

# The relevance of castration and circumcision to the origins of psychoanalysis: 1. The medical context<sup>1</sup>

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*In this paper the author outlines and discusses the origins and the decline of castration and circumcision as a cure for the nervous and psychic disturbances in women and little girls between 1875 and 1905. The author argues that the opposition to this medical practice affected the conception of hysteria, promoting a distinction between sexuality and the genital organs, and the emergence of an enlarged notion of sexuality, during the period from Freud's medical education to the publication of the Three Essays on the Theory of Sexuality. The hypothesis is put forward that Freud came directly in contact with the genital theory of the neurosis at the time of his training on the nervous disturbances in children with the paediatrician, Adolf Baginsky, in Berlin, in March 1886. It is hypothesized that this experience provoked in Freud an abhorrence of circumcision 'as a cure or punishment for masturbation', prompting an inner confrontation which resulted in a radical reorganization of the way of thinking about sexuality. It is also suggested that this contributed to Freud developing a capacity to stay with contradictions, something which would become a central quality of the psychoanalytic attitude.*

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## The vain sacrifice

In the 'Self-dissection of the pelvis' – one of the most enigmatic dreams of Freud's self-analysis – looking at his own eviscerated pelvis, Freud (1900, p. 413) saw something which was associated to "Stannius, the author of a dissertation on the nervous system of fish", greatly admired in his youth. He then recalled that the study of the nervous system of a fish had been the first scientific task he was set by his teacher of medicine, Ernst Brücke. He could have further associated the dream to an earlier scientific task, which was fulfilled at the Marine Zoological Station in Trieste: locating the testes of the eel. Indeed, the associative chain could have gone even further because, starting from 1876, when Freud spent the summer dissecting eels, to 1896, when he coined the term 'psychoanalysis', castration had been the ruling treatment for many nervous and psychic disturbances associated with hysteria.

Precise figures are not available, but if we compare the low number of patients treated with some form of psychotherapy (sudden shocks, hypnotic suggestion and catharsis, 'mental orthopaedics', and so on), with the number

<sup>1</sup>This article is based on the paper *Why have we ignored Freud the 'paediatrician'?* (Bonomi, 1994a; see also 1994b, 1997, 1998) and on the book *At the Threshold of Psychoanalysis: Freud and the Insanity of the Child*, which has recently been published in Italian (Bonomi, 2007). My special thanks go to Robert Holt and Ernst Falzeder for their valuable editorial advice.

of castrations reviewed by Krömer (1896) in the 74 pages of his article *Beitrag zur Castrationsfrage* [Contribution to the problem of castration], the latter appears much more rooted in everyday medical practice. The issue was in any case a controversial one – the paper begins with the following statement:

The question of whether morbid states and processes in the genital organs have an influence on the nervous system and on mental illness has been for 20 years at the midst of psychiatric and medical controversies. Some accept such an influence and try to recover and cure the pathologic states of the body by surgical operations. Others deny such an influence ...

(Krömer, 1896, p. 1)

In spite of its masculine resonance, the term ‘castration’ referred in those years almost exclusively to a surgical treatment of nervous, psychical, and immoral (like nymphomania) disturbances in women. Although the most relentless opponents qualified it “a crime against society and a degeneration of our condition” (p. 2), Krömer’s conclusion, based on the review of more than 300 operations described in the recent medical literature, was positive since 70% of the operations could be considered successful.

The operation consisted in the removal of the ovaries<sup>2</sup> according to a surgical technique introduced by the gynaecologist Alfred Hegar in 1872 (in America the operation was first undertaken by Battey, independently from Hegar, only three weeks later; consequently in American gynaecological literature it is called ‘Battey’s operation’). However, it was only after Hegar’s 1885 study, *Der Zusammenhang der Geschlechtskrankheiten mit nervösen Leiden und die Castration bei Neurosen* [The relationship of sexual illness to nervous diseases and castration in neuroses], that it really began to spread. The ostensible reason for removing the ovaries was their pathological form, mainly due to a supposed biological degeneration (Hegar, 1878), but the anatomical criteria for such a diagnosis were blurred and not even strictly required. In the 1885 study by Hegar, it was stated:

Castration in a neurosis which depends on a pathologic change of the sexual organ is recommended when other treatments have been unsuccessful, or are expected not to be successful. The disease must represent a danger to life, or definitely damage the psychic health, or make any activity and enjoyment of life impossible. By the operation the cause of the neurosis must be removed or a causal element, without the elimination of which a healing or improvement cannot be expected, is not taken away. In the last case the remaining aetiological elements should also be available to therapy.

(Hegar, 1885)

Such criteria fit in any case of severe hysteria and, to put it simply, Hegar “did not refrain from the extirpation of apparently healthy organs”, as pointed out by Krömer (1896, p. 7), i.e. by a supporter of the treatment. A year and a half later Friedrich Merkel could note in his *Beitrag zur Casuistik der Castration bei Neurosen* [A contribution to the study of castration in neuroses] that in a few months the number of operations reported in the

<sup>2</sup>Until the eighteenth century the ovaries did not have a name of their own; they were called ‘the female testicles’. In general the female body was considered inferior to the male body because all the male sexual organs have been retained inside the body. The vagina was considered a kind of unborn penis; the womb a stunted scrotum; and the ovaries internal testes (Laqueur, 1990).

medical literature rose from 180 to 215 (Merkel, 1887, p. 54). Merkel provided a list of 35 works published in 1886 alone on the castration of hysterical women – an issue which had become the most discussed problem in psychiatric circles. The list contained titles such as: *Castration in hysterolepsy* by Böhmi, *Cure of hysteria by castration* by Forel, *Cure of moral insanity by castration* by Heilbrunn, *Castration of the woman* by Heydenreich, *Contributions to the problem of castration* by Prochownich, *Castration of woman in nervous diseases* by Ruderhausen, *On castration in neurosis* by Schröder, *On castration of the woman in surgery* by Tissier, and *Hysteria cured by castration* by Widmer (Merkel, 1887, pp. 55–6; the original titles are quoted in Bonomi, 1994a, p. 59).

Now 1886 is the year when Sigmund Freud completed his studies in Paris and Berlin, began private practice, and made the famous presentation at the Medical Society in Vienna, on 15 October, which would later be recalled as the moment of his first break with the medical establishment. It is well known that such a break has been narrated with the story of the ‘old surgeon’ who blames young Freud by exclaiming: “But, my dear sir, how can you talk such nonsense! Hysteron [sic] means the uterus. So how can a man be hysterical?” (Freud, 1925, p. 15). The consistency of this narrative has been questioned by historians of psychoanalysis such as Siegfried and Suzanne Bernfeld (1952), Jones (1953), Ellenberger (1968, 1970), Hirschmüller (1991) and Sulloway (1979). According to the last, the memory of this first experience of hostile and irrational reception is not only in large part a myth, but has also become the prototype for similar legends about Freud’s life. And yet, if we relate Freud’s reported memory to the medical context, which, as we will see, was characterized by a growing opposition to the genital localization of the disease, one wonders if the narrative does not contain an hidden allusion to the practice of female castration.

As put by Jones in *The Life and Work of Sigmund Freud*, volume I (1953, p. 252), in his presentation Freud had claimed that, according to Charcot’s modern views, there was no connection between the disease and genital organs. We do not know if he also opposed the gynaecological treatment of hysteria, but, as a matter of fact, to question the Greek etymology of ‘hysteria’ in those years was not rare among the opponents of the sexual causes of the neurosis. For instance, in the 1883 article *Über Hysterie und deren Behandlung* [On hysteria and its treatment], Carl von Liebermeister refers to the Greek etymology of hysteria as an old and discredited belief, while opposing the gynaecological treatment of hysteria, claiming that: “Castration, extirpation of the clitoris and similar operations are definitely to be advised against, when they are not required by a local illness” (1883, p. 2149). Ten years later, in 1892, Friedrich Jolly, a well-known German professor of neurology and psychiatry, would write in an article on hysteria in children:

*Hysteria does not come from the uterus.* The manifestations of hysteria appear much before sexual maturation, in boys as well as girls. Therefore they have nothing to do with an affection of the uterus and, with the exception of few cases, from a gynaecological treatment nothing is to be expected.

(Jolly, 1892, p. 843, my italics)

A few pages later, stressing again the “impossibility to search for the seat of hysteria in the genitals”, Jolly explains the question in the following way:

It is important to stress this point once again because, in spite of the fact that the theory of hysteria has been, with the passing of time, moving away from Romberg's definition of it as a reflex-neurosis originating from the genitals, and toward a psychic conception of the disease, the contemporary vain sacrifice of a great number of ovaries has once again demonstrated that the latter idea enters practice only very slowly.

(Jolly, 1892, p. 855)

These lines should be read carefully by historians, for historians make use of written documents and have to rely on the theories they find in the books; but here we are told that, because of a gap between theory and practice, theories give a distorted representation of reality. This might be one of the reasons why scholars have overlooked the impact of castration on Freud, although it is probably not the only one. Ellenberger, in the chapter on *Sexual psychology and pathology* of his 1970 history of the unconscious, outlined a split between neurologists, who followed Charcot's view of hysteria, and gynaecologists, who persisted in believing in sexual aetiology; Hirschmüller (1978, p. 225) made a similar point, adding that the belief was shared by some neurologists as well. Yet the gap between theory and practice was not further explored.

