

## **Female Impotence in Nineteenth-Century France: A Study in Gendered Sexual Pathology**

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It now appears to many historians, following several decades of sustained research into the history of sexuality, that most of the so-called perversions and morbid incapacities that we have learnt to identify came into existence more or less as a set during the last decades of the nineteenth century. That seems true, for example, of “homosexuality,” “sadism” and “masochism.”<sup>1</sup> But it is not uniformly the case. “Frigidity” seems to be both older and more recent. The term was used in medieval texts and continued in use throughout the early modern period. In nineteenth-century medical writing, which will eventually come into focus in this paper, the term recurred frequently enough although it sometimes appeared to be considered unscientific. Only at the very beginning of the twentieth century was it used forthrightly, as it set out on an eventful career in the discourse of sexologists and psychoanalysts.

My concern in this paper is to put in place one of the key terms that supported and prepared the modern concept of frigidity by carrying the theme, so to speak, under another guise. Before “frigidity” took on its modern sense as a pathological failure of sexuality, it was accompanied in medical discourse by a concept that functioned as a better defined, more apposite equivalent, namely, “female

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<sup>1</sup> See for example Celia Kitzinger, *The Social Construction of Lesbianism* (London, 1987); David F. Greenberg, *The Construction of Homosexuality* (Chicago, 1988); Cynthia Eagle Russett, *Sexual Science: The Victorian Construction of Womanhood* (Cambridge, Mass., 1989); Jonathan Ned Katz, *The Invention of Heterosexuality* (New York, 1996); Alice Domurat Dreger, *Hermaphrodites and the Medical Invention of Sex* (Cambridge, Mass., 1998); Andrea Beckmann, *Social Construction of Sadoomasochism* (London, 2009).

impotence.”<sup>2</sup> In our century, after the rise of sexology and psychoanalysis, female impotence is likely to appear paradoxical to the point of opacity. We have come to consider impotence a strictly male disorder, but that is not a timeless view of the matter. The extent to which certain women might be considered impotent and the circumstances in which that condition might occur were questions of sustained interest to nineteenth-century French medicine, as I shall try to show. The point of the history recounted here is not its curiosity value nor even less the retrieval of some long-lost truth. My aim is rather to historicize and relativize the knowledge that sexology and psychoanalysis established in the course of the twentieth century, without describing them directly.

In passing, I take the opportunity to reflect on Thomas Laqueur’s powerful thesis on the history of scientific representations of biological gender, which argues famously that there was a broad historical shift during the eighteenth century from a “one-sex” to a “two-sex” model.<sup>3</sup> The fact that female impotence survived as a medical concept until the late nineteenth century may seem to trouble Laqueur’s chronology since it appears to be a perfect example of the one-sex model, with a typically male disorder being imposed on females for descriptive purposes at a time when such a change ought long since to have been accomplished. But it remains to be seen whether the conceptual model for impotence was indeed modeled on the male.

To understand the discursive shifts that went on around the notion of female impotence, we need to attend to the habits of usage that had long surrounded the terms “impotence” and “frigidity.” The two were in fact discursively conjoined in canon law discussions from the twelfth century onwards. There is clear evidence that canon law habits of thinking concerning impotence and its relation to frigidity persisted throughout the eighteenth century and were still in play at the beginning of the nineteenth. The nineteenth century, however, witnessed a series of self-conscious attempts to redefine these key terms. What lay at the heart of these discussions—and sometimes turned them into heated debates—was disagreement about the place of women. The predominant trend over the nineteenth century, interspersed with moments of reaction, was to allow women a more central position in the discursive field of impotence and frigidity. It was asserted with greater regularity and increasing certainty that the “moral” dimension of their behavior involved a capacity for and a right to pleasure that was often unfulfilled. To think of that trend as progress or liberation would undoubtedly be a mistake. It was a form of closer attention and indeed of greater recognition, but the very closeness of attention served to identify new sites for pathology.

So the history I shall invoke here goes back many centuries, but my purpose in turning to it is genealogical. My ultimate aim is to arrive at a better understanding of what went on in the nineteenth century and thereby put in place some key notions that were to hold sway through most of the twentieth. A question that arose often in the course of the nineteenth century was whether impotence was to be understood as narrowly physical or whether it involved what nineteenth-century medicine most

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<sup>2</sup> Sylvie Chaperon covers this terrain rather quickly in an article in which she aims to describe a change in the course of the nineteenth century in “le savoir sur la frigidity.” I cannot accept that formulation because I am not prepared to hypothesize that frigidity is the same phenomenon being referred to by different words over time. Chaperon states that the definitions of frigidity and impotence are interchangeable during the first half of the century, and our history will show that this is broadly the case. See Sylvie Chaperon, “De l’anaphrodisie à la frigidity: jalons pour une histoire,” *Sexologies* [Paris] 16 (2007): 190.

