no mention of the investigation. The press greeted Hamer's latest report as if it were independent confirmation of his earlier work and not a scientist's reiteration of his own claims. More recently, researchers at the University of Western Ontario revealed that they were unable to find any evidence to support Hamer's claims—an announcement that also failed to garner much attention.[6] The fact is, most studies that contradict or fail to confirm a genetic basis for homosexuality go unpublished or underreported.

Long before Hamer came under the scrutiny of the *Chicago Tribune,* he was criticized by other scientists for failing to publish his original data and denying other researchers access to any of the genetic material he used during his study. No other research team has been able to duplicate, and thereby confirm, his work. Implications of his findings aside, Hamer's methodology was also questioned. He never examined the genes of heterosexual brothers, a control experiment that many in the field considered basic.[7] He eliminated potential subjects whom he deemed "atypical," including a family with two lesbian sisters and three gay brothers, for fear that "we might not find a typical gene," and because he had read that "homosexuality in males and females usually runs in

separate families, so one family is not likely to have both gay men and lesbians." Likewise, Hamer's team removed from consideration families with gay sons and gay fathers because "this pattern also would not be consistent with X-chromosome linkage." He extrapolated about all gay men, despite an extremely homogeneous subject sample: 92 percent white with an average educational level of 15.5 years, average yearly income of over $40,000, average age 36. "The advantage of working with such a sophisticated group of subjects," Hamer rationalized, "was their openness about sexuality, a characteristic that would help rather than hinder our research." What was he implying, then, about working-class and poor gay men and gay men of color? Lastly, Hamer's working statistics placed the number of gays and lesbians in the staggeringly low range of 1 to 7 percent of the population (2.0 to 2.6 percent for the purposes of his study).[8] A numerical deflation of this magnitude has resounding political implications in and of itself.

Hamer's methodology is not the critical issue. Far more telling was the failure of most, though certainly not all, of the papers and magazines and news shows, which had lauded Hamer two short summers before, to come forward with follow-up stories. Hamer's study, and the packaging of that study, confirmed one hundred years of spoken and unspoken speculation, namely that queers are inherently deviant. The revelation that he may have rigged his results confirmed no one's hopes or fears, ergo it was not news. What happens when flawed, unproven theories and nonreplicable research enter the public discourse? If they support rampant bias, they become entrenched, regardless of later debunking. Such a scenario unfolded in early conjecture and reportage on AIDS, and the fallout is still being felt.

Hamer was only one player in the Great 1990s Medicalization of Queerness, a resurgence of a much longer, more entrenched biologism of homosexuality. His ideological cohort includes Sandra Witelson (who announced in 1994 that "the communication conduit between parts of the brain used for understanding speech and perceiving objects" is bigger in gay men than in straight men) and Dick Swaab.[9] Most significantly, Hamer acknowledged another scientist who, in his words, "ushered in the era of looking for biological differences in sexuality"—Simon LeVay.[10]

In 1991, two years before Hamer's star ascended, LeVay gained attention when *Science* published his findings regarding the hypothalamus in gay men. LeVay, then a researcher at the Salk Institute in San Diego,

wrote that a cell group in the interstitial nuclei of the anterior hypothalamus (INAH 3) was twice as large in heterosexual men than in gay men. This conclusion was based on an analysis of brain tissue taken during autopsies from forty-one subjects in New York and California metropolitan hospitals: eighteen gay men with AIDS, one bisexual man with AIDS, sixteen "presumed heterosexual" men (six of whom died AIDS-related deaths), and one woman with AIDS (sexuality not stated).[11] In early 1992, foreshadowing Hamer's search, LeVay told a reporter that within five years researchers might be able to isolate a small number of sex genes.[12]

LeVay's contention that the key to sexual orientation is in the brain, and more specifically in the hypothalamus, was not new to the study of sexuality and should be situated in its recent history. In 1972, two German neurologists, F. Roeder and D. Muller, reported on their efforts to "cure" gays as "a matter of public health policy." Their "treatment" involved "the unilateral destruction of the sex behavior center located in the central medial hypothalamic nucleus." They persuaded judges to release gay men serving prison sentences in exchange for their submission to brain surgery. Needles—electronic probes—were inserted into the men's brains, and the area then coagulated with the flip of a switch. In other words, as one reporter noted at the time, they burned out the brain cells they did not like.[13] Following the study, and with no regard for medical ethics or the coercive tactics employed to secure subjects, doctors in several countries began performing the psychosurgery, despite possible side effects that included transitory diabetes, disturbance of the appetite control center resulting in obesity, a diminished sex drive, and asexuality.[14] *Lancet,* the official publication of the British Medical Society, endorsed the surgery on the grounds that "castration is open to criticism on ethical grounds while psychosurgery is not."[15] Not to be outdone, scientists in the United States were also zeroing in on the brain. Walter E. Stumpf, University of North Carolina, reported that nerve cells that attract sex hormones are scattered in the frontal lobe, temporal lobes, the brain stem, and other parts of the central brain. This information, he declared, would open new doors in treating "emotional and sexual disorders" through neurosurgery.[16]

At least LeVay's subjects were already dead, though the means of acquiring those subjects deserves some attention. LeVay has acknowledged that samples of gay men's brain tissue were readily available to

him because of AIDS. For one of his test groups, Hamer recruited subjects from HIV-positive outpatients at the National Institutes of Health, the Whitman Walker Clinic in Washington, D.C., lesbian and gay twelve-step programs, and Emergence, an organization of lesbian and gay Christian Scientists.[17] He did not select a cross section of the gay male population. More disturbing is the fact that subjects were procurable because, as in other eugenics enterprises, they were enmeshed in an institutional net, in this instance the health care system.

Like Hamer, LeVay issued a disclaimer on his work, saying that it could not be determined that the difference in INAH 3 directly *caused* homosexuality; it might merely be the *consequence* of homosexuality. This hypothesis, too, has predecessors. Scientists have been arguing for over a hundred years that homosexuality, along with masturbation and "excessive" heterosexual sex, was either the manifestation of a biological deficiency or else the root cause of a wide array of anatomical "mishaps," from underbites to left-handedness.

History aside, contemporaries of LeVay have questioned his measurements. The structures themselves are difficult to see in tissue slices, and it is unclear what the most definitive measurement of size is. LeVay measured volume. Others say the actual cell count is more reliable.[18] He has also been criticized for his small sample size and for compiling inadequate sexual histories. Several of his colleagues have noted that the size of the nuclei could be impacted by AIDS, especially given the fact that INAH 3 is dependent on testosterone levels, which, studies have shown, may be reduced significantly during an end-stage HIV infection.[19] These criticisms, like those of Hamer's work, have been largely ignored relative to the fanfare that greeted the study's initial release. Regardless, the idea of a "gay brain" or a "gay gene" continues to be taken seriously.

The political climate in the country at the time these studies were unveiled goes a long way toward explaining their popularity. Their promise of liberatory biologism coincided with the spate of antigay initiatives that were on the ballot in towns, counties, and states across the country. Hate crimes against queers, including murder, were on the rise. Gays in the military became the seminal issue in gay politics, overshadowing larger issues of civil rights and AIDS. In short, the country was, once again, wondering what to do about and to queers. It should come as no surprise then, with all these pressing issues, that the focus would be displaced. The concern was and is not about rights, but rather about

how we got to be the way we are. This is, of course, for those not being dissected, a much safer enterprise, requiring no change in the status quo and offering up the promise of eventual eradication not of marginalization, but of the marginalized.

Much of the commentary generated by genetic postulations is couched in terms of equal rights and an end to social and familial ostracism. A 1992 *Newsweek* article lauded these new theories as all-around good news for queers and their parents. "Theoretically, it could gain them the civil-rights protections accorded any 'natural' minority, in which the legal linchpin is the question of an 'immutable' characteristic. Moreover, it could lift the burden of self-blame from their parents." Parental guilt was a key flash point of the *Newsweek* piece. "For parents, a child's 'coming out' can lead to painful soul-searching." While this is too often true, scientific inquiry demands sounder inducements. Pillard, a psychiatrist who has worked with Bailey on lesbian twin studies, told an interviewer, "A genetic component in sexual orientation says, 'this is not a fault, and it's not your fault.'" Another researcher said, "There is a tendency for people, when told homosexuality is biological, to heave a sigh of relief. It relieves families and homosexuals of guilt." The *Newsweek* writer maintained that members of Parents and Friends of Lesbians and Gays (PFLAG) are "firmly behind any research that implicates biology as the source of gayness. It assuages the raging guilt some of them feel that they might be responsible."[20] Soothing anxiety has now been elevated to a research imperative for the hard sciences, a capitulation to the notion that there is indeed something to feel guilty about.

