

Women and the Deployment of Sexuality in Nineteenth-Century Spain

The present study takes as its point of departure the premise that all conceptions of the material body and one's biological sex are cultural and linguistic constructs rather than material realities.¹ While many people are generally willing to concede that gender roles are determined by culture, the idea that one's understanding of the material body and its functions can also be shaped by such factors seems rather fanciful at first glance. After all, language and culture cannot alter physical reality. Judith Butler addresses precisely this issue in her book *Bodies That Matter: On the Discursive Limits of Sex*. According to Butler, to claim that sex is a social and linguistic construct is not to deny the existence of a material body outside of language, but rather it is to recognize that there is no understanding of that body which is not in some way a construct of the knowledge and culture that interpret it. In other words, "there is no reference to a pure body which is not at the same time a further formation of that body" (Butler 10).

An example of a linguistic and cultural construction of sex is Sigmund Freud's theory of vaginal orgasm. For, despite a lack of anatomical evidence to justify his claim, Freud was able to convince the scientific community, as well as the general public, that a normal healthy female was able to replace clitoral orgasm with vaginal orgasm because such a theory fit in nicely with the other cultural narratives of the time that insisted that the woman's role in society as procreator be determined by her anatomy. According to Freud's theory, through the comparison of her body with that of the boy's, a girl comes to discover that she is castrated, for she lacks the "boy's far superior equipment" (126). She therefore abandons clitoral masturbation, out of shame for the inferior size of her clitoris. It is at this point that the woman begins to yearn for the male penis and transfers the site of sexual pleasure from the clitoris to the "truly feminine vagina": "With the change to femininity the clitoris should wholly or in part hand over its sensitivity, and at

the same time its importance, to the vagina" (118). The woman's life becomes a search for the phallus, a search that can only find satisfaction through giving birth, since the child serves as a sort of penis substitute for the woman: "The feminine situation is only established, however, if the wish for a penis is replaced by one for a baby" (128). Yet, Freud seems to take the woman's desire for the penis quite literally, because he does not hesitate to add that: "Her happiness is great if later on this wish for a baby finds fulfillment in reality, and quite especially so if the baby is a little boy who brings the longed for penis with him" (128).

While today it is clear that Freud's theory is biased, it shows that cultural understandings of sex can actually change the supposed functions of the material body. In fact, as Thomas Laqueur thoroughly documents in his book *Making Sex: Body and Gender from the Greeks to Freud*, the clitoris's role in female orgasm was well known and documented from the time of the Greeks onward. It was not until the beginning of the twentieth century, the time of Freud's prominence, that clitoral orgasm was forgotten (234). Thus Freud's theory serves as a perfect example of how culture and scientific knowledge can shape our understanding of the body and its sexual functions, for despite centuries of anatomical knowledge to the contrary, Freud was able to "rewrite" the female sexual response.

In the first volume of *The History of Sexuality* Michel Foucault devises the concept of the deployment of sexuality to describe the social pressures in the nineteenth-century to define oneself in terms of one's sexual behavior (92–102). Foucault, refuting the notion that the nineteenth century was a period in which sex was silenced, argues that this period actually saw an explosion of discourses on sexuality and that the individual was constantly being incited to define oneself in the terms of this new "sexual" knowledge. Foucault outlines four specific strategies of the deployment of sexuality: hysterization of women's bodies, pathologization of children's sex, socialization of procreative behavior and psychiatrization of perverse pleasure (104–05). A study of nineteenth-century medical discourses on women reveals how the hysterization of women's bodies, as well as the socialization of procreative behavior and the psychiatrization of perverse pleasure, constructed a female subject "naturally" unable to assume the rights of male citizens.² Thus in addition to demonstrating how the hysterization of the female body operated in Spain in the nineteenth century,

this study also addresses feminist critiques of Foucault's lack of concern with women by showing how two Foucauldian strategies not originally concerned with women, were also involved in the construction of the female subject in the nineteenth century (Ramazanoglu 2). While there has been an increasing body of work produced in the last two decades on sexuality in modern Spain, no critic to my knowledge has dealt with the relevance of these Foucauldian technologies to the predicament of nineteenth-century Spanish women.³ Furthermore, this investigation also reveals European, and specifically Spanish, precedents of Sigmund Freud's theory of female sexuality. It becomes clear that Freud's ideas on the normal development of female sexuality in women were merely a unique consolidation of a variety of nineteenth-century medical assertions.

Hysterization of the Female Body

The hysterization of the female body involved the view of the female body as "thoroughly saturated with sexuality" and, therefore, inherently pathological and hysterical (Foucault 104). This made woman one of nineteenth-century doctors' preferred objects of study. From the time a woman reached puberty until the time she completed menopause, her entire being was seen as dominated by the natural drives of her reproductive organs. Nervous disorders such as hysteria were attributed to wandering wombs and ovaries that were not being employed in the service of reproduction. When such disorders appeared in apparently "normal" women, that is, married, childbearing women, the inherent pathology of the female body was assumed to be the cause. The result was that all women, married and unmarried, sexually active or chaste, with or without children, could be controlled by medical discourses that insisted that the female body was naturally plagued by disease and therefore in constant need of medical supervision and treatment.

Most Spanish medical texts on women at the time begin by enumerating the differences between the sexes and take advantage of the opportunity to emphasize women's highly excitable and irritable nature.⁴ For example, Baltasar de Viguera, author of the four-volume *Fisiología y patología de la mujer* (1827), claims that a female's excitability is her

essential defining characteristic: “La muy fina escitabilidad de todos los órganos . . . es cabalmente lo que constituye el carácter específico del bello sexo” (1: 13). Women’s excitability is quickly related to their sexuality and predisposition to nervous disorders since it was believed that the female sexual organs, the womb in particular, were directly connected to the central nervous system and, therefore, responsible for all nervous disorders in women (Ruiz Somavilla 104–05). For example Felipe Monlau, in the second edition of his *Higiene del Matrimonio o el libro de los casados* (1858) argues that: “En la matriz retumban indefectiblemente *todas las afecciones físicas y morales de la mujer*” (103, emphasis mine). And Viguera insists that the womb plays a dominant role over all the other organs in the female’s body: “todos los órganos y funciones de su economía existen en bastante manera subordinados á las imperiosas simpatías del útero, tanto en el estado fisiológico como en el patológico” (2: 67). This view of the womb as an organ that not only dominates woman, but also makes her body inherently pathological because of its temperamental nature, saturates the female subject with her sexuality.

This pathologization of the female body is further achieved by the medical assertion that “natural” periods in a woman’s life are also pathologies in and of themselves. Puberty, menstruation, pregnancy, childbirth, breastfeeding and menopause were all viewed as disorders that needed medical supervision and treatment. For example, the medical-hygienist Ángel Pulido Fernández believed that menstruation, pregnancy, birth and breastfeeding caused insanity in women (*Bosquejos* 335). According to arguments like those of Dr. Pulido Fernández, even a healthy woman who followed the “natural” path of marriage and procreation could still easily slip into insanity during at least a fourth of her lifetime. Since the female body was seen as inherently diseased, the nineteenth-century woman was prone to illness even if she strictly followed the dictates of the new national hygiene.