### **The forgotten theoretical framework: The reflex theory**

Not only has castration been overlooked, but also the theoretical framework which supported the medical practice. Edward Shorter (1992) is one of the rare authors who have studied the context in which the group of pelvic treatments flourished. In his cultural history of psychosomatic illnesses, he has shown that castration was not a marginal oddity or an isolated error relegated to a few insane physicians, but a central component of a new therapeutic practice which was addressed to the bourgeois social class and was well rooted in the new scientific discourse on the ‘nerves’. The idea that people could suffer a ‘neurosis’ arose in the second part of the eighteenth century, and the history of the therapeutic procedures aimed at curing the nerves begin with the notion of ‘spinal irritation’, which met with great success in the first part of the nineteenth century and was later replaced by the notion of *reflex neurosis*. Thanks to the latter notion, which was based on the discovery of the reflex arc, Moritz Romberg (1840–46) could explain hysteria in 1846 as a reflex neurosis caused by the irritations of the genital organs, which propagate through the abdominal ganglions, provoking convulsions, paralysis and the typical hysterical bolus. According to this view of the body, the irritation of the genital organs caused a state of ‘irritable weakness’ [reizbare Schwäche], which made it a medium for the propagation of hysterical attacks beyond the periods of highest irritation, such as the premenstrual period.

Romberg derived much of his background from contemporary English neuroanatomy and neuropathology in translating Andrew Marshall's and Sir Charles Bell's works on the nervous system into German. For certain

aspects, his approach was close to Laycock's (1840) *Treatise of the Nervous Diseases of Women* and belonged to the 19th-century tradition of the physiological or cerebral unconscious which has been rediscovered by Marcel Gauchet (1992) as a precursor of the psychological unconscious. As pointed out by Gauchet, it was "within the framework of investigations on the influence of the uterus and of the ovaries on mental states" that Laycock "had been driven to the theory of the automatic action of the brain" (1992, p. 46). It is from here that the notion of "unconscious cerebration" would be developed in 1857, and, 40 years later, the Freudian unconscious.

Romberg is not mentioned in Gauchet's work (which is indeed more concerned with the extension of reflexes to the central nervous system, than to the spinal reflexes), but his role as forerunner of Freud was pointed out by one of first psychoanalysts, August Stärcke, in his article on *Psycho-analysis and psychiatry*, which in 1919 won the prize established by Freud and funded from the donation made by Anton von Freund for the best psychoanalytic work (other winners of the prize were Simmel, Abraham, and Reik in 1918, and Róheim in the same year). Stärcke wrote that psychoanalysis was reviving an older psychiatric tradition which was represented precisely by Romberg, which had been submerged by the mainstream emphasis on the anatomy of the brain. Thus psychoanalysis was:

the normal continuation of the general line of development, of which the pre-Freudian psychiatry, since Charcot and Griesinger, constitutes simply an interruption, an incident, the temporary hypertrophy of a newly discovered principle; an incident, however, which has meant delay and stoppage in the discovery of the psychic nature of hysteria.

(Stärcke, 1921, p. 363)

Criticizing this more recent, brain-based psychiatry, which was diverted from a wider clinical perspective and therapeutic usefulness, Stärcke wrote:

A second and historically important fact, which we must not overlook, is that psychiatry has not always proceeded in such a helpless and fluctuating manner as in the last thirty or forty years. It had been on the best road to discover the fixation of the libido as the cause of the failure of adaptation. The word hysteria – which formerly comprised all kinds of cases that now are included in other psychotic types – bears witness to this. The oldest theories asserted that the wanderings of the uterus throughout the body were the cause of hysteria. When Galen proved that these wanderings were impossible, the blame was attributed to retention of semen or blood in the uterus, since the humours could decompose and the enlarged uterus would be damaged by poisonous products or by pressure. This was modified later to the view that conditions of irritation of the genitals could pass over to the nervous system. Romberg (1851) endeavoured to reconcile with each other the alternative conceptions of hysteria as a disease of the uterus or of the brain, conceptions in which he considered the theories of hysteria known at that time culminated. He maintained that hysteria was a reflex neurosis caused by genital irritation, he made the important observation, "that it is not necessary for a sensation to become conscious to produce reflex action ...". According to Jolly (1877) sexual abstinence and over-stimulation are important causes of illness. After this the subject of sex disappeared more and more from psychiatry. Griesinger, Meynert and the large number of brain anatomists, as well as the Salpêtrière School, became the authorities on the

subject. Since Charcot, Pitres, Janet, and Raymond, hysteria has been considered a psychosis, as previously a great part of the psychoses were considered hysteria. The difference is that the latter view meant something, namely, the sexual origin of the psychoses, whereas the former view is only an expression of our infantile hope to discover somewhere in the brain chaste reasons for the indecent actions of hystericals.

(Stärcke, 1921, pp. 362–3)

In Freud's own work, Romberg is never mentioned. There is only one mention of him in the chapter on *Theoretical considerations* which Breuer contributed to their joint book, *Studies on hysteria* (Breuer and Freud, 1893–95, p. 220). And yet, since the article by Stärcke won a prestigious prize, we can suppose that Freud found nothing to object to in this passage, in which the continuity between psychoanalysis and an older psychiatric tradition is outlined. Nevertheless, this older psychiatric tradition has been forgotten by the scholars who have established the standards of the prehistory of psychoanalysis. According to these, the 19th-century theories and movement that had an influence on Freud were the German movement of biophysics, the clinical tradition of French psychiatry, evolutionism, and so on, but not the early reflex theory.

Neither is the reflex theory mentioned by Jones (1953–57) nor by Ellenberger (1970) who has enlarged the focus from Freud to the contemporary views on sexuality neglected by Jones. Romberg is instead mentioned in Hirschmüller's 1978 work, *The Life and Work of Josef Breuer: Physiology and Psychoanalysis*, where it is pointed out that his "highly un-modern" understanding of hysteria as a sexual reflex neurosis was revived by Breuer (p. 196) and that, after having been pushed back by the theory of Charcot, it survived among some neurologists and many gynaecologists (pp. 225–6). In spite of the accuracy of his reconstruction of 19th-century scientific ideas, Sulloway (1979) simply misses this tradition: Romberg's name does not appear at all in his work and Laycock's 'reflex theory' is mentioned only in two footnotes, probably because Sulloway was interested primarily in Freud's 'crypto-biologism' – in fact Laycock's biological contributions and the influence of Fliess's bio-periodicity are very well represented.

Even after Gauchet's (1992) rediscovery of the relevance of this physiological tradition for the later concept of a psychological unconscious, the historians of psychoanalysis have persistently disregarded it. The last example of this neglect is George Makari's book, *The Creation of Psychoanalysis*, in which neither Romberg nor the reflex neurosis theory are mentioned (Makari, 2008). In a subsequent interview, when specifically asked to comment on Gauchet's thesis on the notion of reflex as a point of departure of Freud's thought, Makari eluded the question by tracing back such an influence to Brücke, Exner and Meynert (PSN, 2008, p. 7), i.e. to authors in whose works the study of reflexes was combined with the new wave of brain localization, which broke the continuity between Freud and the older neuropsychiatric tradition based on Romberg and on spinal reflexes.

From today's perspective these differences in approach to the nervous system might appear blurred and irrelevant but, as we will soon see, assigning the primacy to the periphery (i.e. the 'genital nerve') or to the centre (i.e.

the brain) at that time made a crucial difference in the interpretation of the behaviour of children and in the definition of its treatment.

### **The broader context: The great fear of masturbation**

Romberg cannot be considered responsible for the later use of his theory of hysteria, but it should nevertheless be stressed that, in the second half of the 19th century, his theory was used to justify the amputation of the clitoris and the removal of the ovaries in “the bold attempt at conquering the protean demon of hysteria” – as ironically put by James Israel (1880, p. 241).

In order to understand why sexual organs became so important for the medical theories on the ‘nerves’, we have to further consider the social phenomenon named ‘the great fear of masturbation’ by Stengers and Van Neck (1984). These authors have shown that, before the famous book by Tissot (1760), masturbation was not treated with punishments, and that, afterwards, a new punitive attitude spread throughout society as a whole, conquering new subjects, such as women and children, and finally becoming increasingly sadistic.

This development had already been mentioned in the vast historical research by René Spitz, the psychoanalyst, who wrote:

While in the eighteenth century medical men endeavored to cure masturbation, in the nineteenth century they were trying to suppress it. This shift is sharply visible in Chart I which shows the sudden rise of repressive and surgical measures in the treatment of masturbation beginning with 1850. While up to 1849, masturbation was treated mostly with hydrotherapy, diet, etc., between 1850 and 1879 surgical treatment was recommended more frequently than any of the other measures. It is only in the second half of the nineteenth century that sadism becomes the foremost characteristic of the campaign against masturbation.

(Spitz, 1952, p. 499)

It should be noted that in 1952 Spitz published his research:

because even in psychoanalytic circles one does not always realize how extremely cruel the persecution of the masturbator has been up to our day; nor is it generally known that these sadistic practices found support among authoritative physicians and that they were recommended up to almost a decade ago in official textbooks.