While the chief goal of much of the article seemed to be to temper doubt about parenting skills (the cover featured a close-up of a baby's face with the banner "Is This Child Gay?"), it also conveyed a simplistic and mislaid faith in the power of medical models. Biology here is not only destiny but liberation—liberation from homophobia but also from socialization exegeses. Socialization, as an explanatory argument, has, after all, also been used against LGBTs, routinely and systematically banning them from being teachers, foster parents, adoptive parents, and so on, for fear that impressionable minds will be corrupted and unsuspecting youth initiated into the queer fold. It is not surprising then that segments of the gay community would also embrace genetic interpretation, ignoring not only the histories of racism and eugenics, but also the medical profession's history of treating homosexuality. In this way, much

of the community has fallen prey to the limiting, and ultimately destructive, binary exemplified by the plaintiff's counsel in the Amendment 2 case. But others, with longer memories, have contested a reliance on medical paradigms, hereditary or otherwise. As Doug Futuyma pointed out, such a reliance is perilous because new research could come along that suggests homosexuality has nothing to do with biology, and where would that leave an argument for gay rights that rests on genes, or hormones, or evolution?[21] In fact, this has already happened. The real question, as Wendell Ricketts wrote, is not whether human sexuality is influenced or dominated by either environmental or innate conditions, but "whether it will be the biologists or social scientists who prevail in demonstrating the conceptual barrenness of their theories, the arrogance of their research, and the ineluctable taint on 'objective' science of personal beliefs and cultural prejudices."[22] Yet it may not come down to such a choice. The reality is that causation theories have tended to be cooperative, not competitive.

There's a strong belief that there's something novel in these genetic theories, something that will dislodge older models of homosexuality that have been so destructive, something that will unseat socialization arguments or the psychiatric paradigm, with all its attendant "treatments" or charges of immorality fueled and sustained by Christian doctrine. But nothing in the long medicalization of homosexuality has ever displaced what came before. What we have seen instead is additive causation theories.

Causation theories, proposed and molded by both opponents and supporters of gay rights, have gone from moral turpitude to anatomical flaws (frequently race-based), to biological and eugenic culprits, to psychiatric disorders, to hormonal imbalances, and back to eugenics. These paradigms have not only reinforced one another, they have frequently made recourse to—and bolstered—eugenic pronouncements on race, crime, urbanization, and class. They are additive, and therefore none have dislodged their predecessors or posed any substantive challenge to homophobia. The "gay gene" will not displace psychiatric diagnoses any more than the latter displaced sin-based condemnations. The very need to locate a basis of homosexuality invests all causation endeavors with an antigay bias. Despite this book's focus on the bankruptcy and perils of biological models, what follows is in no way an endorsement of so-

cialization arguments, but rather a call for queers to opt out of nature versus nurture arguments altogether.

Culturally and politically, queers have had to contend with the consolidated power of multiple explanations of homosexuality. This century has witnessed the emergence of extremely frightening syntheses. Biology has fused with psychiatry, disease with evolution, heredity with morality, psychiatry with genetics. "Curative" and punitive discourses have melded. Medical and legal assaults have merged.

Delineating Deviance

Moral Imperatives, Hereditarian Hypotheses, and the Letter of the Law

It almost goes without saying that seeking a cause or cure for homosexuality confers on it the mark of deviance and that the medical or psychiatric pathologization of homosexuality serves to normalize heterosexuality. The National Institutes of Health did not, after all, house the search for a straight gene, except, perhaps, by default. It is not surprising then that the term "homosexual," coined in 1869 by Hungarian physician Karoly Maria Benkert, gained currency before the term "heterosexual."

Any examination of eugenics and the construction of homosexuality is complicated by the shifting vocabulary of the last 130-odd years. Like the highly malleable designation of "race" employed by anti-immigrant eugenicists, the terminology and associative meanings ascribed to gender and sexuality by physicians, policy makers, allies, and apologists have been slippery. As George Chauncey notes, there was no "feminine" or "masculine" behavior that was consistently normative across class and ethnic lines at the turn of the century. Further, he states that middle-class culture insisted on exclusive heterosexuality as a measure of "normal" manhood long before African-American and immigrant European-American working-class cultures did.[1] Unfortunately, it was the first of these that set the medical and social standard.

To further confound the discussion, designations of homosexuality have been, for the better part of the last century, predicated on adherence to gender conventions—tricky when gender itself is a social construct. "Sexual inversion" referred solely to men who adopted women's gender norms and women who adopted men's. Thus, it was possible to

engage in homosexuality without being an "invert" provided one maintained the physical and behavioral attributes deigned normative for their biological sex. Medical literature frequently, though not exclusively, referred to this group as "perverts."[2] "Urning," coined in 1898, was Karl Ulrich's term for a female mind in a male body, the result, the German lawyer said, of an undifferentiated human embryo.[3] Magnus Hirschfeld preferred the "third sex," describing homosexuality as a midpoint between total "femaleness" and total "maleness."

This idea of a continuum was very popular in the late nineteenth and early twentieth centuries. Xaviar Mayne, a crusader for homosexual rights, spoke of "intersexes . . . the half-steps, the between beings." British socialist Edward Carpenter also imagined an "intermediate sex." Both men, as Siobhan Somerville has noted, borrowed heavily from science's prevailing notions of race. Mayne declared that "[b]etween the whitest of men and the blackest of negro stretches out a vast line of intermediary races." So too was it with the intersexed. "Nature abhors the absolute, delights in the fractional." Carpenter wrote of women who were "one-quarter, or one-eighth male" as similar to "half-breeds," demonstrating once again how reliant one strand of eugenics was on another.[4]

Foucault noted that situating the discourse on sex (sexual relations, venereal diseases, matrimonial alliances, perversions) within broader hereditary paradigms invested it with urgency and granted it the power to "eliminate defective individuals, degenerate and bastardized populations." Its location linked it to other eugenic analyses across the board, and it became a supreme arbiter of the "moral cleanliness of the social body." Thus endowed with "biological responsibility" for the species, he wrote, "not only could sex be affected by its own diseases, it could also, if it was not controlled, transmit or create others that would afflict future generations."[5]

Hereditary notions that tied homosexuality, among other "propensities," to other manifestations of compromised bloodlines abounded during the late nineteenth century. In 1882, Charcot and Magnan determined "sexual inversion," along with kleptomania and dipsomania (an unsatiable craving for alcohol), to be part of a larger and more basic process of hereditary degeneration.[6] Though he later disavowed eugenic arguments, Richard von Krafft-Ebing also viewed homosexuality as but one of many manifestations of inherited weakness, stating that in "almost all cases where an examination of the physical and mental peculiarities

of the ancestors and blood relations has been possible, neuroses, psychoses, degenerative signs, etc. have been found in the families."[7]

James Foster Scott applied similar eugenic reasoning to questions of sexual desire in his 1898 book, *The Sexual Instinct: Its Use and Dangers, as Affecting Heredity and Morals: Essentials to the Welfare of the Individual and the Future of the Race.* He was particularly concerned with the eugenic consequences of masturbation and onanism, catchall terms used in the nineteenth century to refer to all nonprocreative sex, including homosexuality. Masturbation, Scott wrote, was sometimes "a legacy inherited along with an unstable nervous system." According to Scott, an obstetrician at Columbia Hospital for Women, "almost all sexual perverts owe their anomalies of desire, inclination and fancy to . . . either their own or their ancestor's onanism."[8] Heredity was implicated in either instance, for these "anomalies," even if acquired, could still be passed along to the next generation.

> [T]he progeny of the impure are likely to suffer on account of the impaired and vitiated vigor of the parental reproductive functions; thus they are liable to have a proneness to sin—organic *fault,* or physical and moral damage—they inherit a neurasthenic sexual predisposition, . . . a constitutionally impaired physical and moral stamina.[9]

For Scott, the sexual instinct was "an inherent desire for the perpetuation of the species." Not surprisingly, he labeled every sexual act that did not involve propagation of the human race as perverse. Any man, and here Scott was writing exclusively about men, who engages in sexual acts not designed to further the race ultimately "bequeaths an undesirable legacy to his posterity, giving both his sons and daughters a proneness to psychoses and neuroses, especially in their sexual proclivities."[10]

"Men do not seem to realize," Scott opined, "the tremendous importance of heredity, and that their illegitimate pleasures and acquired preferences for impure courses are as likely to crop out in their daughters as in their sons, invariably in an evil way." In conjuring an image of generation upon generation destroyed by the masturbation and/or homosexuality of their ancestors, Scott may have been urging restraint (which for gays and lesbians meant celibacy) as an alternative to legal punishment or medical treatment. However, his reference to an Oliver Wendell Holmes quote—"If you want to reform a man, begin with his grandfather"—suggests he was probably arguing for eugenic intervention.[11]

French writer Paul Moreau was much clearer about his intentions. Moreau's work, cited extensively in U.S. eugenics tracts of the late nineteenth and early twentieth centuries, exemplified the fusion of heredity- and morality-based approaches to homosexuality. According to Moreau, humans possessed a sixth sense, a genital sense susceptible to injury both psychic and physical. Environment, he wrote in 1887, could be a factor, but the existence of a "mixed class" of "[p]aederasts, sodomites, saphists," and others "can most frequently be explained only by one word: Heredity."[12]

> Not infrequently, under the influence of some vice or organism, generally of heredity, the moral faculties may undergo alterations, which, if they do not actually destroy the social relations of the individual, as happens in cases of declared insanity, yet modify them to a remarkable degree, and certainly demand to be taken into account, when we have to estimate the morality of these acts.[13]

Homosexuality per se might not be hereditary, but the propensity toward such moral decrepitude was. Heredity impacted morality and therefore eugenics did not undermine, but could actually bolster, sin-based condemnations.