Despite the large number of female ailments that were receiving attention by the nineteenth-century medical community, hysteria was one of the most studied female illnesses of the time (Jagoe 339). Yet, the origins of hysteria date much further back. According to Mark S. Micale, hysteria can be traced back to the ancient Egyptians and Greeks who viewed hysteria as a female disease that resulted from a womb that began to wander throughout the female body (19). However, despite

the disease's long history, it was not until the nineteenth century that hysteria became one of the main focuses of medical science. This period witnessed a proliferation of scientific discourses on the subject and an abundance of theories arose on the origins and causes of the disease (Micale 23). The most prominent of all the nineteenth-century physicians working with hysteria was the French doctor Jean-Marie Charcot, who became famous for his *leçons du mardi* at the Salpêtrière hospital where he would hypnotize and induce hysterical fits in his patients before an audience (24–25). Although Charcot subscribed to the neurological model of the disease arguing that a lesion in the brain produced hysteria, in many ways Charcot merely consolidated the idea of hysteria as a female disease specifically related to the female sexual organs (Jagoe 341–42). The vast majority of Charcot's patients were women, and by placing these female hysterics on public display he helped to solidify the image of the hysterical woman (Showalter 148). Moreover, Charcot often would induce and arrest hysterical fits in women by manipulating their ovaries, which seemed to reaffirm those theories that assumed a direct link between hysteria and the female reproductive organs (Jagoe 342).

The signs of hysteria are difficult to describe since they included a large and very diverse group of behaviors and symptoms. However, probably the most characteristic sign of the disease was the hysterical attack that was said to resemble an epileptic seizure. Charcot, who claimed to be able to induce and control such fits through hypnotism, analyzed and divided the attacks into various stages: "a period of epileptiform agitation, a period of *grands mouvements* (including the famous arched back position), a period of 'passional attitudes,' and a period of delirious withdrawal" (Micale 25). However, other typical symptoms of hysteria were paralysis, the inability to walk or stand, numbness in areas of the skin or parts of the body, blindness, deafness, the inability to speak, digestive disorders and menstrual problems (Jagoe 338–39). Furthermore, another school of thought arose on hysteria during the nineteenth century which elaborated the idea of the "hysterical temperament" (Micale 24). According to these doctors hysteria was less a physiological disease than a character disorder (24). A woman with a "hysterical temperament" was highly emotional and tended to engage in unconventional, defiant and/or lewd behavior (24). According to Catherine Jagoe, a woman could be diagnosed as a hysteric for simply being

arrogant or rebellious (344). Thus the symptomatology of hysteria was expanded to include unseemly and/or defiant behavior in women.⁵

Despite the abundance of theories in the nineteenth century that viewed hysteria as a neurological disorder, Spanish doctors in general continued to support theories that viewed hysteria as a disease of the female sexual organs. In 1876, the *Sociedad Ginecológica Española* held a formal session on hysteria in which four of the five doctors that spoke agreed that the seat of hysteria was the female reproductive organs.⁶ Thus in Spain, even in the second half of the nineteenth century, the understanding of hysteria as a disease of the female sexual organs was still the dominant theory. In general, these doctors agreed that hysteria was a strictly female disease that attacked women who were deprived of sexual intercourse, or who overindulged in sex or other deviant sexual behaviors. Women were said to be particularly vulnerable to the disease during puberty when they first experienced the instinct for procreation. A woman's inability to have a child was also considered a major cause of hysteria. Furthermore, the highly excitable nature of the female imagination was said to predispose women to hysteria. Doctors believed that fantasy in women could quickly degenerate into disease. Thus doctors often suggested that women refrain from partaking in certain leisure activities such as reading novels, going to the theater and attending social gatherings and dances. As far as treatment was concerned, these doctors, though they condemned it, recognized the use of genital massage to produce orgasm in the hysterical woman. They preferred the use of bleedings, sedatives, electrotherapy and hydrotherapy in the form of douches, baths and showers.

While these discourses on hysteria were constructing a completely sexualized female subject, at the same time, a series of parallel discourses were asserting that women were void of sexual feelings. With Theodor von Bischoff's discovery of spontaneous ovulation in dogs in 1843 and the realization that female orgasm was not a necessary part of reproduction came a de-emphasis on female pleasure. Doctors now asserted that women's sexual desire was not as strong as men's, and that a woman had less difficulty abstaining from sex. For example, in *Fisiología de la noche de bodas: Misterios del lecho conyugal* (1892), Amancio Peratoner states that "no poseyendo la mujer excitantes interiores, sient[e] menos que el hombre la fogsidad de la carne" (142), while Monlau claims that a respectable group of doctors has concluded that:

“el instinto genésico es mas imperioso en el hombre que en la mujer, y que en todas las especies animales el sexo masculino es mas ardiente que el femenino” (146). Doctors began to affirm that women ardently desired conception and childbirth rather than sexual pleasure. This new passionless woman, reinforced through social discourses idealizing the *ángel del hogar*, formed an ideal of femininity against which the highly sexualized hysterical woman would be contrasted. Although contradictory, these two female constructs appear to have worked together to uphold conventional conceptions of femininity: when women fell short of this ideal, and they almost always did, they could be diagnosed as hysterics and subjected to medical intervention. In this way these opposed sets of discourses worked together to police female behavior.

Socialization of Procreative Behavior

Socialization of procreative behavior refers to an orientation of the sexual practices of the married couple toward concerns of the state. Under this system, couples learn to control and regulate their sexuality so that they can contribute to the increase of healthy bodies, when the state is in need, or to the reduction of the number of offspring in times of overpopulation. The idea of procreation as a service to the state is repeated again and again in the various nineteenth-century hygiene manuals. For example, Peratoner asserts that marriage is: “un acto que toca las más altas consideraciones sociales” (11). Juan Giné y Partagás repeats the same idea in his *Curso elemental de higiene privada y pública* (1880) when he claims that: “El objeto del matrimonio es á la vez higiénico, moral y social” (3: 442–43).

Foucault refers to the normative heterosexual couple who put their sexuality in the service of the state as the “Malthusian couple” (105). Thomas Robert Malthus, an English economist whose *Essay on the Principle of Population*, originally published in 1798 and then expanded and republished five times during his lifetime, was very influential on the thought of nineteenth-century European politicians.⁷ Malthus, claiming that population, if left unchecked, would far surpass the amount of food produced, argued that crime, disease, war and vice were necessary to keep the population under control (20). In his 1803 edition, the English economist added moral restraint to this list, by

which he meant the delaying of marriage until one had enough money to support a family: "It is clearly the duty of each individual not to marry till he has a prospect of supporting his children" (132). According to Malthus, without these limits overpopulation would destroy any given society.