(p. 504)

The difficulty in dealing with these “sadistic practices” is not a prerogative of psychoanalytic circles, since all references to repressive treatments are missing even in Laqueur’s (2003) sophisticated book on the cultural history of ‘solitary sex’, where the danger represented by masturbation is elegantly identified with the qualities that were in the process of becoming central in the definition of the modern self: desire, privacy and imagination. Differently from Laqueur, Spitz as well as Stengers and Van Neck have shown how, in the second half of the 19th century, the medical repression of masturbation gave rise to treatments such as the amputation or scarification of the clitoris, which was used both with sexually mature women and with little girls, infibulation, which was preferred by Broca, the great anatomist (cf. Stengers and Van Neck, 1984, p. 125), the cauterization of the labia, and

circumcision (both male and female). In short, beside psychological threats and mechanical treatment, a whole family of mutilating treatments existed, which was utilized in the repression of the 'evil' (cf. also Barker-Benfield, 1976; Darby, 2003, 2005a; 2005b; Gollaher, 1994; Scull and Favreau, 1986).

However, the key point is that these punishments were presented not as a chastisement but as a 'cure' – just as the original 'moral' issue had been translated into a 'medical' issue. When the priest was replaced by the physician in the role of confidant of moral anguish, the traditional belief in the damages caused by masturbation began to be 'medicalized' (Gilbert, 1975; Szasz, 1970), and the theory of reflexes provided an apparently rational justification for the surgical removal of the supposed sources of the 'evil'. Consequently, the original punitive intention began to be 'objectified' by scientific discourse. Castration in a strict sense, namely the extirpation of the sex glands, was perceived as the most 'objective' among the group of mutilating treatments, because it derived its prestige from the discovery of the ovaries as regulators of sexuality. The amputation of the clitoris and the other mutilations of the external genitals which were practised mostly on children (because of the immaturity of the sexual glands) kept a closer connection with the punitive aim, and thus were more apt to reveal the contradictions implicated in the modern reorganization of morality.

### On 'abhorrence'

We also need to consider that the perception of a mutilation as a mutilation is not always obvious, as becomes clear when we reflect on the different emotional responses to the ritual genital mutilations which are still performed today on young girls in parts of Africa and the Middle East. What is seen as a sign of affiliation to be proud of within a given community is viewed with abhorrence by those who do not share the same mental space. Only when cultural isolation is overcome, and diverging perceptions of the same 'symbolic wound' come into contact, are the conditions for a conflict created and contradictions can begin to be brought to light.

If we go back to 19th-century medical practice, what appears from today's perspective as behaviour equally useless and cruel was not always experienced as such. Because of the terrorism that surrounded masturbation and the beliefs in the necessity of the cure, the cruelty of the treatment could more or less be completely dissociated. However, the typical situation was that indignation and compliance were unequally distributed. Certain treatments were regarded with abhorrence, while others were not. The best example concerns castration: whereas the castration of men was usually regarded with abhorrence, the castration of women was not – at least within the large group of (male) supporters. In this case, as we will see later, the contradiction could be revealed between the different 'value' socially attributed to male and female sex glands.

Another example concerns the excision of the clitoris. Clitoridectomy for girls and circumcision for boys were frequently considered as equivalent treatments, but they had very different vicissitudes, which are related to a different emotional response. The excision of the clitoris in young women

had been introduced by Isaac Baker Brown in London and Charles Brown-Sequard in Paris, spreading in the 1860s to the point of becoming 'fashionable'. However, it also soon began to provoke indignation and to elicit the opposition of physicians, who perceived it as a mutilation of the female body. In the long run, abhorrence resulted in the decline of the practice, yet its disappearance was not immediate. In Europe it was performed until the end of the century (Shorter, 1992), resurfacing from time to time under new scientific motivations – it is well known that Princess Marie Bonaparte underwent a clitoridectomy in the 1920s, hoping to achieve in this way the vaginal orgasm (Bertin, 1982), while in the United States it persisted for a long time (Scull and Favreau, 1986).

In contrast with clitoridectomy, male circumcision was on the whole not perceived as a mutilation. Since the 1850s the foreskin was regarded as a source of nervous and physical disease. Circumcision was believed to be a prophylaxis against syphilis (Gilman, 1993) and, in cultural terms, was central to the late Victorian redefinition of manliness in terms of self-restraint and cleanliness: "Widely believed to dampen sexual desire, circumcision was seen positively as a means of both promoting chastity and physical health" (Moscucci, 1996, p. 65). Such a cultural atmosphere made it possible for the operation to survive the decline of the reflex neurosis theory, shifting from the original status of cure/punishment to the status of an universal hygienic measure. As McGee said in 1882: "Whether it be curative or not it is conservative, and removes one source of irritation from an exquisitely sensitive organ. I would favor circumcision, however, independent of existing disease, as a sanitary precaution" (1882, p. 103). Increasingly identified with personal cleanliness, good morals, sound health, and upright character, circumcision began to be advocated in Anglo-Saxon countries as an element of public health. Neonatal circumcision was set as a routine in the United States, becoming "so commonplace that physicians and parents scarcely considered it surgery at all" (Gollaher, 1994, p. 5).

The real study of this social phenomenon became possible only after the decline of the 'scientific ritual' (Darby, 2005a; Gollaher, 2000). The first effective attack on the legitimacy of routine circumcision in America was mounted by a paper provocatively entitled *The rape of the phallus* (Morgan, 1965), as if the only way to provoke indignation consisted in representing the operation as a 'rape'.

The sentiment of abhorrence had indeed been eliminated by the shift from the original motivation to the notion of hygiene, by which the traces of the original punitive intentions had been erased. Freud never endorsed the hygienic notion. According to him, circumcision was an equivalent and a substitute for castration. Although the original punishment had later been toned down, it was still unconsciously equated with castration (Freud, 1913, p. 153, fn 1; 1910, p. 95, fn added in 1919; 1916, p. 165; 1918, p. 86). It may also be significant that – as seems to be the case – Freud did not allow his male children to be ritually circumcised. It is true that at that time there was a strong tendency to assimilation but, as we will see later, there were also reasons specifically connected with

contemporary medical practice. We may indeed speculate that the abhorrence elicited by these medical practices was responsible for his sharp understanding of circumcision, which would later be applied too to the mosaic custom (Freud, 1939).

### **Masturbation and hysteria in childhood**

The manifestations of sexuality in children began to become a medical issue in connection with a vast reorganization of the notions of childhood, morality, and insanity, as I have tried to illustrate in a recent book on the cultural context from which psychoanalysis originated (Bonomi, 2007).

In the first half of the 19th century, the common idea was that children could not become insane because they were simply too close to 'Nature' to be affected by a malady which originated from 'civilization' and consisted in a permanent perversion of 'morality'. Children were not yet 'innocents'; they simply did not belong to the moral world. Their minds were too weak or too unstable to be part of it; and therefore they could not be affected by the moral maladies of civilized man.

This system of values changed in the middle of the century, when a new paradigm set in: the idea that children too could be affected by insanity. At this point observations on their perverse behaviours began to be collected by physicians, and masturbation was found in very young children, even babies. Until then, the common idea was that masturbation in children unavoidably resulted in idiocy and death – and precisely because the effects were irreparable, nothing was done to prevent them. Such a permissive attitude changed with the new paradigm since insanity could be prevented. This situation produced a new state of alarm and a new social awareness about the necessity of keeping children constantly observed. The struggle against masturbation in children became at this point a way of protecting them from the morbid effects of the bad habit on their nervous system.

An example of the new mentality is given by the article *Über die Reizung der Geschlechtsteile, besonders über Onanie bei ganz kleinen Kindern, und die dagegen anzuwendenden Mittel* [On the stimulation of the sexual parts, especially on onanism in very small children, and the means to employ against it] published in 1860 by the German paediatrician F.J. Behrend. Under the title of 'Reizung' [stimulation] many different things are collected together, such as endogenous stimulation, stimulation aroused by contact with clothing, self-stimulation, and the kind of 'stimulation' caused by seduction or abuse. The last factor was never missing from the list of the possible causes of the evil, and its role would become more and more important. The finding of 'onanism' (a term which was often preferred to 'masturbation') in very young children and babies had in fact two main implications.

The first one was that 'imagination' could not play the same role in children as in adults: the onanistic movements in a 2 year-old child could not be read as the bodily manifestation of an inner secret fantasy and, being perceived as automatic actions, they were explained as the effect of a nervous reflex – a point which was completely overlooked by Laqueur (2003), who based his cultural history of solitary sex on the privacy of 'imagination'. Laqueur did not

include childhood in his study, thus leaving out the most important effect of the modern obsession about masturbation: the transference of the problem (and of the anguish) from adulthood to childhood.

There were essentially two consequences of the transference. The inconsistency of the infantile mind gave rise, first of all, to the conviction that the child had been ‘contaminated’ by a servant, a nurse, an elder boy or girl within the family or at school. For instance, the Viennese Ludwig Fleischmann reported in his 1878 paper, *Über Onanie und Masturbation bei Säuglingen* [On onanism and masturbation in suckling babies], two cases of babies who, having been stimulated by nurse-maids, masturbated even before weaning, and stressed that masturbation and vulvo-vaginitis were not only a consequence of lack of hygiene, arising “incomparably more often by the continuous sleeping together with older persons or, in older girls, by staying together with playmates of the other gender” (1878, p. 48). Thus, when appearing in children, the ‘solitary’ vice was evocative of *Verführung* [seduction], suggesting the traces of the ‘other’.