It was based on his conviction of an innate pathology, passed from generation to generation, that Moreau called for *therapeutic* rather than *punitive* measures,[14] though given the conditions of asylums, the distinction blurs. He exhorted members of the medical faculty to sit on the bench during criminal trials, a strategy that moved gays—ideologically at first—from the prison to the hospital. The chief difference lay in who would determine the fate of homosexuals. Doctors, not judges, should evaluate those accused of sodomy, tribadism, or other "sexual excesses."

In *The Construction of Homosexuality,* David Greenberg has written extensively of doctors' and scientists' drive to claim jurisdiction over the realm of "social problems." Greenberg attributed the shift toward medicalization to a number of factors, among them the work of scientists seeking to "create a scientifically based and scientifically directed culture purged of metaphysics and religious superstition," which had been the guardians of antihomosexual rhetoric thus far.[15] But beyond Enlightenment reason, the changing economy of the country helped

the medical profession stake their claim. Heredity-based explanations justified the existing distribution of wealth and power:

> As occupations became specialized and required technical skills, which often had to be acquired through costly advanced education, as work increasingly involved employment in bureaucratic organizations, and as larger amounts of capital were required to open a business, *moral* deficiencies no longer provided a plausible explanation for failure. Indeed, workers came increasingly to blame their difficulties on the class system, which severely limited their opportunities and threw them out of work at every downturn in the business cycle. This, however, was an uncomfortable thought to those who were relatively privileged; they found it far more attractive to explain failure in terms of innate intellectual deficiencies.[16]

Upper- and middle-class anxieties over urbanization, immigration, class conflict, and economics (there were those who blamed the depression of the 1890s on the biological deterioration of the American population) factored heavily into a belief in the hereditary nature of homosexuality, poverty, and crime.[17] The rhetoric around homosexuality was, in part, a product of apprehension. Homosexuality was viewed, perhaps contradictorily, as a pathological response to life in the modern world.[18] Many physicians diagnosed inversion as a strictly urban phenomenon, with the swelling of the homosexual ranks due, no doubt, to disembarking immigrants in port cities. As Chauncey observed, "The English tended to blame homosexuality on the French, and the French to blame it on the Italians, but Americans blamed it rather more indiscriminately on European immigration as a whole."[19]

Add to all this the biases brought to bear by doctors' own socioeconomic positions and their desire to advance those positions, and it is easy to see why they were so vested in medicalizing almost every aspect of human behavior. Yet, there was some resistance to locating homosexuality in eugenics gone awry. Then, as now, there were those who felt that any physical explanation or hereditary approach to homosexuality exonerated sinners. G. Frank Lydston, a professor at the Chicago College of Physicians and Surgeons and a lecturer on criminal anthropology at the Union Law School, reconciled this morality-eugenics split in "A Lecture on Sexual Perversions, Satyriases, and Nymphomania":

> Even to the moralist there should be much satisfaction in the thought that a large class of sexual perverts are physically abnormal rather than morally leprous. It is often difficult to draw the line of de-marcation between physical and moral perversion. Indeed, *the one is so often dependent on the other that it is doubtful whether it were wise to attempt the distinction* in many instances. But this does not affect the cogency of the argument that the sexual pervert is generally a physical aberration.[20]

Lydston, a practicing surgeon, split "sexual perversion" into two major categories. "Congenital and perhaps sexual perversion," he wrote in 1889, consisted of one or more of the following:

a. sexual perversion without defect of structure or sexual organs
b. sexual perversion with defect of genital structure, e.g., hermaphroditism
c. sexual perversion with obvious defect of the cerebral development, e.g., idiocy

Acquired perversion, on the other hand, was composed of

a. sexual perversion from pregnancy, the menopause, ovarian disease, hysteria, etc.
b. sexual perversion from acquired cerebral disease, with or without recognized insanity
c. sexual perversion from vice
d. sexual perversion from over stimulation of the nerves of sexual sensibility and the receptive sexual centers, incidental to sexual excesses and masturbation[21]

Lydston's attention to the causes of "perversion" was a subset of his larger concern over the eugenic health of the nation. The "degenerate classes" (criminals, the poor, the insane) numbered, by his count, 215,000. "This is almost as large as the army organized by the United States during the war with Spain."[22] Lydston's confidence in the inheritability of acquired traits may have reflected not only a wide subject pool of "perverts" (encompassing but not limited to homosexuals) but also a certain belief in the fluidity of human sexuality that is largely absent in current discourse: his concern about the transmission of "sexual perversion" from one generation to the next stemmed from an acknowledgment that not all "sexual deviants" were solely homosexual in practice, but might have children from heterosexual contacts.[23]

> The child of vice has within it, in many instances, the germ of vicious impulse, and no purifying influence can save it from following its own inherent inclinations. Men and women who seek, from mere satiety, variations of the normal method of sexual gratification, stamp their

> nervous systems with a malign influence which in the next generation may present itself as true sexual perversion. Acquired sexual perversion in one generation may be a true constitutional irradicable vice in the next, and this independently of gross physical aberrations.[24]

For Lydston, moral and physical manifestations of "sexual perversion" were interdependent and multirooted. The benefit of connecting "vice" to physical culprits was that it sanctioned physical curatives, already unleashed by nineteenth-century surgeons administering to the "deviant." Cessation of dysgenesis, acquired or otherwise, demanded intervention.

Hysterectomy, vasectomy, castration, clitoridectomy, and blistering of the vulva, prepuce, or thighs were all prescribed by physicians in cases of perversion.[25] In 1859, the *Boston Medical and Surgical Journal* printed a letter by a doctor who was treating a deinstitutionalized heterosexual man for "satyriasis" (excessive desire) and "erotic mania." Would castration take care of the problem? The responding doctor confirmed that it had been done repeatedly, notably at a hospital in Ohio "on quite an extensive scale." However, he wrote that he recoiled at the notion of removing the ovaries of a "nymphomaniac," stating, "I have found that heavy doses of opium, long continued, do control the nymphomaniacal disposition."[26] One contributor to the *Journal of Orificial Surgery*, in an extensively illustrated piece on clitoridectomy and circumcision, concluded that "the hopes of the race for emancipation from sin as well as from sickness will find their main reliance in orificial surgery."[27] Another wrote that children could inherit strong sexual passion from their parents, grandparents, or great-grandparents. He supplemented this with some nutritional advice: "Pork, ham, bacon, sausage, pickles, vinegar, spices, alcoholic liquors, and tobacco and scores of other kindred articles should be banished from use, for such elements in the blood stimulate the passions and lessen the power of self-control."[28]

Whether curative or prophylactic, it was clear that submission to treatment would not remain even nominally voluntary if Lydston and his colleagues had their way. In his 1904 book, *The Diseases of Society*, Lydston declared that "individuals whose physical and moral status is such as to insure the unfitness of their prospective progeny should be given the alternative of submitting to sterilization as the only condition upon which matrimony is legally permissible."[29] His colleagues were similarly preoccupied and eager to prescribe remedies, usually surgical

in nature. Dr. E. H. Pratt, for example, wrote that castration of "sexual monsters" who "startle the community with the boldness of their desperate propensities" would prevent them from siring a generation with like tendencies (though it would not "curb the propensities of the criminal or save him from the madhouse)."[30] The designation of homosexuality as disease or inheritance or congenital condition may have mandated "treatment," but it did not squash either environmental- or sin-based models. Most importantly, it did not preclude the possibility of imprisonment or other legislated punishment. Lydston and Pratt and others advised regulation by way of the consolidation of medical and judicial/legislative power. Homosexuality would be absorbed into a eugenics-crime paradigm.

At the 1901 International Congress of Criminal Anthropology, Cesare Lombroso stated that any homosexual who acts out his "diseased" urges should be thrown in prison.[31] Lombroso, like many doctors of his day, not to mention many without medical degrees, traced a wide array of criminal acts to heredity (and, by extension, to race and nationality). He asserted that criminals were biological regressives, ill-equipped to negotiate the modern world. Homosexuals were among these atavistic throwbacks, at a lower evolutionary stage than heterosexuals. This pronouncement fit nicely with Lombroso's model of the *delinquente nato* (born criminal) who, unable to restrain the baser animal instincts, was prone to violence, promiscuity, pederasty, and tattooing.[32] "[H]omosexual offenders who are born such, and who manifest their evil propensities from childhood without being determined by special causes . . . should be confined from their youth."[33] Even Moreau, who had advocated the decriminalization of homosexuality, came to call for a similar policy. The punitive zeal of eugenicists ensured that the discourses around punishment and cure would continue to converge.