Despite the influence of Malthus's essay on nineteenth-century thought, European governments generally disregarded his main argument that overpopulation threatened to undermine any given society. Malthus was seen as a pessimist and his fears about overpopulation were viewed as unsubstantiated. Governments throughout Europe actually undertook active campaigns to increase their populations because they believed more people meant more economic capital and military strength. According to Esteban Rodríguez Ocaña, Spanish hygienists actually began to view the health and number of the population in specific monetary terms:

Enlazamos así con el componente económico del análisis higiénico. La vida humana llega a medirse en términos monetarios y la población total se representa como el capital colectivo del Estado, atendiendo al precio del trabajo o de la producción. A partir de ahí era posible calcular el coste de la muerte y el de la enfermedad. (20)

Hygienists took it upon themselves to argue against Malthusian fears about overpopulation. Pulido Fernández, for example, asserts that: "Los que creen que el mundo está suficientemente poblado, se equivocan de medio a medio. Es mas, la higiene solicita su aumento" (*Bosquejos* 36). Felipe Monlau takes up several pages of his *Higiene del matrimonio* to refute Malthus's theory directly, arguing that the population has never reached the levels that Malthus anticipates, that is, levels at which there were more people than food to feed them (263). Stressing that the health of the state was dependent on a large population, Monlau encourages the government to take action to promote population growth. He suggests laws that would prevent the marriage of couples who would not be able to produce offspring (253). For example, he believes that people who are infertile should not be allowed to marry and that every woman should have the diameter of her pelvis measured before marriage in order to prove that it is large enough for giving birth (31–32). Moreover, unlike Viguera and other doctors who felt that marriage was the best cure for hysteria, Monlau strongly discourages marriage in such cases since he believes that hysterical women are often infertile (235).

He also speaks out against marriages where there is a wide gap in age between the man and the woman, since these marriages are rarely fecund (58).

For the nineteenth-century hygienists celibacy itself is a disease. Monlau suggests that the government fight against voluntary celibacy, which he refers to as “el cáncer del celibato por eleccion” (57). However, unlike other hygienists of the time, who felt that nymphomania and satyriasis (the male form of nymphomania) ran rampant throughout the convents and monasteries, Monlau does make an exception for chastity in the case of clergy, as well as in the case of soldiers during wartime. Yet, in all other cases Monlau condemns celibacy and infertility as an indication of low moral character and asserts that people who choose to remain single are reprehensible (228–30). Similarly, Giné y Partagás claims that insanity and criminality are much more prevalent amongst single people (3: 397), while Peratoner attributes a long list of illnesses to celibacy (15). However, as a positive incentive for marriage, these hygiene manuals generally include detailed statistics that “prove” that married people are healthier and that they live longer. According to Peratoner: “Por cada 78 casados que llegan á los 42 años, sólo se cuentan 40 célibes que alcancen dicha edad” (14).

As part of this technique of the socialization of procreative behavior, medicine also sought to pathologize all sexual practices in which a married couple engaged that did not serve the ultimate goal of increasing and improving the population. That is why, as Foucault states, birth control practices became a specific target of medical pathologization. Although birth control methods in the nineteenth century were not very advanced, at least by today’s standards, they did exist and were widely practiced. The most common birth control practice was *coitus interruptus* although a very primitive condom also existed (Jago 326). Other couples tried to avoid conception by not engaging in intercourse during the time in which the woman was most fertile.⁸ Despite the existence and practice of these birth control methods, the hygienists led a campaign in which they asserted that birth control, or conjugal onanism (*onanismo conyugal*), as these doctors called it, was a crime against nature and responsible for the abundance of illnesses that were beginning to manifest themselves in society. V. Suárez Casañ, for example, claims that incomplete intercourse causes insanity (2: 40–41) and, according to Monlau, it is the number one cause of hysteria in married women (258).

The hygienists' sexual prescriptions were not only intended to regulate the size of the population, but also to improve it. In his *Enciclopedia médica popular* (1894), Suárez Casañ bemoans the fact that society pays more attention to perfecting the various breeds and species of animals than it does to perfecting the human species and argues that this has resulted in the spread of syphilis, insanity, alcoholism, nervous disorders and tuberculosis (2:131–35). Along the same lines, Monlau regrets that, despite medicine's understanding of hereditary transmission, the government does not establish laws, besides those against incest, to bring about "la regeneracion física de la especie humana" (475). However, the speech that Alfonso XII gave at the inauguration of *La Sociedad Española de Higiene* on April 23, 1882 seems to indicate that the state was considering hygiene as a means of improving the Spanish race:

se trata de mejorar la sociedad, procurando en lo posible acrecentar la superioridad de nuestra raza, con lo que podríamos contar con soldados y trabajadores mas útiles e inteligentes, consiguiendo con ello contribuir al desarrollo y engrandecimiento de nuestra industria y agricultura. (qtd. in Rodríguez Ocaña 30)

Although the threat of the spread of disease along with the state's need to have a strong army and labor force compelled the hygienists to become concerned with the health of the lower classes, for the most part, the bourgeoisie practiced this eugenics plan on itself. In other words, even though the lower classes were not to remain immune to state plans to improve the population, the bourgeoisie was particularly interested in establishing its own biological and physical superiority through the health of its own body. According to Foucault, just as the nobility had sought to distinguish itself through its body, symbolized by its *blood*, the nineteenth-century middle class looked to set itself apart through the health and vigor of its body and through the offspring that body produced (124). The lower classes were the Other, the infirm part of the population against which the bourgeoisie sought to distinguish itself.

The implementation of state plans to improve the "quality" of the population worked hand in hand with nineteenth-century theories of degeneracy which attributed the decline of a people not only to hereditary factors, but also to factors under the individual's control, such

as the individual's behavior. According to nineteenth-century medicine, acquired diseases or character deficits could be passed on to one's offspring. For example, both Monlau and Peratoner argued that married couples who overindulged in sexual activities would produce deformed children (Monlau 139; Peratoner 47). And, Suárez Casañ states that: "El mal modo de vivir es también una de las causas más comunes de la debilidad de los hijos" (2: 161). Therefore, one's behavior and lifestyle, if not in accordance with the precepts of hygiene, could lead to one's own degeneracy as well as to that of one's offspring. In other words, one's actions and moral character were directly linked to the health or decline not only of one's immediate family but also of one's race.