The second consequence was that bodily reflexes were not considered accessible to moral precepts. Scolding and reproaches had no effects on the infantile mind. Facing this problem, Behrend wrote:

Dr Johnson suggests undertaking a small operation in order to provoke such a pain with its wound that it would leave in the child a lasting psychic impression and would make any attempt at masturbation painful. In boys the operation should be done on the prepuce, making a cut, etc. In girls it should, similarly, consist of a strong cauterization on the *labia majora* or inside the vagina entrance or, as Dr Gros suggests, of small excisions all around the clitoris.

(Behrend, 1860, pp. 328–9)

Acting on the body was necessary because of the deficiencies of the mind: one acted on the body in order to reach the mind and create a lasting *memory*. In spite of all physical justifications, it seems that from the very beginning the ‘operation’ had a psychic goal since the body was used as a supplement to the mind. Later, medical theories and prescriptions would cover up the transparency of the original motivations.

In his 1878 article, Fleischmann recommended various prophylactic measures and, when the evil was already set in, circumcision in boys, the scarification of the clitoris in girls, or the amputation of the clitoris. With respect to babies, he wrote that such measures were not necessary and one could try to make only a “cauterization of the Labia or of the entrance of the vagina” (p. 49), or apply mechanical devices aimed at preventing self-stimulation. In the following years many articles on hysteria in children appeared, in which the question of genital stimulation in children was particularly discussed; this is because, as Herman Smidt put it in his 1880 study:

only when hysteria had been recognized as a functional disturbance of the womb or as a sexual disturbance in a larger sense, did it become possible to understand its onset in children whose sexual organs have not yet acquired their functions.

(Smidt, 1880, p. 1)

In an accurate review of the late-19th-century paediatric German literature, Carter has remarked that “infantile hysteria regularly received more

attention than male hysteria and it was usually associated with infantile sexuality” (Carter, 1983, p. 186) and that “in many respects, Freud’s early work on infantile sexuality and on hysteria seems to be completely compatible with this literature” (p. 195). What Carter did not know is that Freud himself belonged to this world.

### Adolf Baginsky and the ‘secrets of children’s diseases’

On the occasion of the death of Oskar Rie – the close friend and the doctor of his children – Freud wrote a letter to Marie Bonaparte recalling that he met Rie 45 years earlier, when he had announced among his medical activities the treatment of infantile nervous diseases, and Rie had attended his office, initially as a graduate student and later as his assistant (letter of 19 August 1931, reported in Schur, 1972). This is a piece of information which is missing from most – if not all – the studies on the origins of psychoanalysis. Freud began his private practice as a neurologist at Easter 1886 and we can pose the question: how is it possible that he presented himself as a specialist on nervous disturbances in children?

Whereas everyone knows that Freud attended Charcot’s lectures in Paris, his studies with Adolf Baginsky in Berlin are still today mainly unknown. When Freud was in Paris, he was offered a position in the polyclinic for children that Max Kassowitz was in the process of reorganizing in Vienna. In order to acquire some experience with nervous diseases in children and make a decision, Freud spent nearly one month in Berlin, in March 1886, where he frequented the polyclinic of the ‘Privatdocent’ in paediatrics, Adolf Baginsky.

Jones (1953–57, p. 232) wrote that Freud’s training took place at the *Kaiser Friedrich Krankenhaus*, but this hospital was founded only four years later, in 1890.<sup>3</sup>

This erroneous information which has been preserved in all the subsequent works – even in the recent book by Tögel, *Freud und Berlin* (2006)<sup>4</sup> – reveals a questionable lack of curiosity for this still unknown chapter in the history of psychoanalysis. This experience should, however, elicit our interest, because it was while attending the polyclinic that Freud decided to devote part of his professional life to children. Later on, in the same year he would become responsible for the department for nervous diseases at the *Public Institute for Children’s Diseases* in Vienna, a position which he kept for about ten years – years that were crucial for the birth of psychoanalysis. Yet the neuro-paediatric side of Freud’s professional life has never been

<sup>3</sup>In my 1994 paper I stressed that, in 1886, Adolf Baginsky had a private polyclinic which had opened in 1872. It was called the Poliklinik für kranke Kinder and was located in Johannisstr. 3 Hochparterre. Baginsky received patients on Mondays, Wednesdays, Fridays and Saturdays, from 12–1 p.m., while from 1–2 p.m. he held lessons. During the winter semester (16 October 1885 – 15 March 1886), Baginsky held two courses: on the pathology and therapy of infantile illness and on the dangers to which students of teaching institutions were exposed. In his letter to Martha Bernays of 19 March 1886, Freud regretted not remaining for the vacation courses too. Further details are available in my recent book (Bonomi, 2007; see also Bonomi, 2002a).

<sup>4</sup>In this case the error was due to an unintentional distraction (Personal communication from the author).

considered relevant for the origins of psychoanalysis, just like the practice of castration and the theory of reflexes! Just as the latter are ‘known’ by scholars, but such knowledge is not integrated into a coherent view of the origins of psychoanalysis, the same destiny seems to hang over Freud’s paediatric training. In fact, we do find it finally mentioned in the most recent book on the creation of psychoanalysis (Makari, 2008, p. 86), but only *en passant*. In brief, the way in which Freud’s paediatric engagement has been dealt with by historians is evocative of the lapidary comment once made by Freud when speaking of official academic medicine: “It has made no use of its knowledge and has drawn no inferences from it” (Freud, 1895, p. 124).

“Drawing inference” is not a sign, here, of a neutral attitude, but is an expression of passive dissociation, by which we preserve unquestioned a certain set of beliefs. It corresponds to an action aimed at keeping a given knowledge isolated from the rest, because the association would require an undesired emotional working through of the contradictions and a difficult intellectual readjustment of the whole. The point is that historians, besides relying on ‘facts’, are supposed to provide a link between facts, to tell a consistent story, and Freud’s paediatric engagement raises questions which force a reconsideration of large sections of the written history of Freud’s medical education, and require formulating new hypotheses and understandings. Which questions? If we restrain ourselves to the short paediatric training with Baginsky (Bonomi, 1994a, 2002b, 2007), we find that in the 10 October 1886 letter to Martha Bernays, while formulating the wish to dedicate his professional life to ill children, Freud wrote that he could not reveal to her the ‘secrets of children’s diseases’. What kind of ‘secrets’ were these? Who was Adolf Baginsky, and what could he have taught Freud?

In the 1880s, Baginsky was the German author most representative of the approach that emphasized the sexual causes of hysteria in children (cf. Emminghaus, 1887, p. 284). In his 1877 *Handbuch der Schulhygiene* [Handbook of School Hygiene], his claim was that “masturbation makes its appearance already in babies” and that the evil, usually caused by “certain external stimuli” and especially by “seduction” (Baginsky, 1877, p. 465), is apt to produce many illnesses because of the fragility of the child’s nervous system. The difference depended on the higher “Reflexerregbarkeit” (the higher excitability of the reflexes), according to which the same “insignificant stimuli ... which in the adult pass away without leaving traces ... [in children] can provoke violent explosions” (p. 443). Obviously, the most noxious “stimuli” were “sexual excesses”. The latter, according to Baginsky, provoked severe damages to the “central nervous system” (p. 451), were the *causa movens* of chorea (p. 457), a co-cause of epilepsy (p. 461), and the source of a vast repertoire of nervous and psychic diseases. His belief was that onanism in infancy affected the whole physical development. When the typical developmental signs were lacking, onanism could be still diagnosed by observing the external genitals, which were inflamed and swollen (p. 466). Although he did not reject the possibility that the stimuli to onanism came from the central nervous system, he was more inclined to assume that the evil [das Übel] was caused by peripheral stimuli, such as the lack of hygiene or, more frequently, seduction (ibid.).

In any case, the evil was “the most dangerous one”, since it initiates a vicious circle, which from the periphery slowly harms the brain functions, at the end causing the most severe illnesses. His conclusions was: “Every onanist is a threat for those who are pure, because his example is contagious and masturbation has, more than other diseases, the tendency to spread” (Baginsky, 1877, p. 467).

In short, masturbation was for Baginsky a plague (he listed it within the ‘infectious’ group of the nervous system diseases), and the duty of the modern physician was to fight it. How? Referring to the 1877 handbook the case of a 1 and a half year-old child, who was cured by him with mechanical means aimed at preventing the onanistic movements of the legs, he wrote that “for other children other means are necessary, according to the circumstances” (p. 467). Although he avoided entering into detail, we can assume that they did not differ from what was reported in the medical literature of the time.

A student of Baginsky, Samuel Schäfer, published in 1884 in the *Archiv für Kinderheilkunde* (a journal founded and directed by Baginsky), a study on hysteria in children, which represents a precious source of information on what Freud might have learned in 1886, precisely because it was a ‘doctoral dissertation’ inspired by the practice and teaching of Baginsky. The paper contains more references to ‘sexual aetiology’ than any other study at that time. In the paper it is claimed that, just as in adults sexual deprivation and overstimulation were said to be the main cause of hysteria, similarly also in children’s hysteria the cause had to be sought in bad sexual habits, primarily onanism (Schäfer, 1884, p. 401). It is stressed that, despite the uncertainty of the method, the diagnosis of onanism was mainly based on the examination of the genitals, the swelling and inflammation of the penis, of the labia majora, and of the vagina (p. 407). Finally, it is stated that among the main determining causes of children’s hysteria:

a not secondary role is played by the illness and abnormalities of the urogenital apparatus, such as congenital phimosis, agglutination of the prepuce with the glans, inflamed and stretched clitoris. All of these conditions are able to produce special nervous states by reflex, which can also be healed by the elimination of the cause.