In 1893, Dr. F. E. Daniel, of Austin, Texas, presented a paper that epitomized the intersection of legal and medical procedures, designating corporeal punishment as actual treatment. Over the next nineteen years, "Should Insane Criminals or Sexual Perverts Be Allowed to Procreate?" was reprinted in three separate medical journals. "I would," stated Daniel, "substitute castration as a penalty for all sexual crimes or misdemeanors, including masturbation." Daniel opted for castration over execution as a kinder means to an end.[34]

> The aim of jurisprudence should be, in addition to the repression of crimes, a removal of the causes that lead to it, and reform, rather than the extermination of the vicious. It should comprehend both the therapeusis and prophylaxis in the widest sense; thus, drunkenness should be cured, and intemperance prevented. . . . So with the sexual sins; the offender should be rendered incapable of a repetition of the offense, and the propagation of his kind should be inhibited in the interest of civilization and the well-being of future generations.[35]

While Daniel spoke of the societal benefits of the elimination of "much that is defective in human genetics," and the eventual "sanitary utopia" that would be born of a union between "preventative medicine" and the "enactment and enforcement of suitable laws," he also propagated a belief in the implicit humanitarianism of eugenics brought to bear on individuals—namely the substitution of the "cruel execution of criminals" with castration. With proper medical and legal intervention, he explained, even that procedure would become obsolete a few generations hence. "It does seem that the scheme of our government, and the tendency of our civilization is to foster the criminal and mentally defective classes. . . . Is it not a remarkable civilization that will break a criminal's neck, but will respect his testicles?"[36]

Daniel's criticism notwithstanding, there was no shortage of physician participation in legislative incursions into matters of sexuality. Beginning in the last decades of the nineteenth century, a flood of state sodomy laws were passed or amended to encompass a greater array of sexual practices. Doctors, foreshadowing the Amendment 2 litigation strategy, provided a legitimizing presence among lobbyists. There was a certain reciprocity involved as castration and like procedures were transformed from court-mandated penalty to medically endorsed treatment. Physicians saw their diagnoses legally sanctioned and thus their esteem and power consolidated. At the same time, the judicial system was able to mete out corporeal punishment while still appearing to have the best interests of the defendant/patient, the public, and the national gene pool at heart.

One of the most sweeping manifestations of this dynamic (and a partial fulfillment of the prescription by Lydston and his colleagues) was the rash of sterilization statutes enacted by thirty states between 1907 and 1932. In almost every state that legislated sterilization, eugenics boards were convened. Essentially, these were medical panels established to

grant or deny doctors the right to sterilize anyone with a real or imagined physical or developmental disability. Usually these were prisoners or patients at hospitals or asylums and sometimes they were members of the public at large. Fees related to enforcement were absorbed by institutional maintenance funds in some states and by state treasuries in others.[37] In a fusion of medical and legal discourses, individuals singled out for sterilization were referred to as *defendants*. In short, the legislatures had established a physician-run de facto court system whose jurors were not bound by any state bar and who were free to authorize, for "eugenic or therapeutic purposes," any number of sterilization operations on those unfortunate enough to be ensnared by either the criminal justice or mental health systems. Beyond *merging* with the judiciary, medical science had *become* the judiciary.

In 1909, California, the third state to pass a compulsory sterilization law, became the first to include in its provisions the sterilization of "moral degenerates" and "sexual perverts showing hereditary degeneracy." A commission composed of the secretary of the state board of health and doctors and superintendents of state hospitals, state homes for the "feeble-minded," and the state prison were empowered to have sterilized

> any inmate, patient or convict for therapeutic, eugenic and punitive reasons. This commission's judgment is conditioned by the fact that in the case of an inmate or convict, the individual must have been convicted at least two times for some sexual offense, or at least three times for any other crime, and shall have given evidence, while confined, that he or she is a moral and sexual pervert.[38]

Two years later, Iowa's sterilization statute targeted "criminals, idiots, feeble-minded, imbeciles, drunkards, drug fiends, epileptics, syphilitics, and moral and sexual perverts." Like the California statute, the Iowa law was amended and replaced several times over the decade that followed in response to legal challenges over constitutionality, particularly with regard to equal protection and broadness of scope. Still, the target groups did not change. If anything, the new laws were more efficient. Iowa's 1929 legislation called on the superintendents of state institutions to submit quarterly reports to the eugenics board, listing viable candidates for sterilization. Unlike California, Iowa extended this roundup beyond the hospital and prison walls to the general public and provided free legal counsel to those about to go under the knife.[39]

Oregon passed a law claiming to be both eugenic ("for the prevention of the procreation of the feeble-minded, insane, epileptics, habitual criminals, moral degenerates, and sexual perverts with inferior hereditary potentialities") and curative ("[a]ny sterilization operation may be ordered but emasculation, except as a necessary procedure to improve the health of the individual"). In the years that followed, homosexuals and other "sexual perverts" were explicitly equated with violent offenders as the law was supplanted (1923) and amended (1925) "so as to render those people who are convicted of rape, sodomy, or any other crime against nature amenable to the sterilization law."[40]

Nebraska's 1929 law made sterilization a prerequisite for discharge or parole in some cases, taking aim at "sexual perverts" and "moral degenerates," among others. "Criminals convicted of rape, incest or any other crime against nature may be castrated on court order, if the performance of this operation on the male would make him eligible for commutation of sentence."[41] Medical procedure, as decreed by the legislature, could yield freedom. Sterilization, even castration, was characterized as more benevolent, and more to the point, than internment.

Utah passed its bill, allowing sterilization of "habitual sexual criminals," in 1925. Ironically, the framers' insistence that the provisions therein were therapeutic and not punitive was what spared Esau Walton from having to submit to the operation. Walton was born in Georgia but left the state after his mother's death in 1923. While a minor in the South, he was arrested on various charges of theft, including one for stealing silk shirts. When he was nineteen, he was sentenced to Utah State Prison. Four years later a guard accused him of having sex with another inmate, and the warden petitioned for his sterilization on this basis. Given the disproportionate number of African-Americans that came under the knife of many states' sterilization programs, it is not unreasonable to assume that warden R. E. Davis's eagerness to have Walton sterilized had as much to do with codified racism as with an institutional zeal to rout out homosexuality. Defying the popular wisdom of the day that decreed sodomy, or at least the degeneracy that begot it, to be hereditary, the Supreme Court of Utah in *Warden Davis v. Walton* issued the following ruling in 1929:

> The Utah act is in no sense a penal statute. The operation provided for is not punishment for a crime. Its purposes are eugenic and therapeutic. . . .

> As a general rule, members of judicial tribunals are not well informed as to the law of heredity. Even though they may be so informed, they may not take judicial notice that, if Esau Walton should have offspring, the same shall be socially inadequate offspring likewise afflicted. Those who have made a thorough scientific study of the law of heredity are not in entire accord as to the operation of the so-called law, but doubtless people so trained may lend valuable aid to judicial tribunals in determining the probable nature of the offspring of a given person. *We doubt, however, that even the most ardent advocate of the immutability of the law of heredity would wish to determine the probable nature of the offspring of Esau Walton without more facts than appear in the record before us.* Be that as it may, the record before us does not support the finding that "by the law of heredity Esau Walton is the probable potential parent of inadequate offspring likewise afflicted."[42]

In essence, the court did not challenge Utah's law in any significant way. It ruled that the evidence did not support the order to sterilize, but upheld the law's constitutionality. The Supreme Court, in *Buck v. Bell,* had already decided the constitutionality of compulsory sterilization two years earlier, and the tribunal's decision was consistent with that judgment. The last line of the above excerpt was very nearly a direct quote from Justice Holmes's 1927 ruling in the case of Carrie Buck, a young white woman from Virginia who came to the attention of the authorities after being raped and impregnated by a member of her foster family. The Utah law called only for eugenic and therapeutic sterilization. It was not intended, Judge Elias Hansen wrote, as a penal statute. Furthermore, the court ruled that neither the heritability nor habituality of Walton's actions had been established and that sterilization would not promote his health or welfare.[43] Had the attorney for Davis provided a more exhaustive argument for the innateness of sodomy, not difficult to do given the eugenics treatises that flourished during that era, the case might have gone a very different way.

Though the court spared Walton, it more than condoned the participation of eugenicists, a position it shared with other judicial and legislative bodies of the day, including the U.S. Congress, which welcomed eugenicists as medical activists and advisors on issues of immigration. In fact, while most measures that addressed sodomy and other "sexual offenses" were devised and implemented at the state level, the federal government did weigh in on the subject. The 1917 Immigration and

Naturalization Act denied entry to would-be immigrants who had been convicted of, or who admitted to, crimes involving "moral turpitude."[44]

It is unclear whether medical, judicial, and legislative institutions pursued sterilization out of a real belief in a fluid (or coerced) human sexuality that would enable homosexuals to procreate, resulting in the propagation of "sexual miscreants," or whether this was mere justification for a eugenic and moral crusade against the socially and economically vulnerable. Certainly, the "treatment" literature did not preclude or seriously challenge out-and-out punishment. It just reconfigured it. The location of incarceration changed. Judges had greater flexibility in lengthening or shortening prison or hospital terms as "treatment needs" could now offset earlier, more rigid sentencing practices.

Foucault wrote that "criminal justice functions and justifies itself only by this perpetual reference to something other than itself, by this unceasing reinscription in non-juridical systems."[45] By absorbing extrajuridical elements such as what passed for medicine, the judiciary and the legislature were able to reinvent themselves with a veneer, if not of leniency, then of compassion and a turn-of-the-last-century rendition of tough love that continues to this day. This reinvention coincided with cataloging sexual outcasts, the result being continued subjection to punitive measures.