So, how did these strategies of the socialization of procreative behavior come to bear upon women? Most obviously, woman's "natural" role as procreator also became her social duty. Reproduction was now both a natural and a social imperative reinforced by proscriptions on all sexual behavior outside of marriage and on all practices that did not directly lead to reproduction. While the natural and social obligation to be both a wife and mother restricted women to the home, even more restricting were those theories that related female behavior to degeneracy. Since it was believed that the child's body was in complete organic communication with the mother's, particularly during pregnancy and breastfeeding, the emotional state, behavior and moral character of the mother, both during and after pregnancy, could affect the child. A woman's thoughts alone, if they were not of a moral nature, were enough to cause severe deformities in the child. For example, Suárez Casañ asserts that: "Nadie duda que las impresiones vivas y las pasiones fuertes ó por mucho tiempo comprimidas que turban el sistema moral de la madre, puedan determinar en el producto de la concepción algunas alteraciones ó cambios más ó menos profundos" (2: 287). Women, therefore, not only had to control their actions and words, but also their thoughts.

Breastfeeding, in particular, became linked to theories of degeneracy. Just as Spain's first *pícaro*, Lazarillo de Tormes, in an apparent slip of the tongue, claims to have acquired his skill at begging through his mother's milk ("Mas como yo este oficio le hobiese mamado en la leche" [107]), nineteenth-century medical experts also believed that children inherited various physical and emotional traits through breast milk. The medical texts of the time condemn the use of wet nurses when the

biological mother is herself physically capable of nursing, because the employment of a lower-class woman to nurse one's child meant that the child would inherit the less desirable characteristics of the lower social classes. However, the quality of a mother's milk was not only determined by physical factors, such as heredity and diet. The mother's emotional state and behavior during breastfeeding played a huge role in the transmission of certain physical and moral qualities. According to Monlau: "La lactancia es uno de los canales de trasmision así de la parte física, como de la parte moral, así de lo bueno como de lo malo" (430). Monlau therefore advises nursing mothers to "evitar las excitaciones morales, las lecturas prolongadas, los bailes, los espectáculos, y cualquier ejercicio violento de las facultades intelectuales" (430). He also advises against sexual intercourse during lactation since it could turn the breast milk into "un líquido seroso, insípido y amarillento" (431).

Pulido Fernández dedicates an entire chapter to the topic of lactation in which he condemns women who choose not to breastfeed. Since he also associates breastfeeding with hereditary transmission, he goes so far as to blame the use of wet nurses for the decline of great societies: "Siempre que los pueblos han caído en la degeneración y el envejecimiento, la lactancia mercenaria ha sido una de sus prácticas más extendidas" (*Bosquejos* 26). These hygienists portray women who choose not to breastfeed as selfish and frivolous. For example, according to the Marquis de Busto, women who employ a wet nurse do so in order to have the free time for "la inútil y murmuradora visita ó para la arruinadora competencia de los trajes y los adornos en lo paseos, y las noches, para brillar en los salones y en los teatros ricas galas y joyas" (51). In this way the new medical demand that the biological mother breastfeed her baby not only served as a form of monitoring a woman's thoughts and actions, which were believed to affect the genetic information of the breast milk, but it also further restricted a woman's freedom by insisting that women avoid social and leisure activities.

The socialization of procreative behavior also redefined female sexual pleasure. Although all the hygiene manuals of the time insist that women need sexual intercourse, it becomes less and less attached to sexual pleasure. The discovery of spontaneous ovulation in 1843 led to an attempt to move the site of female pleasure and satisfaction over to the organs directly involved in reproduction. This change is seen from Viguera to Monlau (Jago 318–19). Since Viguera still believed

that female orgasm was necessary for ovulation and, therefore, for conception, the clitoris's role in producing female pleasure was still emphasized:

En el vértice de la vulva preside y corona á las ninfas el clítoris, órgano en miniatura muy semejante al miembro viril, y que goza de algunas de sus calidades, pues que es en la muger el foco irradiante de la sensualidad, así como la glande lo es en el hombre. . . . La sensibilidad de este órgano es del mas exquisito ténple, y su influencia de la mayor importancia para la concepción. (1: 94)

However, Monlau, more informed than his predecessor, understands that women can be impregnated even if they are totally indifferent to, or even repulsed by, sex. He adds that women can become impregnated even while they are unconscious or sleeping (206).

Since, according to nineteenth-century hygienists, only sexual activities that led directly to reproduction were legitimate, heterosexual coitus became the only "normal" form of sexual expression. For example, Peratoner describes the sexual act in the following way: "El papel del hombre, en dicho acto, se reduce á introducir el órgano encargado de eyacular el líquido prolífico; y el de la mujer es el de recibirlo" (31–32). Although nineteenth-century doctors still recognized the clitoris's role in female excitation, they sought to pathologize it by linking overdevelopment of this organ with certain diseases and perversions such as hysteria, masturbation, nymphomania, ambiguous sexuality and lesbianism, as we will see in our discussion of the psychiatrization of perverse pleasure.

Since female orgasm was now pathological, male orgasm became the new female orgasm. In other words, doctors now asserted that what women really needed was to have their reproductive organs sprayed with the male sperm. This was believed to calm down the uterus and bring an end to the contractions and spasms that the female body underwent during coitus. According to Peratoner: "*El baño local de sémes es indispensable á la mujer para apagar la incitación que acompaña el coito y para hacer recobrar la calma á sus órganos sexuales y á toda la economía*" (Peratoner 43, italicized in the original). And Giné y Partagás states that:

Los cóitos incompletos, esto es, sin emision, acarrear en la mujer inducciones en el cuello uterino, que pueden pasar á verdaderos cánceres.

El útero, que en el acto de la cópula sufre una excitación vivísima, necesita experimentar el tibio contacto del licor espermático para que se disipe la irritación de que se ha hecho asiento, cesando así su eretismo: faltando aquel, el orgasmo se convierte en una irritación de carácter crónico. (1: 563)

By claiming that the female reproductive organs needed the male ejaculate in order to recover from sexual arousal, these doctors made male orgasm synonymous with female orgasm. Both the male and female body now climaxed in unison when the male ejaculated.

However, since conception was the ultimate goal of sexual intercourse, many doctors maintained that a woman's ultimate sexual satisfaction (which was, frankly, essential for her overall general health) was in giving birth. Pulido Fernández, for example, begins his *Bosquejos medico-sociales para la mujer*, with the chapter entitled "El árbol sin fruto," which recounts the stories of two women who had trouble conceiving. Dr. Pulido met the first woman during a visit to an insane asylum. She was an upper-class Lisbon woman who, after not being able to conceive with her husband, began kissing and abducting all the children she encountered on the street, believing they were her own. Obviously insane, the woman was committed to the asylum. Some time after that visit Pulido discovers that this woman has killed herself. The second story is about a woman who forces a doctor to perform a risky operation on her by threatening to kill herself if he will not do it. The operation is intended to correct her infertility. The doctor performs the operation; it is successful, and today the woman "vive dichosa en esta corte, con dos hijos de sus entrañas, que hacen las delicias de los amantes esposos" (*Bosquejos* 4). The lesson of this chapter: a woman's health, happiness and sanity depend on her having children. More directly stated, according to the Marquis de Busto, to cite one of many examples: "La mujer casada siente como una necesidad de su espíritu el deseo de ser madre; son para ella estos deseos como unos nuevos amores, y no se cree del todo feliz si no los ve satisfechos" (49). Since women only find true satisfaction in motherhood, childbirth comes to replace female orgasm.