(Schäfer, 1884, p. 407)

This passage is unequivocal: it refers to the family of surgical treatments which were supposed to eliminate the local source of the overstimulation of the ‘urogenital nerve’. We can therefore conclude that, through the teaching of Baginsky, Freud came into contact with the extension of Romberg’s reflex theory to infancy, and with the two most impressive sides of the medical struggle against masturbation and hysteria in children: the idea that seduction played a main role in the spreading of the ‘plague’, and the tendency to fight the ‘evil’ by means of surgical operations.

Concerning seduction, both the continuity and the discontinuity with the so-called ‘seduction theory’ of hysteria that Freud would formulate ten years later, should be noted. The continuity is given by the emphasis on seduction (probably, by mentioning the ‘secrets of children’s diseases’, Freud was alluding to this) and on the physical irritation of the genitals, but in the

theory which Freud would formulate in 1896, the notion of 'seduction' would acquire a psychological meaning which was lacking before. In the work of Baginsky, seduction was assumed to be an agent within the framework of the reflex neurosis theory and, since within the world of the reflexes it is impossible to distinguish between an intentional act of seduction, and the physical irritation of the genitals caused by rough clothes or lack of hygiene, the meaning of seduction as an action performed on a mind by another mind was ultimately disavowed. At the same time the reflex theory made it possible to imagine that the 'evil' could be removed by surgery, covering up with all sorts of justifications provided by the anatomical discourse, the punitive intention implicated in the medical practice. In short, within the reflex neurosis theory, the belief that masturbation in children was induced by others produced a monster, since the idea of seduction culminated in a second assault on the genitals, as if the 'operation' unconsciously represented the repetition of a trauma.

We can now better understand the strange plea against castration of women in Jolly's 1892 article on hysteria in children: by opposing the view of hysteria as a reflex neurosis originating in the genitals, *he was actually opposing the medical practice of genital mutilation in children.*

The mutilating practice indeed elicited a strong opposition which, however, was rarely expressed in a direct way. Some experimented with new therapies. In his 1885 article *Über Hysterie bei Kindern*, the Viennese Maximilian Herz, who was professor of paediatrics and an acquaintance of Freud, accepted the view that hysteria was caused by illness "of the urogenital parts: phimosis, agglutination of the prepuce with the glans, inflamed and stretched clitoris, etc." (Herz, 1885, p. 1307); but instead of practising the operation, he suggested putting cocaine on the mucous membranes. He had himself cured the onanism of a 7 year-old girl by putting a 10% solution of cocaine twice a day in the entrance of the vagina (p. 1403). The main solution, however, consisted in changing the theory.

Around 1880, the belief in the damages caused by masturbation began to be countered by a new doctrine, reversing the causal relationship between masturbation and insanity (cf. Stengers and Van Neck, 1984). Whereas before, the common idea was that masturbation caused insanity, now it was increasingly repeated that masturbation was the effect of insanity (and a symptom of degeneration). As part of this adjustment, the earlier reflex theory was replaced by theories which shifted the focus from the responses to peripheral stimuli to the properties of the central nervous system. In the coming years the notion of hysteria went through an impressive change: it lost its traditional somatic localization and became a *psychological disorder*, moving away from Romberg's definition as a reflex-neurosis originating from the genitals. Within this turn, the belief that masturbation in children was induced by others was also replaced by a less 'innocent' view of childhood. This occurred in the last two decades of the century when, as put by Stephen Kern (1973, p. 137), the idea of child sexuality was "in the air". At the dawn of the new century even Baginsky would finally join the emerging psychological perception of the child, recognizing that: "drives and passions, conscious and unconscious deviations from the right moral way, which we

strikingly meet in the adult, are to be found already shaped in the child” (Baginsky, 1901, p. 98; cf. Bonomi, 2007, p. 114).

One of the main consequences of this turn was that ‘imagination’ was finally discovered as a characteristic of the child’s mind – and more than this, as its *main feature*. According to the new social representation of the child, which emerged in the last two decades of the century, being fuelled by ‘passions’ the imagination of the child appeared now coloured by sexual fantasies, which explained his/her inclination to lie. As put by Manheimer (1899) in the first medical book that contains the new term ‘infantile psychiatry’ in the title: “Her imagination will suggest to her many things that one would not expect. As a matter of fact, in most cases, it is a question of attempts at rape, in relation to which little girls claim to be the victims” (p. 137).

Thanks to the shift from the periphery to the centre of the nervous system, from the ‘reflexes’ to the ‘brain’, the idea that masturbation was caused by seduction or abuse was overcome. At the same time, the practice of genital mutilation as a ‘cure’ of masturbation and related nervous disturbances began to decline – at least in Europe, since in America the social representation of the child as ‘innocent’, as well as the ‘operation’ aimed at eliminating the bad habits, would remain for much longer. By the way, we do not have to think that the medical practice faded away immediately. Iwan Bloch, one of the protagonists of the new ‘sexology’, discussing the treatment and cure of masturbation in his 1907 book *The Sexual Life of Our Times*, writes the following lines, which were retained in later editions:

The methods of the older physicians, who appeared before the child armed with great knives and scissors, and threatened a painful operation, or even to cut off the genital organs, may often be found useful, and may effect a radical cure. The actual carrying out of small operations is also sometimes helpful.

(Bloch, 1907, p. 421)

Bloch also quotes as examples of successful treatments, the cutting off the foreskin with scissors, the repeated cauterization of the vulva, the introduction of a ring in the foreskin, and so on. Significantly, these lines by Bloch were quoted by Mabel Huschka (1938), a psychoanalyst, in a paper in which the parent’s tendency to threaten the child in an effort to ensure his breaking off the habit were still seen as a sort of prolongation of the drastic forms of management, which were professionally advised until recently. Later on the connection between castration anxiety and real threats was lost, and castration itself turned into a purely symbolic issue.

### The psychological turn

The stress on the physicality of castration forces us to also reconsider the way in which the connection between the body and the mind was thought of. The first opponent of castration, who claimed that the general healing effect attributed to the operation was caused by suggestion, was James Israel, a surgeon at the hospital for the Jewish Community in Berlin and author in 1880 of the article *Ein Beitrag zur Würdigung des Werthes der*

*Castration bei hysterischen Frauen* [Contribution to the evaluation of castration in hysterical women], in which the reasons and the effects of an ‘apparent castration’ [Scheincastration] are described. A young lady who suffered pains in the ovaries, vomiting and headaches, asked Israel to be operated after the operation had been recommended to her by eight (!) physicians. The surgeon was against castration but, since the lady was resolute, he simulated the operation. The effect was immediate: when the patient woke up, the symptoms were gone. However, because of the echo in the press, the patient understood what had occurred, felt herself betrayed, and the symptoms reappeared. At this point she was operated by the much more ‘reliable’ Hegar, who then accused Israel of lacking professional ethics. Among physicians, the technique of ‘apparent castration’ fell immediately into disgrace – even Charcot spoke against it.

Nevertheless, the idea that the healing effect of castration was due to psychic suggestion would re-emerge in the following years. In a 1883 article on hysteria, Carl von Liebermeister stated that castration, the extirpation of the clitoris and similar operations, had to be rejected. In order to obtain the same psychic effects, he recommended milder means, such as the cauterization of the clitoris, the extraction of blood from the vagina, and so forth. Significantly, these means were seen by him as equivalent to shocks and hypnotism. In the same year, Franz Riegel published case histories of hysterical paralysis in children, which were neither associated with hyperaesthesia of the ovaries nor produced by reflexes. They were caused by ‘imagination’ and the therapy, instead of being based on the ‘cauterisation of the clitoris’, thus had to be “psychic” (Riegel, 1883, p. 471). Shortly afterwards, during the academic year 1884/85, Charcot provided the famous demonstration of the psychic mechanism of the hysterical paralyse, which would be praised by Freud as a cornerstone in the new explanation of the malady:

He succeeded in proving, by an unbroken chain of argument, that these paralyse were the result of ideas which had dominated the patient’s brain at moments of a special disposition. In this way, the mechanism of a hysterical phenomenon was explained for the first time.

(Freud, 1893, p. 22)

(The last sentence in a way obscures the fact that the psychological explanation replaced the one based on the reflex theory, and that paralyse of the legs, together with pains and standing or walking disturbances, were usually interpreted as a consequence of the irritation of the genital nerve).

In the following years the psychological explanation was extended to many other symptoms, such as spasms, neuralgias and hallucinations, anaesthesias, hysterical attacks, tics, vomiting and anorexia, etc. The role of ‘ideogenesis’ in the formation of hysterical symptoms was discussed by Möbius (1888, 1890, 1894), Strümpell (1888, 1892), Janet (1889, 1893/4), and in 1894 the notion of *psychogenesis* was coined, which was supposed to embrace all phenomena until then called hysterical (Fisher-Homberger, 1975). Breuer and Freud (1893–95) participated in the turn, also, embracing the new psychological interpretation, although with some reservations.

The change in the theory was only partially accompanied by a change in the treatment of hysteria. Many physical therapies, including electro-therapy, continued to be used, but with the awareness that their effect was psychological and not physical (Shorter, 1992). Only a very few physicians became engaged in an explicit psychic treatment.