In the midst of all this there was a parallel move to use the same science that penalized to exonerate. Seemingly unaware of the reactionary uses of scientific theories of homosexuality going on around them, some gays and well-intentioned allies—most notably Magnus Hirschfeld and Havelock Ellis—argued the liberatory potential of biological causation theories.

Biological Apologists

Appeals and Miscalculations

In 1992, Randy Shilts (author of *And the Band Played On*) told *Newsweek* that the discovery of a genetic basis for homosexuality "would reduce being gay to something like being left-handed, which is in fact all that it is."[1] It was an interesting choice of metaphor, in light of the fact that scientists have indeed been hard at work documenting left-handedness among gays and lesbians. Researchers at McMaster University claim that lesbians are twice as likely to be left-handed than straight women due, perhaps, to an "atypical brain organization" created by irregular hormone levels.[2] Another study asserts that while the fingerprints of gay men do not contain more ridges than those of straight men, the former were more likely to have a leftward asymmetry.[3] What Shilts was suggesting was that a reduction of the importance accorded to sexual orientation to the level of left-hand preference would eliminate the stigma attached to being queer. Setting aside his characterization of sexuality as incidental, and there is much to challenge there, and without issuing a reminder about what was done in the recent as well as distant past to left-handed individuals, Shilts's response to the research was extremely disappointing. He had spent much of his career covering gay issues, yet his remarks betray an inattentiveness to the consequences of genetic assertions faced by lesbians and gays during the past one hundred years.

In fairness, Shilts, not unlike the CLIP legal team, stood in a long tradition of those who looked to science as a gateway to civil rights. The medicalization and mediation of nonprocreative sexuality has long been

seen not as encroachment, but as potentially progressive, righting old wrongs. Among these were Magnus Hirschfeld and Havelock Ellis, whose faith in the liberatory potential of medical models of homosexuality should serve as a warning against similar, contemporary impulses.

Hirschfeld classified homosexuality as congenital and as midway between total maleness and total femaleness. Since it was biological, he said in 1899, "nobody can be morally blamed for having such a disposition."[4] Hirschfeld was among the many physicians and thinkers who joined in the fight to repeal Germany's infamous Paragraph 175, which criminalized homosexuality. Defenders of Paragraph 175 in the Reichstag, however, also claimed to have biology on their side, insisting that if it were natural, "Nature would have put homosexuality to the service of procreation and the maintenance of the species."[5]

Hirschfeld's investment in the redemptive power of scientific theory was well-intentioned, but ultimately posed a grave threat to other gay men. As Gunter Schmidt noted, in "trying to counter certain prejudices, his theory opened the door to others. It became increasingly dangerous as more advances were made in the field of medical research and technology."[6] While Hirschfeld did not have treatment on his agenda, he was not opposed to surgical intervention. In 1916, E. Steinach, an anatomist and early endocrinologist from Vienna, teamed up with a surgeon to effect a "cure" for homosexuality in a test group of approximately a dozen men. After their gay subjects were castrated, they received transplants of testicular tissue from heterosexual males who had had undescended testicles removed. Doctors opted for unilateral rather than bilateral castration to enable their newly heterosexual patients (as they anticipated them to be) to marry and procreate.[7] In a few instances, the medico-juridical complex was able to satisfy supply and demand simultaneously, as donor tissue was obtained from men who were castrated for excessive (hetero) sexual drive or delinquency. Doctors were so zealous in their surgical crusade that one man received tissue from a donor with tuberculosis. Hirschfeld reportedly endorsed the operation in his journal, going so far as to print Steinach's address and even refer one or two patients to doctors performing the surgery.[8] A few years later, when he heard of a physician who was proposing brain surgery on gay men, Hirschfeld declared, "Let us hope they discover the brain center for homosexuality; only then when we have come to see homosexuals in the right light [can we] be certain that such operations are superfluous."[9]

There is no denying the intent of Hirschfeld's work. He was a gay rights champion—and an out one at that—a socialist and an advocate for women's rights (Hitler called him "the world's most dangerous Jew"). But Hirschfeld's acceptance of biological models meant that he still subscribed to prevailing, and increasingly popular, notions about homosexuals, most centrally those relating to physical deviance. Similarly, Ellis tried to defend lesbians and gays while leaving unchallenged—in fact promoting—the view of homosexuality as dysgenic and pathological. He is credited with bringing much of the medical literature on homosexuality to the attention of English-speaking readers.[10]

Ellis's *Sexual Inversion* was the second volume in his *Studies in the Psychology of Sex*. He defined "inversion" as a "sexual instinct turned by inborn constitutional abnormality toward persons of the same sex," as distinguished from the more general "homosexuality," which could be merely situational. The latter referred to behavior, not necessarily instinct. Inversion was simply "one of those aberrations which we see throughout living nature." Ellis categorized Oscar Wilde as a case "in which a heterosexual person apparently becomes homosexual by the exercise of intellectual curiosity and esthetic interest." Such instances, he said, were rare.[11]

Hereditary theories figured significantly in Ellis's construction of homosexuality. He believed that a *predisposition* to inversion, if not inversion itself, was innate or at least congenital. Reporting on the families of one hundred "sexual inverts" in the United States and Britain, he wrote:

> In 28 cases there is more or less frequency of morbidity or abnormality—eccentricity, alcoholism, neurasthenia, insanity, or nervous disease—on one or both sides, in addition to inversion or apart from it. In some of these cases the inverted offspring is the outcome of the union of a very healthy with a thoroughly morbid stock; in some others there is a minor degree of abnormality on both sides.[12]

It was a position that situated him firmly in the ranks of the eugenicists of his era, as does his reportage of one "very radical case," designated "History XX." According to Ellis, this man's homosexuality had its origins in faulty maternal stock. In one fell swoop, he managed to offer a eugenic argument, promulgate stereotypes about gay children, and affix blame to the mother:

> His father and father's family were robust, healthy, and prolific. On his mother's side, phthisis, insanity, and eccentricity are traceable. He

> belongs to a large family, some of whom died in early childhood and at birth, while others are normal. He himself was a weakly and highly nervous child, subject to night terrors and somnambulism, excessive shyness and religious disquietude.[13]

Ellis's focus on the family led him to oppose marriage for inverts. While he did not go as far as August Forel, who called for a legal ban on homosexuals marrying lest they produce physically and mentally undesirable offspring,[14] Ellis was clearly concerned with the eugenic risks of procreation. "For the sake of possible offspring," he warned, inverts should not marry. "Often, it is true, the children turn out fairly well, but, in many cases, they bear witness that they belong to a neurotic and failing stock." "Cures" were risky, for they might prove to be superficial. He pointed to the case of a gay man, urged by his doctor to marry. He did so, and though he married a woman who was perfectly strong and healthy,

> and was himself healthy, except insofar as his perversion was concerned, the offspring turned out disastrously. The eldest child was an epileptic, almost an imbecile, and with strongly marked homosexual impulses; the second and third children were absolute idiots; the youngest died of convulsions in infancy.[15]

It may be that Ellis used eugenics rhetoric strategically, as a check against those who would pressure gays and lesbians into treatment and marriage. Nevertheless, his commitment to eugenics was strong and he was among its stalwart champions. Many that came after him, whatever their motives, employed similar tactics. In 1935, Dr. James P. Winsco issued a call for tolerance in the pages of *Sexology* magazine: "It is time for us to sit up and take notice of the fact that we are in need, not of more, but of better children. For the marriage of a homosexual, followed by unsuccessful sex relations, develops more of his type. I cannot help but feel that such a union is a failure."[16]

It is important to note that though his adherence to eugenic tropes went beyond issues of sexuality, Ellis differed from those who would use medical models as a rationale for surgical intervention. At a time when physicians were prescribing and some gay men actively seeking castration as a curative, Ellis decried the practice, citing more than one case of men who were castrated with intolerable consequences, both physical and emotional. "Sexual Inversion is not a localized genital condition.... Castration of the body in adult age cannot be expected to produce castration of the mind."[17]

This did not mean Ellis favored full sexual rights for homosexuals. His condemnation of the social ostracism leveled at gays—which has led many to regard him as one of the more enlightened minds of his circle—is complicated by his advocacy of "self-restraint," and his belief in the implicit abnormality of inverts:

> The invert is not only the victim of his own abnormal obsession, he is the victim of social hostility. We must seek to distinguish the part in his sufferings due to these two causes. When I review the cases I have brought forward and the mental history of the inverts I have known, I am inclined to say that if we can enable an invert to be healthy, selfrestrained and selfrespecting, we have often done better than to convert him into the mere feeble simulacrum of a normal man.[18]

Despite his professed, and no doubt genuine, desire to protect gays and lesbians, and his calls for an end to legal and social harassment, Ellis never adequately resolved the contradictions inherent in this eugenic paternalism.