Although the socialization of procreation did not only affect women, it did play a large role in the control and conception of the female subject. Marriage and childbirth were now both a social and a "natural" duty, making it increasingly difficult for women to fight for

equal rights in society. Moreover, theories of degeneracy served as a form of both thought and behavior control since women were led to believe that their actions, as well as their thoughts and emotions, could result in the degeneracy of their offspring. Yet, perhaps the most striking phenomenon is the medical reconstruction of the female sexual response. In order to make female sexual pleasure better conform to the new social imperative to reproduce, female sexual arousal is transferred to those organs and processes directly involved in reproduction. Female orgasm becomes conception. Therefore, in many ways, Freud did not say anything new. Like Freud, these doctors established that true femininity consisted in transferring female sexual gratification from the clitoris to the vagina.

Psychiatrization of Perverse Pleasure

The psychiatrization of perverse pleasure involved the classification of all sexual behaviors as either normal or perverted. Through the diagnosis of perversions, medicine was able to usurp the role of both morality and law by converting sinful/criminal acts into illnesses or perversions of nature.⁹ The establishment of sexual perversions helped to solidify the heterosexual norm established by the socialization of procreative behavior since, in order for the standard to exist, it had to be contrasted with the aberration. In other words, the sexually normal individual could exist only as long as s/he could be compared to the pervert; otherwise, there would be no defining limits of normative sexuality. According to Butler, the “abject beings” of marginal sexualities are seen as constituting the “outside” of the legitimate subject. They are forced to live in the “zone of uninhabitability” which “will come to constitute that site of dreaded identification against which—and by virtue of which—the domain of the subject will circumscribe its own claim to autonomy and to life” (3).

Nymphomania was one of the most discussed female “perversions” of the nineteenth century. Although nymphomania, like hysteria, was a rather elusive illness that encompassed a wide range of symptoms and causes, an overdeveloped sexual appetite was its main symptom. While nymphomania is a direct descendent of uterine fury, a “disease” described by the second-century Greek physician Galen who

argued that a lack of sexual fulfillment in women, particularly in young widows, could lead to madness (Groneman, *Nymphomania: A History* xvii–xviii), the modern concept of nymphomania was invented in 1778 with the publication D. T. de Bienville's *La nymphomanie ou traité de la fureur utérine*. In Bienville's conception of the disease, masturbation was linked directly to nymphomania (Laqueur, *Solitary Sex* 215). Although solitary sex was certainly not new in the eighteenth century, it was not until then that masturbation became a medical concern (Laqueur, *Solitary Sex* 13–15). There were two eighteenth-century texts fundamental to the establishment of masturbation as a disease. The first, published anonymously somewhere between 1708 and 1716, was *Onania; or, The Heinous Sin of Self Pollution, and all its Frightful Consequences, in both Sexes Considered* (Laqueur, *Solitary Sex* 13–14). The other text, published in 1760, was Samuel Auguste André David Tissot's *L'Onanisme; ou, Dissertation physique sur les maladies produites par la masturbation* (Laqueur, *Solitary Sex* 38–40). Tissot's text in particular sparked off a proliferation of writing on the subject (Laqueur, *Solitary Sex* 40–41).¹⁰

Although Foucault discusses the nineteenth-century medical problem of masturbation in children, everyone, that is, children and adults, both men and women, were suspected of this vice. Moreover, most doctors agreed that female masturbation was much more serious than male masturbation. It was believed that female onanism, which almost always involved the manipulation of the clitoris, only further aggravated the female system. Since doctors argued that women needed to have their uterus sprayed with the male ejaculate in order to calm down their systems, masturbation could not provide the sexual relief that women needed. Instead, it only increased sexual desire and further irritated the female body. Masturbation in women, therefore, created a vicious cycle in which a woman masturbated more and more, hoping to find relief, but only agitating her system further. Masturbation and nymphomania, therefore, were linked. According to Viguera nymphomania consisted of three phases. The first phase, which brought about the onset of the disease, began with a feeling of sexual desire that caused women to “rub” themselves:

Empieza, pues la escena, por una sensacion entre placentera é incómoda de ardor, prurito y cosquilleo en la vulva y vagina, que por un impulso involuntario obliga á las pacientes á restregarse, con tanta mas intension cuanto que de ello experimentan un dulce placer y calma. Pero, estos

repetidos actos, lejos de corregir sus sensaciones, las avivan cada vez mas, y despiertan en las doncellas los deseos del legítimo específico regulador. (2: 116)

Although Viguera admits that this practice does lead to a feeling of pleasure and calm, like many other physicians of the time he also argues that, ultimately, it only increases desire rather than satiate it, making women yearn more ardently for sexual intercourse.

Because masturbation was directly linked to nymphomania, the clitoris was now seen as a disease-producing organ. A large, swollen and/or highly sensitive clitoris was a sure sign of nymphomania. However, whether an overdeveloped clitoris caused women to masturbate, or whether women developed a large and/or swollen clitoris because they masturbated, was not clear. Even in the second half of the nineteenth century, many doctors still held that masturbation, as well as other forms of sexual excess, actually deformed the external genitalia. For example, according to a talk Dr. Chapman gave on the subject of female masturbation, which was summarized in *El Siglo Médico* (1883): “Si se produce a menudo este ejercicio, determina siempre modificaciones en los órganos genitales externos” (qtd. in Jagoe, Blanco, Enríquez de Salamanca 426).

Although not all nineteenth-century doctors necessarily believed that masturbation led to deformed genitalia, most took the time to discuss the female perversions related to an overly developed clitoris. Nymphomania was associated with a large clitoris, in part, because it was believed that women with large clitorises would inadvertently stimulate themselves since the enlarged organ would easily rub up against clothing and other foreign objects. For example, Juan Cuesta y Ckerner states that: “El clítoris puede encontrarse enormemente desarrollado, y semejante disposición puede llegar a producir la ninfomanía por el orgasmo constante que ocasione el roce de los vestidos” (7). Large clitorises and nymphomania also caused another series of perversions, primarily ambiguous sexuality and lesbianism.¹¹ An overdeveloped clitoris was believed to make women manly, sterile and indifferent to men and heterosexual intercourse. According to Monlau, for example, women with overdeveloped clitorises have very small breasts, manly features, and facial hair, and enjoy engaging in manly activities. They also are sexually inclined towards members of their own sex. However, Monlau denies that these women are hermaphrodites since such beings

would have to have the internal reproductive organs of both sexes (108). Rather, Monlau prefers to refer to these individuals as monsters or “*marimachos ó mujeres hombrunas (viragines), de costumbres masculinas, voz ronca, barba poblada, clitoris muy abultado, etc.*” (108). Later on in his work, Monlau will assert that such people, that is, masculine women, are often sterile (238–39). Suárez Casañ repeats this idea when he states that: “*Las mujeres que por su temperamento y disposiciones físicas y morales, se aproximan más á la constitución del hombre que á la de su sexo, y que se conocen con el nombre de mari-machos, (“viragines”) de los latinos, son casi siempre estériles*” (2: 476). Peratoner, however, prefers to emphasize the lesbian behaviors of women with large clitorises:

el desarrollo excesivo de dicho órgano hacía las mujeres indiferentes á las caricias de los hombres y las arrastraba á apeteer asiduamente la sociedad de las personas de su sexo. La voluptuosidad clitorídea es para esta clase de mujeres, llamadas TRIBADAS entre los antiguos, una necesidad imperiosa que acrecenta incesantemente el delirio de sus imaginaciones. (111)