The psychological turn was intimately connected with the new expansion of the theory of degeneration ever since Charcot's famous demonstration: the psychological explanation based on an accidental event (trauma) concerned the determining cause of the symptom and not the predisposition, which was identified by Charcot with the same degeneration of the nervous system that characterized hypnotizability, later described by Janet (1889) as '*désagrégation psychologique*' (a term which was translated into English as 'dissociation'). In general, both the 'psychologists' and the sexologists were, more or less, influenced by the idea of degeneration. Some, for instance, Möbius – who was considered by Freud 'the best mind among the neurologists' (cf. the letter to Fliess, August 29, 1894) – objected that hysteria *per se* was not an expression of degeneration. According to him, in fact, hysteria was not defined by the symptoms but by the ideogenetic mechanism, which could operate in both normal and degenerated persons. If hysterics so often manifested signs of degeneration, it depended therefore not on the mechanism but on the underlying personality. In short, according to the new perspective, the sexual abnormalities traditionally ascribed to hysteria were to be understood not as symptoms of hysteria but of degeneration.

In other authors the idea of degeneration played a much heavier role, merging with the extension of the theory of natural selection to the organic, social and intellectual development of peoples, which was also called 'racial hygiene'. Today it is difficult not only to understand how deeply the theory of degeneration influenced medicine, psychiatry, and the cultural life at the turn of the century, but also how "Freud's introduction of psychoanalysis was intimately involved with a refutation of Degenerationism" (Spiegel, 1986, p. 8). Freud, in fact, on the one side embraced the psychological turn, but on the other side did not accept certain aspects of the emphasis on the brain, such as the stress on heredity, as is apparent in his criticism of Charcot (Freud, 1893). In order to distance himself from degenerationism, for a certain period, between 1892 and 1895, he was tempted to revive the old theory of the reflex neurosis, which allowed explaining the 'acquisition' of the neurosis by means of sexual habits, in the first place masturbation. More generally, psychoanalysis would originate from Freud's attempt to link aspects of the new psychological turn with aspects of the old sexual theory, i.e. from Freud's attempt to overcome the traditional split between 'brain' and 'sex'.

### **The divorce between sexuality and genitalia**

The psychological turn in the understanding of hysterical symptoms corresponded to the transition from the anatomico-pathological explanation of the abnormalities of sexual life to the psychiatric explanation of perversions, which occurred during the 1870–1905 period. According to Davidson (1990), this transition passed through the three structural (chronologically

blurred) stages of (a) the genital localization, (b) the cerebral localization, and (c) the purely functional conception of the sexual instinct, and it resulted in a structural change of the meaning of 'sexuality'. Sexuality, as Davidson has convincingly argued, could emerge as a basic category of human experience and as a privileged object of psychological knowledge only as a result of the divorce from 'sex', that is, from the genital organs (Davidson, 1987a, 1987b, 1990).

The practice of castration played a double role here: firstly, it elicited the opposition to the somatic approach to hysteria, and later on promoted the study of the consequences of castration, which made a crucial contribution to the reorganization of the notion of sexuality. In *Über die Wirkungen der Castration* [On the effects of castration], published in 1903, Paul Möbius, the main proponent of the purely ideogenetic approach to the symptoms of hysteria, remarked that, whereas the history of castration as a social practice was a very ancient one, physicians began to be interested in the effects of castration only after 1870 (Möbius, 1903, p. 24). Comparing the past with the present, he also wrote: "If before men were castrated often, while women exceptionally, now the castration of women is so frequent that the cases of busy operators are hundreds, while the castration of men is relatively rare" (p. 22). According to him, research on the effects of castration was essential to the study of sexual differentiation and development. Significantly, in the *Three Essays on the Theory of Sexuality*, Freud would list Möbius among the authors who had contributed to the modern view of sexuality (Freud, 1905, p. 135, fn).

One of the most famous books on this topic was *Die Castration in rechtlicher, sozialer und vitaler Hinsicht* [Castration in Legal, Social and Vital Perspectives] by Conrad Rieger (1900).<sup>5</sup> The author wrote this book with the aim of contributing to "the emancipation of psychiatry from the superstitions of medicine and to the realization of the autonomy of psychiatry" (p. 1). Rieger, who opposed the '*furor operatorius chirurgicus*', pointed out the contradiction implied in the fact that only females were castrated. According to him, contemporary ideas on sexual organs were affected by archaic beliefs, such as that a man without testes had suffered a vital wound, whereas a woman without ovaries had not, or that testes had a value (representing the source of energy, will and intellect), which was lacking to ovaries; in short, testes were represented as "good", while the ovaries were fantasized as a manifestation of "evil" (pp. 64–5). These representations were a mythological remnant, still engraved in the etymology of the word 'testes', deriving from the Latin '*testes*', i.e. witness, implying that the man without testes was not a reliable subject (p. 104).

In his work, Rieger also discussed the fallacies in the juridical status of castration. For instance, he noted that, even if, according to some jurists, the removal of the ovaries in a healthy woman had to be considered a crime, the crime could never be proved because, instead of declaring the true

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<sup>5</sup>Rieger is known in the history of psychoanalysis for having qualified Freud's sexual aetiology of neurosis, in 1896, as an "old wives' psychiatry" (cf. letter from Freud to Fliess, 2 November 1896; see also Rieger, 1900, p. 106).

reasons for the operation, the physician would give as *indicatio causalis* indirect reasons, such as the fact that the woman was suffering too much, was too nervous, too feeble, and so on. In short, in contemporary discussions, the woman was never represented as a healthy woman (Rieger, 1900, p. 1, supplement [Ergänzung zu], pp. 10 ff.); on the contrary, the castration of a man was perceived as a vital injury of a healthy being.

According to Rieger, the gap in the law was especially dangerous because the removal of the ovaries in women was at that time spreading for Neo-Malthusian reasons – reasons which were different from the original ones. Since Neo-Malthusianism was becoming more and more intermingled with the concern for the ‘purenness’ of the race, we might conclude that, at the turn of the century, the medical justifications for castration were in the process of shifting from the old theory of hysteria as a reflex neurosis originating in the ovaries, to the emerging ideal of a race without vices and imperfections, becoming an issue of racial hygiene or eugenics (literally, science of the good genes) (Kevles, 1986). This shift corresponded to a new ‘localization’ of the ‘evil’ and to a new technique for removing it. Before it was localized in specific parts of the soma, the genital organs; now it began to reappear in specific parts of the ‘social body’.

Before returning to the closer Freudian context, let me briefly comment on this reallocation of the ‘evil’. The reallocation was made possible by the same scientific discourse which, by stressing the centrality of the brain, contributed to the decline of the reflex neurosis theory. The same focus on the brain that initially promoted the psychological approach to hysteria and sexuality began to be more and more conditioned by the emphasis on degeneration and heredity, opening the breach through which the ‘evil’ would re-emerge as fear of the propagation of ‘bad genes’ in the social body. At this point, also, the technique changed: *castration was replaced by sterilization*. Laws on sterilizations began to be introduced from 1907 onwards, and in 30 years (1909–1939) more than 30,000 people in the US had been officially sterilized (Bock, 1986; Kevles, 1986). In Europe, after 1903, a number of congresses on both castration and sterilization took place. In Germany, where the ideals of eugenics initially encountered relatively strong opposition (in comparison, for instance, with England), the requests to legalize sterilization began to increase after the defeat of World War I; the law [Gesetz zur Verhütung erbkranken Nachwuchses] was adopted immediately after the coming to power of the national socialist party in 1933. The rest is known: more than 350,000 people were sterilized from 1934 to 1945.

I apologize for this digression, but I have the impression that the catastrophic outcome of sterilization was responsible for the disappearance from social memory of the issue of castration as a treatment for nervous and psychic disorders. I feel it is important to stress the deep continuity between the two issues, pointing out that they are part of the same history which originated in the core of modernity, with the birth of what has been named by Foucault ‘biotechnologies’.

Let us now return to the book written by Rieger in 1900. Freud was immediately interested in it: he recommended the book to Fliess (letter of 24 September 1900), and later he would mention it in *Three Essays on the*

*Theory of Sexuality*, discussing the problem of sexual excitation in castrated males:

It is therefore by no means as astonishing as Rieger [1900] represents it to be that the loss of the masculine sex-glands in an adult may have no further effect upon his mental behaviour, *for sex glands do not constitute sexuality*, and the observations on castrated males merely confirm what had been shown long before *by removal of the ovaries – namely that it is impossible to obliterate the sexual characteristics by removing the sex-glands*. ... The truth is that we can give no information on the nature of sexual excitation, especially since (having found that the importance of the sex-glands in this respect has been over-estimated) we are in the dark as to the organ or organs to which sexuality is attached.

(Freud, 1905, p. 214, n. 2; p. 215, n.1; my italics)

These lines, as well as containing an unequivocal mention of female castration (the “removal of the ovaries”), show that the crucial issue of the detachment of sexuality from the sex-glands was one of the consequences of the spreading of female castration *also in the work of Freud*. Unfortunately, the lines were suppressed in the 1920 edition, and replaced with a passage where the reference to the “removal of the ovaries” and the link to the practice of castration is lost. Probably the replacement was motivated by the fact that the experiments of Steinach (who transformed a male into a female and *vice versa* by implanting in mammals sex glands of the opposite sex), caused a re-evaluation of the role played by sex-glands in sexual development.