Ellis and Hirschfeld's failure lay in their belief that homosexuality needed an identifiable, explicable origin. They underestimated the capacity of that yet unnamed hostility, homophobia, to absorb and exploit any causation model at hand. Further, they failed to consider the price being paid by other marginalized and pathologized groups to whom science had turned its attention during this same period—immigrants, African-Americans, poor women. That being the case, they could not see the cumulative hazards facing lesbians and racialized gays.

Gender, Race, and the Strategy of Metaphor

The journalist covering Hamer's and LeVay's findings for *Newsweek* reported that lesbians "are warier of the research." He attributed this hesitancy not to questions about *why* there is such a fixation on finding a gay gene, anger over funding priorities that finance causation studies and underfund AIDS and breast cancer research, or a panicky sense of déjà vu, but to lesbians' "conspicuous absence from most studies." The article cited Penny Perkins of the Lambda Legal Defense and Education Fund, who called the omission "part of society's intrinsic sexism,"[1] and Frances Stevens of the lesbian magazine *Deneuve* (now *Curve*), who remarked, "My response was: if the gay guy's [hypothalamus] is smaller, what's it like for dykes? Is it the same size as a straight male's?"[2]

Hamer and LeVay notwithstanding, lesbians' gray matter has not been overlooked by a medical establishment bent on discerning a fundamental cause of homosexuality. In 1913 Paul Nacke posited a masculine libido center in lesbians. An advocate for the examination of the brains of all homosexuals, male and female, he theorized the presence of an anatomical "homosexual center" in the brain.[3] During a 1921 debate on the floor of the British Parliament, lesbians were declared victims of an "abnormality of the brain."[4]

Just months after *Newsweek* ran its story, psychologist J. Michael Bailey and psychiatrist Richard C. Pillard presented the American Psychological Association (APA) with their "evidence" that genes have a substantial impact on the development of lesbianism.[5] One hundred and fifteen sets of twins and thirty-two sets of adoptive sisters were interviewed as

the basis for the study (conducted in an identical manner to one on gay male twins, performed by the duo in 1991 and funded in part by a grant from the National Institutes of Mental Health).[6] Bailey, Pillard, and their associates claimed that in almost half of the identical twin probands, both sisters were either lesbian or bisexual.[7] According to Bailey, genes may influence the development of "sexual orientation centers" of the brain in the fetus.[8]

More significant than Bailey's location of lesbianism in the brain was his suggestion that genes that "masculinize" heterosexual males may be "masculinizing" homosexual females.[9] The transformation of the adjective "masculine" to the verb "masculinizing" reveals not only the extent to which totalizing stereotypes operate as scientific premise (in this instance lesbian equals malelike, and maleness equals attraction to women), but also the tenacity with which researchers have hung on to the notion of naturalized, biologically ordained gender. In 1998, the American Psychiatric Association (APA) followed the American Psychological Association's lead and declared its opposition to any portrayal of lesbians, gays, and bisexuals as mentally ill. However, Gender Identity Disorder is still listed in the APA's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), and diagnoses of Childhood Gender Nonconformity (CGN) continue to pathologize young children who fail to assume "traditional" gender roles. Psychologist Joseph Nicolosi, of the right-wing National Association for Research and Therapy of Homosexuality, claims to be treating twenty-five "pre-homosexual" boys, including two three-year-olds who are "denying their masculinity."[10] Nicolosi's approach is certainly extreme, but there is no shortage of more mainstream practitioners willing to validate and treat Gender Identity Disorder in children and adolescents.

In Bailey and Pillard's 1991 and 1992 studies, subjects were retrospectively assessed for CGN. They were asked about their interest as children in "masculine and feminine activities." Had each respondent been comfortable with her or his biological sex? Had the men been interested in sports as boys? As girls, had they desired to be boys? An affirmative answer could just as easily have indicated an early attraction to the *advantages* of being male—a possibility that, even if acknowledged by researchers, could not have been controlled for.[11] CGN, they wrote, was unrelated to genetic loading for homosexuality. However, unwilling to dispense with or problematize CGN as a concept, Bailey and Pillard

stated that if both twins were gay, their "degree of CGN" would be similar.[12] The fact remains: gender nonconformity cannot be considered genetic when gender conformity, and gender itself, are themselves social constructs.

Bailey and Pillard's confidence in CGN may be the most ominous aspect of their work, because designations of gender nonconformity, phrased in whatever popular verbiage a given era dictated, have always imperiled women in general and lesbians in particular. This was especially true in the late nineteenth and early twentieth centuries as scientists sought to delineate the biological roots of sexual and gender "deviance." Increased lesbian vulnerability to the resulting treatises and treatments had a lot to do with the lines physicians, and later psychiatrists, drew between insanity, sexuality, and female anatomy. To a large extent, documentation of visible, anatomical differences substantiated claims of aberrance and, ergo, justified violent medical interventions. Further, medical pronouncements on gender roles were succored by race- and class-based configurations of homosexuality (and vice versa).

Somerville has observed that scientific inquiry and pronouncements on homosexuality were reliant on previous and contemporaneous studies on race, the latter fueling the former. "[D]iscouses of race and gender buttressed one another, often competing, often overlapping, in shaping emerging models of homosexuality."[13] The last hundred years of "treatment" literature on lesbianism is marked by the use of women, queers, and people of color as metaphoric foils for one another. This connection meant that physicians could depend on an arsenal of mutually reinforcing "scientific" tropes to condemn lesbians, uphold gender roles, and bolster racism.

In 1931, Berlin neurologist Albert Moll attributed sexual inversion in women "to an hereditary neuropathic condition . . . Moreover, it is often discovered that besides sexual inversion, there are other disorders such as periodic insanity and hysterical epilepsy."[14] The link between sexuality and "insanity" in women had, by this time, received considerable attention from U.S. medical authorities. The question was which part of the body to blame and, consequently, which to treat. As Jennifer Terry has written, the demarcation between the realm of the psyche and the biological realm of the body during this period was not exactly stark.

Rather, early sexologists conceptualized intellectual, biological, physical, and moral qualities as "deeply reflective of each other and embedded in an individual's body."[15]

Lydston was concerned with the cerebellum. In *The Diseases of Society,* he asserted his belief that disuse had resulted in "physiologic atrophy" of women's cerebral organization. The rare woman of strong will, he argued, "is, unfortunately, usually a degenerate with virile tendencies" and "criminal propensities." Men, according to Lydston, had more powerful sex impulses than women due to their greater development of the cerebellum and cerebral lobes. "Women with large cerebellar development approximate the male sexual desire." In an 1889 lecture, he cited the work of a colleague who "recommends the application of the actual cautery to the back of the neck."[16]

> Basing this treatment upon the theory that the disease takes its origin in over-excitation of the nerve fibers of the cerebellum or some of the ganglia in the neighborhood, he also suggests blisters to answer the same purpose. Dry cupping to the nucha [nape of the neck] is also serviceable.[17]

His focus on the cerebellum did not, however, mean that Lydston was opposed to "the removal of the irritation of the sexual apparatus," in treating a host of "female sexual excesses," including masturbation, "satyriasis" (both buzzwords for lesbianism), and "nymphomania." He authorized both "extirpation of the ovaries" and clitoridectomy.[18]

This was a not uncommon course of treatment. In an 1899 editorial in the *Journal of Orificial Surgery,* C. A. Weirick (who believed in the necessity of examining all the organs—reproductive and otherwise—of women declared insane), wrote that the ovaries "seem to act in a capacity very similar to the governor of a steam engine, and in some unknown way regulate nervous force and energy."[19]

F. E. Daniel, in an 1893 tractate on the alliance between judge and surgeon, cited research endorsing excision of the ovaries as a cure for "hysteroepilepsy" (hysteria) in women.[20] E. H. Pratt was of a different opinion: "Granted, that in insane women the ovaries and tubes are more or less affected, the fact must also be recognized that the lesions found in these organs are in themselves merely effects, and the original trouble lies in the terminal nerve fibers *lower down.* . . . Orificial surgery is unquestionably the panacea for insane women, and it will most certainly

cure nine out of ten of even the most aggravated and discouraging cases."[21] Yet another author declared the clitoris "a source of nerve waste in women."[22]

Many subscribed to the belief that masturbation caused insanity and that the former was more common among girls than boys.[23] For his part, Weirick blamed "excessive frequency of masturbation" on heredity. "We think it is very largely due to the sensual use of the sexual organs by the parents. We think very few masturbators will be found among the offspring of those who indulged in coition solely for the purpose of propagation."[24] Weirick was thus able to kill two ideological birds with one stone, explaining the origin of masturbation/homosexuality and holding the sexual practices of adults hostage in exchange for the promise of nondeviant offspring.

A reading of this record can be confounding because the line between masturbation and homosexuality was not clearly delineated in discussions of the sex lives of women and girls. Because masturbation was used as a general term for nonprocreative sex, it can be difficult, often impossible, to ascertain precisely which sexual offenses were being condemned in various medical writings.[25] At times, the allusions to lesbianism are clear, as when physicians wrote of the "solitary vice" as one that could be "practiced between two girls," or of one girl learning to masturbate from another. But either way, the punishment could be horrific. Given the climate, it is no surprise that women were singled out for some of the most invasive surgical procedures and brutal mutilations unleashed by nineteenth-century medical crusaders.