Thus it seems that doctors’ pathologization of the clitoris stems from anxieties about this organ’s role in female sexuality. Its lack of purpose in reproduction and its similarity to the penis challenged nineteenth-century views on sexuality. It not only undermined theories of the sexes that posited that woman was man’s polar opposite, but it also contested the medical assertion that sexual pleasure had a solely reproductive purpose. To avoid such challenges, nineteenth-century medical experts converted the clitoris into the organ responsible for unfeminine and lascivious behavior in women. Similar to Freud’s assertion that clitoral masturbation was a masculine activity, and that women who refused to give up this habit suffered from a “masculinity complex,” nineteenth-century doctors insisted that women who engaged in clitoral masturbation or who had excessively large clitorises (although doctors linked the two) were manly, sterile, lascivious and sexually inclined towards members of their own sex (129–30).

The establishment of nymphomania and its correlative perversions of masturbation, ambiguous sexuality and lesbianism clearly served to uphold the polarization of the sexes. Women who defied the boundaries of femininity by seeking the right to use birth control, to pursue sexual satisfaction, to move freely outside the home, to vote, or

to have equal access to education and job opportunities could now be accused of sexual perversions such as nymphomania or lesbianism. Truly feminine women found complete satisfaction in their domestic role of wife and mother. Only perverted women, that is, manly women with large clitorises and voracious sexual appetites, would want anything more.

However, theories of nymphomania were not monolithic, and some theories related the disease specifically to heterosexual, procreative urges in women. For, just like in the case of hysteria, another major cause of nymphomania was chastity, which was most often associated with young unmarried women, nuns and widows. According to Viguera for example, nymphomania “es una inevitable consecuencia de la castidad, cuando es mantenida con heróica firmeza en medio de los mas porfiados agujoneos” (2: 116). Nineteenth-century doctors believed that women’s biology was so programmed for childbirth that if the female body was not being put toward such purposes, it caused all sorts of disturbances. But what about the nun, whose religious calling requires that she remain chaste? Not surprisingly, many nineteenth-century doctors felt that nuns were most susceptible to nymphomania. Viguera feels great pity for these women, who are deprived of the most effective antidote to this terrible disease:

En [estos casos] la esperanza de un porvenir lisongero, que es el mas oportuno calmante para las que no están ligadas con los votos monásticos, nada puede consolar á las infelices víctimas de una eterna clausura, reprobada en algunas por su constitución física, mientras que sola la idea de no poder mejorar su triste suerte, es un tremendo agujon que exalta mas su fuego [ninfomaníaco], y las precipita en el furor melancólico. (2: 135)

From a medical perspective, attempts on the part of women to pursue a chaste and spiritual life were unnatural and occasioned a variety of sexual pathologies. This line of reasoning would bring many nineteenth-century doctors to diagnose contemporary and former female mystics as hysterics or nymphomaniacs. According to Francisco Vázquez, in the nineteenth century:

la mujer casta será siempre “insatisfecha”; patologizada en las formas de la “histérica” y de la “ninfomaníaca”; el rostro inmaculado de la “virgen” puede anunciar la mueca salvaje y espasmódica de la “ninfómana”,

conduciendo de los desenfrenos masturbatorios a los abismos de una prostitución sin límites. (“Ninfomanía y construcción” 131)

One of the most important, and perhaps most curious, causes of nymphomania was the over-excitation of the imagination caused by reading, specifically by reading novels. Bienville argues that the imagination is one of the most important factors in the production of this female disease (Rousseau 98). Since nymphomania was linked to masturbation, and since masturbation was accompanied by fantasy and an over-excited imagination, the connection between nymphomania and the imagination was made. Thus in order to prevent masturbation and cure nymphomania, the imagination had to be controlled. This meant the proscription of novel reading by women. Bienville’s ideas definitely made their way to Spain since the link between reading novels, masturbation and nymphomania was explicit in the Spanish hygiene manuals of the time. Pulido Fernández’s *Bosquejos medico-sociales para la mujer* contains an entire chapter on the pernicious effects of novel reading on women. According to Pulido, the intense emotions that these novels elicit in the reader produce all sorts of nervous disorders. Pulido discusses the role of the imagination in this process: “El primer blanco que recibe siempre los disparos de la novela es la imaginación, la cual los refleja despues á todo el resto de la economía humana” (*Bosquejos* 59). Pulido goes on to describe how the situation deteriorates: “la lectura lanza en el delirio de los placeres avivando el fermento de los deseos, esta infeliz solitaria, tras una larga lucha, y hasta sin ella, concluye por dejar el libro, cerciorarse de su soledad, y . . .” (63, ellipsis in original). To those who are skeptical that this truly happens, Pulido claims that he could invoke “el recuerdo de tanta infeliz *ninfomaniaca*” and detail “las mil impresiones que hemos sentido, cuando hemos sido llamados para prestar los auxilios de la ciencia á alguna jóven que se agitaba convulsiva en su lecho entre espasmos cénicos y estros venales” (64, italics in the original). Thus Bienville’s connection of novel reading, masturbation and nymphomania finds an echo in the Spanish nineteenth-century hygiene manual.

Although these doctors claimed, and probably truly believed, to have women’s best interests in mind, their pathologization of novel reading was also an attempt to get women to regulate their own thoughts and behavior. By instilling a fear of disease in women, doctors could convince women to censor their own ideas and fantasies. It was

also a way to control what women did when they were alone and unsupervised. Since a male authority figure, such as a doctor or husband, could not be present at all times, making women conscious and fearful of what they did when they were alone was a means of getting women to police themselves.