In any case, Freud’s subsequent narration of the preliminary step of his theory of instincts, i.e. the ‘extension of the concept of sexuality’, would lose the original root of the practice of female castration. For instance, in *An Autobiographical Study*, he merely explained it as the product of a “divorce” of sexuality “from its too close connection with the genitals” (Freud, 1925, p. 38), which permitted the building of a broader view of sexuality, inclusive of its infantile forms. He did not clarify the reasons for the “divorce”, in spite of the fact that it was an essential premise to the building of the new theory of sexuality, as was pointed out by Freud himself: “The detaching of sexuality from the genitals has the advantage of allowing us to bring the sexual activities of children and of perverts into the same scope as those of normal adults” (ibid.).

## Ambiguities

In Freud’s early work, references to female castration are not lacking, but they have been overlooked or misunderstood. For instance, in the 1888 article on hysteria, Freud wrote that the importance of “abnormalities in the sexual sphere ... is as a rule over-estimated. In the first place, hysteria is found in sexually immature girls and boys ... Furthermore, hysteria has been observed in women with a complete lack of genitalia ...” (Freud, 1888, pp. 50–1). These lines have been read as a proof of Freud’s initial ignorance of infantile sexuality by many authors, among them Frank Sulloway (1979) and Kurt Eissler (2001). In his posthumous book, besides interpreting the passage as evidence of “Freud’s naiveté and innocence when he entered the field of psychopathology”, Eissler (2001, p. 70) quoted it adding an

astonished interpolation “[sic!]”. Noticing that the interpolation was not further followed up, Robert Holt (2002) raised the following question in his review of the book: “Why, one wonders, was Eissler so incurious about the relation between this etiological theory and other, contemporary ideas about the causes of hysteria?” In fact, by reading the passage as proof of Freud’s “naiveté and innocence”, Eissler was simply ignoring the fact that, in those years, the same arguments were used in the debate for or against castration. Also the line on the “women with a complete lack of genitalia” clearly refers to the consequences of castration, testifying that Freud was an opponent of the medical practice.

A similar lack of curiosity cannot be attributed to Sulloway, who has systematically questioned the canonical narration of the origins of psychoanalysis. Nevertheless he too overlooked this aspect of the medical milieu, missing the many contacts between it and the work of Freud, in a way that affected his conclusions about the pre-Freudian issue of infantile sexuality. He did not realize that it became an issue in the framework of the modern (i.e. medicalized) struggle against the moral and physical ‘plague’ of masturbation, becoming only secondarily an object of theoretical interest and scientific curiosity.

Obviously we cannot make Freud responsible for the misreadings of the historians of psychoanalysis, but their attitude would probably have been different had Freud addressed the question of female castration in a more open and direct way – as he recommended to do when speaking about sexual matters with children (Freud, 1907). But he never did, in spite of the fact that, in his enormous work, he would speak again and again of ‘castration’, even producing a ‘castration theory of femininity’. We don’t know why he preferred to leave the topic aside, but regarding this aspect he was ambiguous.

Hirschmüller (1978), in discussing the questions related to the topic “Sexuality in the aetiology of neuroses” (pp. 225–36), pointed out the inconsistencies between Freud’s early statements and his later claims, calling “un-understandable” the claim, which appears in *On the history of the psychoanalytic movement* that, by searching in sexual life for the sources of neurosis, he took up “the fight for a new and original idea” (Freud, 1914, p. 13). In my opinion, the claim was part of a fundamental and recurrent ambiguity since, immediately afterwards, he admitted that the idea was neither new nor original (ibid.). Similarly, in *An Autobiographical Study*, he described his discovery of sexual aetiology as “an apparently original discovery” (Freud, 1925, p. 24).

The problem with these definitions is that they are correct, but not for the reasons given by Freud. They are correct because, as stressed by Stärke in his 1921 article, there was a continuity between psychoanalysis and the old psychiatry *à la Romberg*. But instead of openly outlining the scientific filiations, Freud traced back the “apparently original discovery” to (insignificant) spicy insinuations by Charcot, Brouardel and Chrobak, which were immediately forgotten by the young student, “innocent and ignorant” about sexual problems, as he was (Freud, 1914, pp. 13–15). For instance, the gynaecologist Chrobak, who had sent a woman patient to Freud, had

confided to him that the sole prescription for her malady was “Rx *Penis normalis dosim repetatur*”.

Why did Freud avoid referring to the tradition represented by Romberg? My impression is that what made Romberg’s tradition unmentionable were its therapeutic consequences, the involvement in the physical manipulation of the genital organs, ranging from massage to ablation. In a way, this would make his explanation of what he accepted and what he rejected of that tradition too complicated. Nevertheless, the ‘innocent’ anecdote about Chrobak contains a bitter irony since in Krömer’s review on castration, although being described as a gynaecologist who preferred conservative methods of cure, Chrobak is quoted as having operated on 146 women – the largest number attributed to a single surgeon in the review – with an uncommon rate of success, namely more than half the cases (Krömer, 1896, p. 53). If we further question his witty remark about the woman patient sent to Freud, we find additional traces of the ‘vain sacrifice’: in the letter to Martha of 15 May 1886, Freud wrote that the patient would be operated on by Chrobak – and a few days later, in a letter of 23 May, Freud wrote to Martha: “My other female patient is in the same sanatorium. She was operated on yesterday” (cf. Masson, 1985, p. 19).

Freud was even more ambiguous in relation to the issue of infantile sexuality. In *The aetiology of hysteria*, he wrote that, when he made enquiries about what was known on the subject of seduction, he “learnt from colleagues that there are several publications by paediatricians which stigmatize the frequency of sexual practices by nurses and nursery maids, carried out even on infants in arms” (Freud, 1896c, p. 207). But wasn’t the struggle against the plague of masturbation and seduction the obsession of his teacher in neuro-paediatrics? And wasn’t Freud himself a ‘children’s doctor’, directly engaged with nervous and hysterical children in the Viennese institute for ill children directed by Kassowitz, from 1886 to 1896? Therefore, why did he write that he was informed only indirectly and recently of sexual practices on children through books, taking himself away from the world of paediatrics?

The same distancing attitude characterizes the 1914 report, where he wrote that his discovery of infantile sexuality was “founded almost exclusively on the findings of analysis in adults, which led back into the past”, since he “*had no opportunity of direct observations on children*” (Freud, 1914, p. 18, my italics). Such a claim does not appear understandable, if one considers the close association between sexuality and hysteria in children in the paediatric literature of the epoch (Carter, 1983), and the huge number of children which were every year submitted to medical examinations in the Kassowitz polyclinic: 6,000 in 1886, 12,839 in 1892 and 17,400 in 1898 (Bonomi, 2007; Hochsinger, 1938). It is true that Freud’s attitude immediately turns into irony, since he also added that “the nature of the discovery was such that one should really be ashamed of having had to make it” (Freud, 1914, p. 18), but the systematic way in which Freud avoided referring to his training with Baginsky and to his neuro-paediatric work with children (he would restrict it to the study of cerebral palsy) elicits the impression of a taboo which also involves the other two overlooked elements of the prehistory of psychoanalysis: the reflex neurosis theory and castration.

## The paradox of a 'cure' which is a 'punishment'

As a matter of fact, only in 1932 would Freud speak openly of circumcision "as a cure or punishment for masturbation" in children, and only in reference to his American patients (Freud, 1933, p. 87), in this way keeping a great distance, both in time and in space, from the 1886 paediatric training with Baginsky when he came directly in contact with the contradictions implicated in something that only 50 years later would be described as "a cure or punishment".

Let us finally focus on the elusive character of the question which is revealed by the conjunction between 'cure' and 'punishment'. How can we keep in mind something which appears now as a 'cure' and again as a 'punishment', i.e. how can we keep in mind something that we cannot avoid splitting into two separate situations? And don't we find here a reason why the practice of castration escaped the attention of scholars? In fact, if we deconstruct the matter into a 'cure' or into a 'punishment', its relevance for the origins of psychoanalysis simply fades away, since the positive existence of a certain kind of cure or of a certain kind of punishment does not add anything to our understanding of psychoanalysis. And yet our understanding of the matter changes when we realize that it is the link between incompatible elements that is in question. If psychoanalysis was able to break through as a new type of knowledge, it was precisely because of its unprecedented position in relation to contradiction. How did Freud develop his capacity for staying with contradictions, something which would become a central quality of the psychoanalytic attitude?

This is a fundamental question. In not considering it, even otherwise accurate and scholarly historical reconstructions are incomplete and disregard a critical link. Once Freud (1919, p. 243) said that, being concerned with uncanny things, psychoanalysis had "itself become uncanny". Now, the first task of a history of the origins of psychoanalysis which aims to go beyond biography and historiography should be to face the traces of uncanny things we meet in this history, instead of discarding them.

My claim is that the practice of castration is one of these traces and that if it has been systematically overlooked – precisely for its uncanny quality, which makes its emotional working through and intellectual integration in a coherent narration, a difficult task. More precisely, the line of thought which I have tried to develop since the conference on the *100 Years of Psychoanalysis* organized by André Haynal in 1993, when I raised the question: 'Why did we ignore Freud the paediatrician?' (Bonomi, 1994a), is that the ignored, neglected or ejected issue of castration contains – in ways that are still to be explored – elements which would affect, modify and enlarge our understanding of the origins of psychoanalysis. My idea is that Freud himself was confronted with the practice of castration and deeply affected by it, and that his own capacity for staying in the middle of contradictions was later developed as part of a larger process of working through which revolutionized the ordinary way of thinking sexuality.