In the March 1899 issue of the *Journal of Orificial Surgery,* Dr. Julia Holmes Smith reported on a nineteen-year-old patient who was "guilty of masturbation." Regardless whether her reference was to lesbianism (it is ambiguous), the actions taken by the doctor and her colleagues reveal a certain vehemence, a compulsion to control and correct women's sexuality at any cost.

> [I]t was decided that the best thing was, if possible, to remove the cause, and as masturbation was evidently a factor, a surgical operation was needed.
>
> . . . A thorough curetting and dilation was done. All ragged bits cut off from the vaginal walls, the clitoris unhooded and tissue stitched in place, so as to leave the gland free.

Holmes titled her report "Three Disappointing Cases" because none of the operations yielded the desired effect. Her first "failure"—which may have signaled deliberate resistance on the part of her patient—tragically did not keep her from trying again. The description of the second case, involving a still younger girl, is more suggestive of a lesbian relationship:

> This girl was sent to boarding school at an early age, and from her schoolmate learned to manipulate the genitals, and at seventeen was a confirmed masturbator. . . .
>
> . . . We [Holmes and another doctor] decided upon the operation, dilating orifices and unhooding the clitoris. . . . She was at a sanitarium from the second week after the operation.
>
> . . . I am informed that the surgeon who now has her in charge has removed the clitoris and all erectile tissue and applies some causta to the wound in order to keep the parts sore and to prevent the patient from masturbating.[26]

Holmes expressed little regard for the consequences visited upon the girls and absolutely no remorse for either procedure. What she lamented was the inefficacy of the operations.

Concomitant with treatment—and central to its justification—was the invention of a visibly distinct lesbian body type. All sorts of bizarre physical characteristics were attributed to lesbians by doctors and laymen alike. Ellis lent credence to many such claims in *Sexual Inversion.* In his account of "History XXXVII," he noted that at the age of four "Miss M." had an "abnormally large" mouth, nose, and ears. He further asserted that inverted women had a "masculine distribution of hair," as illustrated by one lesbian with "a marked dark down on the upper lip, . . . hair on toes and feet and legs . . . also a few hairs around the nipples," and thick pubic hair. Foreshadowing the hormonal experimentation on lesbians and gay men that would take place decades later, he posited that such anomalies suggested that an "abnormal balance in internal secretions" might be responsible for inversion.[27]

Ellis wrote that muscles in inverted women were firmer and soft connective tissue comparatively absent. Sexual organs remained at "the infantile stage of a girl of 10." Breaking with some of his cohorts, Ellis concurred with Hirschfeld and Krafft-Ebing that "women with a large clitoris . . . seem rarely to be of the masculine type." However, the clitoris would tend to be "deeply hooded," the uterus small, and the hymen thick.

Ellis cited the work of researchers who claimed that lesbians had "a very decidedly masculine type of larynx." Lesbians had a different tone of voice than heterosexual women, a variation that rested on a "basis of anatomical modification." In a related observation, he declared inverted women to be proficient whistlers.[28] The issue of whistling capacity comes up several times in his book, lesbians being highly adept and a "considerable minority" of gay men failing miserably.[29]

Then, as now, discourses on difference drew heavily on one another. At the time Ellis was formulating his theories and reporting on the postulations of others, phrenology, criminal anthropology, and craniology were gaining adherents.[30] Skull size and shape, facial features, and so on, were considered legitimate indicators of criminal tendencies, including homosexual leanings. In an 1884 article in the *Detroit Lancet,* James Kiernan, a professor of "legal psychiatry," wrote of a lesbian patient whose face and cranium, he maintained, were asymmetrical. He treated her with cold sitz baths and "a course of intellectual training," but did not dismiss eugenic causes, stating that the woman had "a neurotic ancestry on the paternal side."[31] Ellis recounted the 1892 case of Alice Mitchell. Mitchell, who cross-dressed and took a male name, murdered her sister after she foiled her plan to marry another woman. Her face, Ellis was careful to note, was "obviously unsymmetrical," and "she had an appearance of youthfulness below her age."[32]

Later writers went directly to what they considered to be the source, measuring vulvas, classifying nipples, and cataloging "genital findings." Dr. Robert Latou Dickinson took copious measurements for his study, "The Gynecology of Homosexuality," published in 1941. His case studies are much more descriptive than most of those recorded by his predecessors, to the point of voyeurism. Nearly every case comments on whether the woman's nipples were flat or "normal," and whether one or both became erect when stimulated.[33]

Much of the medical literature differentiated between gender-conforming and gender-transgressing lesbians in ascribing physical characteristics to women. Maurice Chideckel's 1935 book, published by the Eugenics Publishing Company, fostered the claim made by some psychologists that menstruation ceases in lesbians "taking the part of a man." This "conversion symptom" was the physical manifestation of a presumed desire to be a man: "the womb simply cooperates with its possessor."[34] Such arguments served to label one partner queerer than the

other. In this instance, a short-circuited menstrual cycle signaled the loss of yet another tenuous link to true womanhood. Some researchers did not even consider "feminine" women to be lesbians. Chauncey notes that both medical and newspaper accounts tended to find "the 'womanly' partner unremarkable, as if it did not matter that her 'husband' was another female so long as she played the conventionally wifely role."[35] They were not lesbians, but lesbians' quarry. The 1908 English translation of August Forel's *The Sexual Question* recounts the story of a woman who, passing as a man, became engaged to "a normal girl":

> Soon afterward the woman was unmasked, arrested and sent to an asylum, where she was made to put on women's clothes. But the young girl who was deceived continued to be amorous and visited her "lover," who embraced her before everyone. . . . I took the young girl aside and expressed my astonishment at seeing her continue to have any regard for the sham "young man" who had deceived her. Her reply was characteristic of a woman: "Ah! you see, doctor, I love him, and I cannot help it!". . . This is how it happens that a normal woman, systematically seduced by an invert, may become madly in love with her and commit sexual excesses with her for years, without being herself pathological.[36]

Years before "butch" and "femme" would enter common verbiage, medical literature set the sexual normalcy epicenter for women. The "deceived" (as Forel, perhaps naively, believed her to be) was not only not pathological, but "normal." Even her reply, to the doctor's bewilderment, was "characteristic of a woman." Accordance with gender ideals could offset the stigma of attraction to another woman, especially if that woman was more than a few concentric circles away from femininity's hub.[37]

Science has held fast to such designations, the parceling out of the pathological and the situational. In G. Dörner's 1968 reports on homosexuality in rats, only the mounting female and the mounted male were characterized as homosexual. Wendell Ricketts commented, "It scarcely needs to be said that this is a model based on reproduction, and that in the case of animal experiments the animal that deviates most strikingly from its 'proper' reproductive role is the one considered homosexual."[38]

Attempts at quantitative measurements for "dominant" and "passive" lesbians continued in the research of Muriel Perkins. Based on the notion of a standard heterosexual female body type, she interviewed, weighed, and measured 241 white lesbians between 1974 and 1976. She concluded that lesbians had "statistically narrower hips, increased arm

and leg girths, less subcutaneous fat, and more muscle" than the control group. More to the point, she maintained that "psychosexually dominant groups" were significantly taller, more muscular, and had broader shoulders, greater arm and leg girths, and narrower hips than the "psychosexually intermediate and passive groups." Whereas the women identified as dominant (whether by themselves or by Perkins is unclear) were heavier, "the average fatness for the passive homosexual women most closely approaches the mean . . . of the control group."[39]

As assessments of lesbian anatomy have differentiated between butch and femme, they have also rested on and promoted a rigid stratification along racial lines. The two have frequently merged as prevailing constructions of biological differences borrowed heavily from one another. Homosexuals, like members of "primitive races," were cast as throwbacks, their evolution incomplete, as evidenced by claims that their bodies were not as sexually distinct as they should be.[40] The medical literature by this time had already endowed lesbians in general, but Black lesbians in particular, with a masculinized anatomy. In 1921, P. M. Lichtenstein wrote that "an abnormally prominent clitoris" is almost always seen in lesbians, especially in "colored women."[41] Physicians easily projected their ideas of masculinity and femininity onto interracial couples. Further, they were more than amenable to racist fantasies about who pounced and who was prey.