While Foucault talks about the psychiatrization of perverse pleasure as one of the four strategies of the deployment of sexuality, separate from the hysterization of the female body, hysteria itself can be viewed as one of the central female perversions of the time. In fact the difference between hysteria and nymphomania is far from clear. Both diseases are supposedly caused by an out-of-control female sexual desire, both are manifested by a wide variety of symptoms, from epileptic-type seizures to defiant behavior, both can arise from enforced chastity and the natural biological phases of the female body such as puberty and menstruation, both can be caused by lascivious sexual behavior, and both find their most effective cure in marriage and normal heterosexual coitus and conception. Even Viguera admits that it is difficult to distinguish between the two diseases since their causes and symptoms are nearly identical (2: 122). Thus hysteria is nymphomania's twin sister and deserves a place in the psychiatrization of perverse pleasure.

The establishment of nymphomania (or hysteria) as a female perversion worked to control the female subject in several ways. First of all, since it was directly linked to masturbation, lesbianism and overdeveloped and/or highly sensitive clitorises, it pathologized female sexual pleasure. Clitoral stimulation became related to unfeminine behavior and an out-of-control sexuality. Nymphomaniacs were portrayed as subversive women whose challenges to the boundaries of "natural" femininity converted them into monsters of nature, manly, sterile women, who could no longer fulfill their natural and social duty of procreation. Secondly, those theories that related the disease to chastity bolstered the belief that women were programmed biologically for procreation and helped to condemn the one legitimate female community of the time, the convent. Finally, by associating reading and imagination with masturbation and nymphomania, medical experts were able to get women to police themselves; out of a fear of sexual disease, many women were made to censor their own thoughts and imaginations.

Conclusion

According to Foucault, as European societies became more democratic and free, a new, subtle form of power began to operate which was more effective in controlling the growing populations of Europe. From our exploration above, it is clear that this new type of power also took hold in nineteenth-century Spain. One manifestation of this "bio-power," as Foucault refers to it, was the rise in social importance of medicine and hygiene, particularly as they related to questions of human sexuality (140–41). The new authority of medical discourses on sexuality was especially effective in keeping down the rising female emancipation movement, which had gained force since liberal theory seemed to promise that all human subjects, regardless of their gender, were equal and therefore deserving of the same rights.¹² However, the growing capitalist economies were soliciting more able bodies to fuel the labor market and strengthen the military power of the state, and female emancipation conflicted with these aims. Women's role in society had to continue to be that of procreator. By establishing the polarization of the sexes which claimed that woman, as man's opposite, was completely controlled by her reproductive organs and her instinctual drives, doctors were able to insist that the female body was obliged naturally to serve solely for the purposes of reproduction. Medical physicians, claiming, and probably believing, they had objectively and empirically studied the female body, were able to restrict woman's role in society to that of wife and mother and render absurd women's demands for equal rights.

INDIANA UNIVERSITY

NOTES

¹ I would like to acknowledge Catherine Jagoe for her help. She generously shared many of her materials with me, including an extensive bibliography that greatly facilitated my own archival research at the *Biblioteca Nacional* in Madrid. I also would like to express my gratitude to the Program for Cultural Cooperation Between Spain's Ministry of Education, Culture and Sports and United States Universities and to the Timothy J. Rogers Fellowship Foundation, for the financial support that made this project possible.

² While I do not discuss the second technology, the pedagogization of children's sex, its central theme, masturbation, will be discussed in relation to women under the category of the psychiatrization of perverse pleasure.

³ In 2004 the historical journal *Hispania*, released a monographic volume on sexuality in modern Spain. In the introductory piece entitled "La sexualidad en la España contemporánea (1800–1930)," Guereña summarizes the current research on the subject, pointing out that a once neglected field of study has received deserved attention in the last two decades thanks to the increasing prominence of Feminist Studies and Queer Studies in the English-speaking academic world, the three volumes that comprise Foucault's *History of Sexuality*, Spanish journals such as *Asclepio*, *Dynamis* and *Gimbernat* and a series of articles and monographs by authors such as Vázquez García, Moreno Mengíbar, Balbo and Huertas García Alejo, to name only a few.

⁴ For other articles that deal with the treatment of women in nineteenth-century medical texts see Simón Palmer; Borderies-Guereña; Aldaraca; Castellanos, Jiménez Lucena and Ruiz Somavilla; Flecha García; and Ruiz Somavilla. Also of interest is chapter four of *Sexo y razón: Una genealogía de la moral sexual en España (Siglos XVI–XX)* (1997) by Vázquez García and Moreno Mengíbar and chapters seven and eight of *La mujer en los discursos de género: Textos y contextos en el siglo XIX* (1998) edited by Jagoe, Blanco, and Enríquez de Salamanca. While other critics have already discussed the ways in which particular nineteenth-century medical discourses constructed the female subject, my objective here is to show how this process functioned specifically within Foucault's concept of the hysterization of the female body.

⁵ Because hysteria was often diagnosed in women who contravened conventional gender norms, feminist critics such as Smith-Rosenberg and Showalter have interpreted hysteria as both an act of defiance on the part of women and as a negative diagnosis applied by medical doctors to contain such behavior.

⁶ Pulido Fernández summarizes the various talks on discontinuous pages of volume 2 (1876) of the *Anales de la Sociedad Ginecológica Española*.

⁷ Alvarez Peláez explores the role of Malthusianism, neo-Malthusianism and eugenics in the debates on birth control and women's reproductive role in society in early twentieth-century Spain.

⁸ This method was not particularly effective since, as Alvarez Peláez points out, it was not until 1923 that doctors finally understood exactly how the menstrual cycle and ovulation worked (189).

⁹ For more on the concept of perversion in nineteenth-century medicine see Balbo and Huertas García Alejo.

¹⁰ Vázquez García and Seoane Cegarra analyze the campaign against masturbation, specifically in nineteenth-century Spain.

¹¹ Doctors also linked prostitution to masturbation and large clitorises (Groneman "Nymphomania: The Historical Construction" 355–56). For a discussion of prostitution as a deviant form of sexuality, see Tsuchiya.

¹² Laqueur makes this argument by showing how the medical polarization of the sexes upheld institutionalized sexism despite the rise of liberalism and constitutional governments in nineteenth-century Europe (*Making Sex* 152).