<sup>3</sup> Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass., 1990).

often called the “moral.” In practice, frigidity became a topos in which the moral and the physical were considered in tandem. The merely physical account of obstacles to intercourse in women came to appear deficient to nineteenth-century medicine and showing it to be so became a characteristic move of progressive medical talk. Medical knowledge thus moved to revise materialist assumptions by including the moral within its domain. As the “moral” was replaced and displaced towards the end of the century by the “psychological,” an equivalent disposition continued in play: now the physical had to be complemented by the psychological. By correcting or adjusting any narrowly physical view, medicine thus claimed the psychological as part of its terrain, insisting that the one could not be properly known without the other. This double claim to territory and the insistence that the two not be separated may well have been the decisive moves whereby psycho-sexuality was established as a field of knowledge towards the end of the nineteenth century.

We can find an early beginning for a history of impotence and frigidity in the discussions that occurred from the thirteenth century onwards in the domain of canon law. They show just how old the terms are, although there is of course no reason to suppose that they continued to refer to exactly the same thing across seven centuries of European history. What is clear in these early texts is that impotence and frigidity were considered as part of the same legal, medical and theological problematic. Frigidity was important to the Church because it was deemed to be the primary cause of impotence and thus an impediment to marriage. If we follow Pierre Darmon’s account, the whole issue came to the fore in the twelfth century because the doctrine of the indissolubility of marriage was firmly established by that time, with the result that it became necessary to limit the list of reasons for annulment and make fine judgments about their pertinence in particular cases.<sup>4</sup> One of the principal grounds for annulment was impotence, which was discussed in a much-quoted papal letter by Pope Gregory IX that appeared in the first half of the thirteenth century, *De frigidis et maleficiatis, et impotentia coeundi*. Gregory IX’s text was taken in the centuries that followed as the *locus classicus* in which frigidity, spells and impotence stood in close relation one to the other.<sup>5</sup> I shall leave aside the interesting theme of spells (*maleficium*) in order to concentrate on the other two notions.

In later canon law writing, notably in the works of two great authorities, Thomas Sanchez (1605) and Paolo Zacchia (1661),<sup>6</sup> impotence was analyzed into two categories: *impotentia coeundi* or the incapacity to engage in copulation, and *impotentia generandi* or the inability to reproduce.<sup>7</sup> But the relation between these two was not straightforward and that is because while the focus was on men, there was a quite profound disagreement about the place of women in this conceptual scheme. In Laqueur’s terms, we might say that there was equivocation about whether the one-sex model applied fully, or whether there is some residual difference, something non-male that was exclusively female. For Thomas Sanchez, the holy purpose of marriage was the begetting of children. This required that the husband ejaculate and that his seed enter the womb.<sup>8</sup> In his view *impotentia coeundi* had two

<sup>4</sup> Pierre Darmon, *Le Tribunal de l’impuissance. Virilité et défaillances conjugales dans l’ancienne France* (Paris, 1979), 25.

<sup>5</sup> There is a brief discussion of this in Angus McLaren, *Impotence: A Cultural History* (Chicago, Ill., 2007), 32-34.

<sup>6</sup> The first complete edition of Sanchez’s *De matrimonio* dates from 1605, and the definitive edition of Zacchia’s *Quaestiones medico-legales* from 1661.

<sup>7</sup> See, for example, Paolo Zacchia, *Quaestiones medico-legales* (Lyon, 1661), 9.3.1.

<sup>8</sup> Joseph Bajada, *Sexual Impotence: The Contribution of Paolo Zacchia (1584-1659)* (Rome, 1988), 64.

intrinsic natural causes: *frigiditas* in men and *arctitudo* or narrowness in women.<sup>9</sup> The asymmetry of gender is striking. Female *impotentia coeundi*, according to Sanchez, was limited in scope and consequences, amounting in practice to obstruction or excessive narrowness of the vagina. If no physical obstacle was present, the woman would always be able to engage in copulation, “because the male is active in generation, and the woman merely passive.”<sup>10</sup> By *passive* here we should not understand some lack of initiative or assertiveness: that would be anachronistic. Sanchez used the verb *patiatur* and he meant passivity in its grammatical sense, since the woman was acted on in coitus as the seed was placed in the uterus. Indeed, it may even be misleading to speak of narrowness of the “vagina,” since these authors normally spoke of the *vas*, the duct imagined as vessel, or the *clausura uteri*, that part of the body which leads to, but also closes off the uterus. So impotence in women was not *prima facie* the lack of any particular potency: it was rather an *incapacity* in the literal sense. It was thought of in canon law as an impediment: an impediment to coitus, to generation and to the fulfillment of marriage.