Maurice Chideckel, an associate in medicine at Johns Hopkins University in the 1930s, wrote that white lesbians "even consider themselves heroic in having a colored 'husband.'" In a sketch accompanying his chapter "Institutionalized Homosexuals," two women, one African-American, the other white, are shown on a prison cot. The white woman, long-haired, eyes closed, legs crossed and wearing heels, reclines limply. The Black woman's hair is cropped short, her eyes narrow as she leers at her lover's exposed breast. She is barefoot, legs and back sculpted, with muscles virtually rippling through her garment, the embodiment of "manly," "animal" lust, and, in Chideckel's mind, predatory victimizer.[42]

Chideckel did not discuss lesbian relationships between women of color, perhaps because he had no burning desire to "save" either party. After all, white homosexuals, once cured, could still be called upon to perform their eugenic, procreative duty to the state—if one believed their offspring would not be similarly tainted with perversion. As much as Chideckel loathed lesbianism (a "monstrous craving for the unnatural by phantasy-fed, mostly fanatically unhappy women"), he cultivated a special hatred for interracial relationships and for those that crossed class lines. He placed the blame for such unions on the connection "between the sense of smell, the nose, and the genital organs," stating that institutionalized white women were attracted to nonwhite women "due to their low moral stamina or to the pathology of smell."[43] He did not, however, limit himself to lesbian couples:

> Why does a white woman marry a negro? Why does a young cultured woman elope with a gypsy? Why does a woman of wealth and refinement give up a man to whom she is ideally mated, mentally and culturally, and run away to marry a truck driver, a taxi driver, or her father's chauffeur? . . . The olfactory nerve . . . is abnormal and hence smell itself is distorted and misdirected. The sense of smell is closely related to the sexual organs.[44]

These were no mere words for Chideckel. He convinced a wealthy, white woman in love with a Puerto Rican man to have her tonsils and adenoids removed. Chideckel's diagnosis and treatment protocol were products of larger cultural anxieties over cross-class and cross-race fraternization in non-work-related situations. In Jim Crow America, Somerville wrote, "interracial desire" was perceived "as a type of congenital abnormal object choice."[45]

The race- and class-based doctrine that augmented the documentation and "diagnosis" of homosexuality was tailored to comply with dominant society's working myths about itself. One such fiction was that rich and poor, white and racialized, did not share common impulses when it came to "vice." While Albert Moll believed sexual inversion to be more common among "the higher levels of society," Ellis invoked metaphor to claim that Europe's "lower classes," like the "lower races," demonstrated a certain lack of revulsion when it came to homosexuality. "In this matter, as folklore shows in so many other matters, the uncultured man of civilization is linked to the savage."[46] This statement not only damned both the poor and the nonwhite by linking each with a reviled group, namely each other, it also nourished hereditary explanations of class by equating low-earning, presumably white Europeans with non-Westerners, already deemed eugenically (and therefore socially, economically, and politically) backward by scientific racists.

Some writers sought to literally map out sexual acts. Ellis attributed tribadism to southern Slavic women of the Balkans.[47] In 1886, a Russian

writer named Tarnowsky declared that Armenia was the birthplace of pederasty, which then spread to the rest of Asia and the Middle East.[48] While Moll did not necessarily subscribe to this, he did believe that tribadism and other related practices were rampant in the Arab world, whereas "[i]n all civilized countries this instinct has remained hidden."[49] Restraint, like vice, was racially determined. The idea that warm climates produced more than their share of homosexuals also resonated with Paul Moreau, who stated in 1887 that inhabitants of those zones were more libidinous than those in colder regions and were therefore more likely to succumb to homosexuality.[50] A few years later, James Foster Scott offered a supporting opinion:

> Climate, race, vigor of constitution, heredity, and social conditions have a marked influence on the period of life at which the earliest active manifestations of sex appear. Thus it occurs earlier in warm countries and in the class of society which lives luxuriously than in cold countries and among the poorer classes.[51]

The association of tropical climates with sexual openness, lasciviousness, and hypersexuality among children in the popular racist imagination lasted well into the next century.[52] In 1935, Dr. Glen Wadsworth chastised the readers of *Sexology,* a self-described progressive publication, writing that "among primitive races masturbation is simply a step in the sexual education of the individual," that the "little savage learns . . . and then . . . loses interest in," while "civilized" children are made nervous and ill by parental attempts to end their sexual exploration.[53] Another contributor, unnamed, penned the following lines:

> Just as vegetation attains excessive growth and ripens early where heat and moisture is extreme, man appears to exhibit this same characteristic. It is an established and accepted fact that sexual desire is markedly increased in the races that inhabit the tropical zones. Heat plays an important part in the development of these functions. This has been attributed to the indolent and inactive existence that prevails in these territories. Whether this is the cause, or whether heat stimulates the function of the sexual glands, causing an increase in their secretions, is yet to be determined.[54]

Writers in Europe and the United States were no less attentive to those cast as racial outsiders in their own midst. While demasculinized descriptions of Jewish men abounded, many accounts decreed that homosexuality was rare among Jews.[55] Even Chideckel, reiterating statistics

on insanity that had gained currency in xenophobic treatises twenty years earlier, grudgingly concurred, "It is a fact worth noting that the Jewish race which supplies so many inmates of our insane asylums is practically immune to sex perversities. With the exception of prostitution, one hardly meets a Jewish homosexual woman, sadist, masochist or nymphomaniac."[56] Scott, too, wrote that Jews were almost free of venereal diseases and masturbation (a term still inclusive of homosexuality at the time he published the first edition of his book in 1898), calling the Jewish people "that circumcised nation who to this day remain as the 'standing astonishment of the world.'"[57] Given the orificial-surgery-as-cure-all mentality, it is not difficult to see how Scott and others came to this conclusion. Indeed, several years earlier a writer in the *Journal of Orificial Surgery* went so far as to re-envision the biblical covenant:

> If Moses had prescribed the amputation of the hood of the clitoris as well as the removal of the foreskins for Jews, they would undoubtedly by this time have had the qualities which, crystallized, produced these formations, so thoroughly eradicated from their natures that the forms themselves would have disappeared and the Jews today would be born without foreskins and without hoods to the clitoris. It is not uncommon, I am told, even as it is, to encounter Jewish male children who are without a foreskin.[58]

Of course, the reason Jewish male children without foreskins were encountered was because Jewish boys are circumcised eight days after birth. His creative recasting of evolution and Jewish anatomy merely joins a long list of morphological fantasies regarding Jews and other racialized minorities.

Discourses on homosexuality and Jewish difference were linked, despite the exoneration offered by Scott and others. As Sander Gilman has noted, the medicalization and sociological classification of both Jews and gays emerged at the same time in history. Karoly Benkert coined "homosexuality," a clinical term, a term for a "disease," during the same period that Wilhelm Marr came up with "anti-Semitism." According to Gilman, the purpose of the latter term was "to create a new scientific discourse for the hatred of Jews. . . . It has no validity except as a marker of the discourse of Jewish difference."[59]

But even those who maintained that there were no Jewish homosexuals, a claim that flew in the face of Hirschfeld's public prominence, saw Jews as at least culpable, along with gays, of weakening the state.

Eugenics and nationalism were, after all, inextricably entwined—the one easily supporting the other. George Mosse writes that in nineteenth-century Germany both groups were charged with eugenic travesties: homosexuals for refusing to sire workers and soldiers, and Jews for lusting after German women, who, thus corrupted, would forever bear unhealthy children. Additionally, Jews were blamed for inventing birth control, part of a plot to weaken and destroy the Aryan race. Mosse underscores the seriousness of these accusations, given the dread of falling birth rates at that historical moment. Perhaps, he posits, the only reason Jews escaped being branded inherently and genetically homosexual at a time when every crime, every pathological behavior was ascribed to them, was the visibility and general acknowledgment of Jewish family life, an image that did not jibe with the world of homosexuals concocted by imaginative physicians and others. Nevertheless, a certain consolidation of the scorned evolved, and a corresponding metaphor emerged. In 1930, when the Reichstag was considering a bill calling for the castration of gay men, homosexuals were branded "that Jewish pestilence."[60]

The use of metaphor in furthering eugenics enterprises is strikingly evident in writings and experimentation on queers. It was revealed to a still greater degree when those subjects were women and/or racial outsiders. In some cases, as evidenced by the Reichstag debate, the mere implication of depravity and sexualized degeneracy—considered givens in every gene pool that deviated from the white, Aryan, or Anglo-Saxon European and American stock—was enough to link the two, no matter who one chose as an erotic object. Metaphors, as Nancy Leys-Stepan has suggested, bring two different and usually separate entities into "cognitive and emotional relation with each other." In constructing similarities, analogies construct new knowledge. Metaphor, she writes, is no longer an agent of description, but metamorphosed into scientific fact. Its power rests in its ability to "bring together a *system* of implications, whereby other features previously associated with only one subject in the metaphor are brought to bear on the other."[61] It speeds the process along if both subjects are marginalized, loathed, or deemed genetically, biologically, and/or anatomically defective.

Metaphor enabled other prevailing discourses, most importantly scientific racism, to come to the aid of physicians eager to administer surgical curatives and/or establish the credibility of their observations. Pronouncements on the "masculinized libidos" of lesbians, the effeminacy of Jewish men, and the hypermasculinity of Black lesbians all served to reinforce associative links between despised populations, and, just as critically, validated the classification of certain orientations, expressions, and behaviors as the natural domain of particular gendered or racialized groups. In this context, rating the degree of Childhood Gender Nonconformity among LGBT people is but one more step on a historical continuum where metaphor and simile are factored into the scientific equation.[62]

The treatment of lesbians relied on a series of medical dicta that not only marked any departure from gendered sexual norms as aberrant, but constructed insanity in women as both manifested by, and dependent upon, sexual "deviance" and discernible physical anomalies. The lines drawn between heredity, anatomy, and insanity in late nineteenth- and early twentieth-century treatises on lesbians were forerunners of the consolidation of biology and psychiatry that would imperil queers throughout the entire century to come.