WORKS CITED

- Aldaraca, Bridget. "The Medical Construction of the Feminine Subject in Nineteenth-Century Spain." *Cultural and Historical Grounding for Hispanic and Luso-Brazilian Feminist Literary Criticism*. Ed. Hernán Vidal. Minneapolis: Institute for the Study of Ideologies and Literature, 1989. 51–61.
- Alvarez Peláez, Raquel. "La mujer española y el control de natalidad en los comienzos del siglo XX." *Asclepio* 42 (1990): 175–200.
- Balbo, Eduardo A. "El concepto de perversión en la psiquiatría dinámica." *Asclepio* 42 (1990): 101–09.
- Borderies-Guereña, Josette. "El discurso higiénico como conformador de la mentalidad femenina (1864–1915)." *Mujeres y hombres en la formación del pensamiento occidental*. Ed. Virginia Maquieira D'Angelo, Guadalupe Gómez-Ferrer Morant and Margarita Ortega López. Vol. 2. Madrid: U Autónoma de Madrid, 1989. 299–309.
- Busto, Andrés del. "Problemas morales y sociales que resuelve el estudio médico de la mujer." *Discursos Leídos en la Solemne Sesión Inaugural del Año de 1892 de la Real Academia de Medicina*. Madrid: Enrique Teodoro, 1892. 4–141.
- Butler, Judith. *Bodies That Matter: On the Discursive Limits of "Sex."* New York: Routledge, 1993.
- Castellanos, Jesús, Isabel Jiménez Lucena, and María José Ruiz Somavilla. "La ciencia médica en el siglo XIX como instrumento de reafirmación ideológica: La defensa de la desigualdad de la mujer a través de la patología femenina." *La mujer en Andalucía. Actas del I Encuentro Interdisciplinar de Estudios de la Mujer*. Ed. Pilar Ballarín and Teresa Orti. Vol. 2. Granada: U de Granada, 1990. 879–88.
- Cuesta y Ckerner, Juan. *Enfermedades de las mujeres: Extracto de las asignaturas que tienen que estudiar los cirujanos de segunda clase que aspiran al título de Facultativo habilitados por medio de estudios privados*. Madrid: Tomás Alonso, 1868.
- Flecha García, Consuelo. "La mujer en los discursos médicos del siglo XIX." *Las mujeres en Andalucía. Actas del 2º Encuentro Interdisciplinar de Estudios de la Mujer en Andalucía*. Vol. 1. Málaga: Diputación Provincial de Málaga, 1993. 189–202.
- Foucault, Michel. *History of Sexuality. Volume I: An Introduction*. Trans. Robert Hurley. New York: Random House, 1978.

- Freud, Sigmund. "Femininity." *New Introductory Lectures on Psychoanalysis*. Trans. & ed. James Strachey. New York: Norton, 1965. 112–35.
- Giné y Partagás, Juan. *Curso elemental de higiene privada y pública*. Ed. Rafael Rodríguez Mendez. 4th ed. 4 vols. Barcelona: Juan y Antonio Bastinos, 1880.
- Groneman, Carol. "Nymphomania: The Historical Construction of Female Sexuality." *Signs* 19 (1994): 337–67.
- . *Nymphomania: A History*. New York: Norton, 2000.
- Guereña, Jean-Louis. "La sexualidad en la España contemporánea (1800–1930)." *Hispania* 64 (2004): 825–34.
- Huertas García Alejo, Rafael. "El concepto de 'perversion' sexual en la medicina positivista." *Asclepio* 42 (1990): 89–99.
- Jagoe, Catherine. "Sexo y género en la medicina del siglo XIX." Jagoe, Blanco and Enríquez de Salamanca 305–67.
- , Alda Blanco, and Cristina Enríquez de Salamanca, eds. *La mujer en los discursos de género: Textos y contextos en el siglo XIX*. Barcelona: Icaria, 1998.
- Laqueur, Thomas W. *Making Sex: Body and Gender From the Greeks to Freud*. Cambridge: Harvard UP, 1990.
- . *Solitary Sex: A Cultural History of Masturbation*. New York: Zone Books, 2003.
- Malthus, Thomas Robert. *An Essay on the Principle of Population*. Ed. Philip Appleman. New York: Norton, 1976.
- Micale, Mark S. *Approaching Hysteria: Disease and its Interpretations*. Princeton: Princeton UP, 1995.
- Monlau, Pedro Felipe. *Higiene del Matrimonio o el libro de los casados*. 2nd ed. Madrid: M. Rivadeneyra, 1858.
- Peratoner, Amancio. *Fisiología de la noche de bodas: Misterios del lecho conyugal*. Barcelona: N. Curriols, 1892.
- Pulido Fernández, Ángel. *Anales de la Sociedad Ginecológica Española* 2 (1876): 52–54; 74–79; 104–11; 265–67; 321–29.
- . *Bosquejos medico-sociales para la mujer*. Madrid: Víctor Sáiz, 1876.
- Ramazanoglu, Carolina, ed. *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism*. London: Routledge, 1993.
- Rodríguez Ocaña, Esteban. *La constitución de la medicina social como disciplina en España (1882–1923)*. Madrid: Ministerio de Sanidad y Consumo, 1987.
- Rousseau, G.S. "Nymphomania, Bienville and the Rise of Erotic Sensibility." *Sexuality in Eighteenth-Century Britain*. Ed. Paul-Gabriel Boucé. Manchester: Manchester UP, 1982. 95–119.
- Ruiz Somavilla, María José. "La legitimación de la ideología a través de la ciencia: La salud y la enfermedad de la mujer en el Siglo Médico." *De la Ilustración al Romanticismo, VII Encuentro: La mujer en los siglos XVIII–XIX*. Cádiz: U de Cádiz, 1994. 103–14.
- Showalter, Elaine. *The Female Malady: Women, Madness and English Culture: 1830–1980*. New York: Penguin, 1985.

- Simón Palmer, María Pilar. "La higiene y la medicina de la mujer española a través de los libros (S. XVI a XIX)." *La mujer en la historia de España (Siglos XVI-XX). Actas de las II Jornadas de Investigación Interdisciplinaria sobre la Mujer*. Madrid: U Autónoma de Madrid, 1982. 71-84.
- Smith-Rosenberg, Carroll. "The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth-Century America." *Disorderly Conduct: Visions of Gender in Victorian America*. New York: Knopf, 1985. 197-216, 330-35.
- Suárez Casañ, V. *Enciclopedia médica popular*. Vol 2. Barcelona: M. Maucci, 1894.
- Tsuchiya, Akiko. "Taming the Deviant Body: Representations of the Prostitute in Nineteenth-Century Spain." *Anales Galdosianos* 36 (2001): 255-67.
- Vázquez, Francisco. "Ninfomanía y construcción simbólica de la femineidad (España, siglos XVIII-XIX)." *De la Ilustración al Romanticismo, VII Encuentro: La mujer en los siglos XVIII-XIX*. Cádiz: U de Cádiz, 1994. 125-35.
- Vázquez García, Francisco, and Andrés Moreno Mengibar. *Sexo y razón: Una genealogía de la moral sexual en España (Siglos XVI-XX)*. Madrid: Akal, 1997.
- Vázquez García, Francisco, and José Benito Seoane Cegarra. "España y la cruzada médica contra la masturbación (1800-1900). Elementos para una genealogía." *Hispania* 64 (2004): 835-67.
- La vida de Lazarillo de Tormes*. 4th ed. Madrid: Castalia, 1984.
- Viguera, Baltasar de. *La fisiología y patología de la mujer*. 4 vols. Madrid: Ortega, 1827.

Copyright of *Revista de Estudios Hispánicos* is the property of Washington University and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.