At the same time, I also believe that if we want to achieve an understanding of the origins of psychoanalysis which is both emotionally and

intellectually challenging we too have to go through a similar process. For instance, we should be able to integrate the witty prescription '*Penis normalis dosim repetatur*', with the tragedy of surgical operations, the idea of seduction with that of castration, confronting the contradictions of a 'cure' which, at the same time, is a 'punishment'. It is this kind of contradictions that I have tried to explore in my recent book, in which I have written, in reference to castration:

Was it possible to trace a boundary line between the therapeutic aims and the punitive intentions? Are we sure that the physicians who recommended it and the surgeons who practised it, were convinced that they were curing a sick body? In what measure did they know that the objects of their treatment were emotional states full of dread and overflowing with anxiety? Moreover, don't we perceive, in this merging, the echo of the old identity between the causes and the cure of the evil? Was the performed cure not a reproduction of the same evil it claimed to oppose? Wasn't it an assault on the genitals? And wasn't such an assault aimed at curing the consequences of an imaginary or real sexual assault, just as a sudden shock was used to clear away the effects of a sudden shock? ...The contradictions of medical wisdom seem to thicken around this edge, making out of it a tear in the certainties of modern man. *It is from this tear that psychoanalysis would originate.* In the core of psychoanalysis we would find, in fact, the problem of the repetition of the trauma within the therapy, the crucial issue of retraumatization.

(Bonomi, 2007, p. 105)

Obviously the "tear in the certainties of modern man" I am referring to here is by no way confined to the sole topic of castration. The latter is just one of the many windows on the contradictory nature of civilized man, but is a window which deserves to be looked through.

## Conclusions

The elements which contributed to the incubation and birth of psychoanalysis are manifold. In an imaginary parade the first row would include some of the main themes of modernity, such as the process of secularization, the setting of the centrality of the ego, the praise of reason and the struggle against superstition; in the second row would be the progressive emerging of the philosophical unconscious, the pervasive nostalgia for primal times, the romantic amazement for the sublime and an attraction for core conflicts; in the third row 19th century evolutionism and neuroscience; and the last row would comprise the various elements of the *fin-de-siècle* esprit, including degeneration, hypnotism, and dissociation. In this imaginary parade, the medical practice of castration should also be included as an intersecting point between the history of medicine and the early history of psychoanalysis. If this element has escaped the attention of scholars it is because its assimilation to established knowledge is, in my opinion, both emotionally and intellectually challenging.

In this paper, in which I have outlined the origins and the decline of castration and circumcision as a cure for the neuroses between 1875 and 1905, I have tried to show how this medical practice affected the notion of hysteria, promoting the divorce of sexuality from genitalia, and the emergence of

an enlarged notion of sexuality, in the period which goes from Freud's medical education, to the publication of the *Three Essays on the Theory of Sexuality*.

Some traces of Freud's early contact with the medical practice of castration have been hinted at, starting with his early aversion to it. In this regard, the 1886 neuro-paediatric training with Adolf Baginsky has been identified as an experience which may have strengthened Freud's abhorrence of circumcision 'as a cure or punishment for masturbation'.

The acknowledgment of the conflict between the gynaecological and the psychological perspectives around 1886 also enables a reconsideration of certain peculiarities of Freud's initial steps, which have not been explored in the present paper, such as his endorsement of the theory of the nasal reflex neurosis and of the surgical operations on the nose (as an alternative to the operations on the genitals), and the subjective meaning of the catastrophic outcome of the 1895 surgical operation on the nose of Emma Eckstein as an attack on the genitals. The peculiarity of Freud's early approach can indeed be described as a difficult navigation between Scylla and Charybdis, between a sex without mind on the one side, and a mind without sex on the other. As I will try to argue in a further paper, Freud crashed against the rock of retraumatization in the course of this navigation. It was within the subsequent process of working through initiated by the famous Irma dream that psychoanalysis would emerge.

## Translations of summary

**Die Relevanz von Kastration und Beschneidung für die Anfänge der Psychoanalyse. 1. Der medizinische Kontext.** In diesem Beitrag beschreibt und diskutiert der Autor die Ursprünge und den Rückgang von Kastration und Beschneidung als Behandlung der nervösen und psychischen Störungen von Frauen und kleinen Mädchen zwischen 1875 und 1905. Er argumentiert, dass der Widerstand gegen diese medizinische Praxis das Verständnis der Hysterie beeinflusste und dadurch eine Unterscheidung zwischen der Sexualität und den Genitalien ebenso förderte wie das Auftauchen einer umfassenderen Sicht der Sexualität. Dies betrifft einen Zeitraum, der mit Freuds Medizinstudium beginnt und bis zur Veröffentlichung der *Drei Abhandlungen zur Sexualtheorie* reicht. Formuliert wird die These, dass Freud mit der Genitaltheorie der Neurose unmittelbar in Kontakt kam, als er im März 1886 bei dem Pädiater Adolf Baginsky in Berlin die nervösen Störungen des Kindesalters studierte. Der Autor postuliert, dass diese Erfahrung in Freud einen Abscheu vor der Beschneidung als „Therapie oder als Strafe für die Onanie“ weckte und eine innere Auseinandersetzung in Gang setzte, die zu einer radikalen Umorganisation des Denkens über Sexualität führte; der Autor vertritt zudem die Ansicht, dass dies zu der Entwicklung von Freuds Fähigkeit beigetragen hat, Widersprüche zu tolerieren – eine Fähigkeit, die schließlich zu einer zentralen Eigenschaft der psychoanalytischen Haltung wurde.

**La relevancia de la castración y la circuncisión para los orígenes del psicoanálisis. 1. El contexto médico.** En este artículo el autor esboza y discute los orígenes y la declinación de la castración y la circuncisión como cura para las perturbaciones nerviosas y psíquicas en mujeres y niñas entre 1875 y 1905. El autor argumenta que la oposición a esta práctica médica afectó la concepción de la histeria, y promovió una distinción entre sexualidad y órganos genitales, y el surgimiento de una noción amplia de sexualidad, durante el periodo que va de la educación médica de Freud a la publicación de sus *Tres Ensayos sobre Teoría Sexual*. Se postula la hipótesis de que Freud entró directamente en contacto con la teoría genital de la neurosis cuando recibía formación sobre las perturbaciones nerviosas de niños con el pediatra Adolf Baginsky, en Berlín, en marzo de 1886. Se plantea la hipótesis de que esta experiencia provocó en Freud una aversión a la circuncisión "como cura o castigo a la masturbación", que provocó una confrontación interna que resultó en la reorganización radical de la manera de pensar sobre la sexualidad. También se sugiere que esto contribuyó a que Freud desarrolle una capacidad de no descartar contradicciones, lo cual se volvería una cualidad central de la actitud psicoanalítica.

**La place de la castration et celle de la circoncision dans la genèse de la psychanalyse. 1. Le contexte médical.** Dans cet article, l'auteur décrit l'essor puis le déclin, entre 1875 et 1905, de la castration et de la circoncision en tant que traitements des troubles nerveux et psychiques chez la femme et la jeune fille. Selon l'auteur, en créant une distinction entre la sexualité et les organes génitaux, les objections soulevées contre cette pratique médicale eurent une influence sur la manière de concevoir l'hystérie. De ce fait, une notion plus élargie de la sexualité avait cours pendant la période allant des études de médecine de Freud à la publication de ses *Trois essais sur la théorie de la sexualité*. Selon l'hypothèse de l'auteur, Freud aurait pris connaissance de la théorie génitale de la névrose au moment où, dans sa formation, il étudiait auprès du pédiatre Adolf Baginsky, à Berlin en mars 1886, les troubles nerveux chez l'enfant. Cette rencontre aurait provoqué chez Freud l'horreur de la circoncision « soit dans un but thérapeutique, soit pour punir la masturbation ». Le résultat fut une confrontation interne chez lui qui aboutit à une réorganisation radicale de sa manière de penser la sexualité. L'auteur ajoute qu'il s'agit probablement d'une des raisons pour lesquelles Freud sut développer sa capacité à supporter les mouvements contradictoires, élément qui devait s'avérer fondamental dans la démarche psychanalytique.

**La rilevanza della castrazione e circoncisione per le origini della psicanalisi. 1. Il contesto medico.** Nel presente saggio l'autore traccia e discute le origini e il declino della castrazione e circoncisione come cure dei disturbi nervosi e psichici nelle donne e nelle bambine tra il 1875 e il 1905. Egli sostiene che l'opposizione a questa pratica medica ha influenzato il concetto di isteria, promuovendo la distinzione tra sessualità e organi genitali e l'emergere di una nozione ampliata di sessualità, nel periodo che va dalla formazione medica di Freud alla pubblicazione di *Tre saggi sulla teoria della sessualità*. Viene sostenuta la tesi che Freud sia entrato in contatto con la teoria genitale della nevrosi nel corso del tirocinio sui disturbi nervosi nei bambini con il pediatra Adolf Baginsky, a Berlino, nel marzo del 1886. L'autore formula l'ipotesi che questa esperienza abbia provocato in Freud un'avversione per la circoncisione come «cura o punizione della masturbazione», suscitando un confronto interiore sfociato in una radicale riorganizzazione del modo di pensare alla sessualità; suggerisce inoltre che questo abbia contribuito allo sviluppo, in Freud, di una capacità di stare nelle contraddizioni che sarebbe in seguito diventato una qualità fondamentale dell'atteggiamento psicanalitico.

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