To anticipate briefly, these meanings eventually changed with the emergence in the middle of the nineteenth century of a different understanding of female sexual potency. And that is in fact where I shall eventually conclude my paper: I shall try to show that there emerged around 1850 a positive physiological notion of female potency that allowed female impotence to be defined as its morbid absence.

When female *impotentia coeundi* was understood as a blockage, as it was in Sanchez’s *De matrimonio* of 1605, there was no need to speak of frigidity in women and indeed no particular place for the notion. In men, frigidity was of the greatest consequence since it might prevent erection and ejaculation, but it mattered very little whether it existed in women.<sup>11</sup> By the same reasoning, female frigidity was undeserving of close medico-legal attention. Vincent Tagereau, in an early seventeenth-century treatise on impotence and the problematic means by which it was identified, could simply declare, despite the title of his book, *Discours sur l’impuissance de l’homme et de la femme*, that he would not actually be discussing impotence in women. This was not because the phenomenon did not occur but because it was straightforwardly available to medical examination. Impotent women, unlike many impotent men, could be identified by the shape and size of their genital apparatus.<sup>12</sup> Their impotence was a purely physical matter.<sup>13</sup> So women were neglected, as Laqueur’s thesis would have led us to expect, but that was not because their bodies were understood in the same terms as men’s. It is because their difference was legally inconsequential.

Versions of this view can be found for centuries after, and it is not unusual for prominent medical figures in the nineteenth century to continue to speak of female

<sup>9</sup> Thomas Sanchez, *De sancto matrimonii sacramento disputationum* (Venice, 1726) vol. I, *Disputation XCII*, 254. See also Darmon, *Le Tribunal de l’impuissance*, 29.

<sup>10</sup> Sanchez, *De sancto matrimonii sacramento disputationum*, 254.

<sup>11</sup> Bajada, *Sexual Impotence*, 150. His reference is to Thomas Sanchez, *De matrimonio*, 7.92.1 and 7.94.3.

<sup>12</sup> Vincent Tagereau, *Discours sur l’impuissance de l’homme et de la femme. Auquel est déclaré que c’est qu’Impuissance empeschant et separant le mariage. Comment elle se cognoist. Et ce qui doit estre observé aux procès de separation pour cause d’impuissance, conformément aux saints canons et decrets: et à ce qu’en ont écrit les theologiens et canonistes* (Paris, 1612), 16.

<sup>13</sup> Darmon, *Le Tribunal de l’impuissance*, 52, notes that the question of whether women might be “perfectly insensitive to their spouse’s embrace” is not an issue for the medico-legal texts of which he spoke. There is no circumstance in which female frigidity would count as an impediment justifying annulment in the same manner as the husband’s.

frigidity as straightforward or trivial or both. But this view was already contested within the domain of canon law. Joseph Bajada, in his historical study, finds a decisive shift in the papal brief by Sixtus V entitled *Cum frequenter*, which appeared in 1587.<sup>14</sup> The question there was how to define the perfect fulfillment of conjugal duty, and Sixtus V declared that complete copulation could occur without the ejaculation of semen into the opening of the womb. Ejaculation was certainly necessary for generation, but coitus itself could occur in full without the ejaculation of “true seed.” The adequate purpose of marriage could thus be *copula satiativa libidinis*, copulation that fully satisfied desire with no particular requirement of generative capacity. This revision of the purposes of marriage was followed through and given new strength by Paolo Zacchia in his *Quaestiones medico-legales*, the standard edition of which was published in 1661. As Zacchia put it, the issue was to decide whether the sacrament of marriage required the man and the woman to be *unam carnem*, one flesh “simply joined together,” or whether their seed had to be mixed through coitus, *semen per coitum commisceri*.<sup>15</sup>

This made room for a more complex understanding of female frigidity. Many canon law specialists, said Zacchia, denied that there is a sickness in women resulting in a *defectus desiderii coitus*, a weakening or failure of the desire for coitus, but he strongly affirmed the contrary. “Women, like men, can be frigid by nature,” and they could be so in two ways: “not only by feeling no venereal irritation, but also by not producing any seed within themselves that would stimulate them to coitus.”<sup>16</sup> This was quite distinct, he said, from obstruction of the vagina, the only condition in women admitted by his adversaries as an impediment to marriage. In any case, he observed, obstruction of that kind was extremely rare.<sup>17</sup> In a subsequent section on immovable impediments to the consummation of marriage he seemed at first to concede that female frigidity did not exist, but he did so in order to relocate it more clearly in the inner workings of women:

As for frigidity, learned colleagues do not admit its existence in women, and I do not dissent if that is tantamount to saying there is no impediment in women to playing a passive role. But true frigidity does occur in women, not only by poison as I have already shown, but by an entirely cold (*frigidam*) temperament, because of which they do not produce seed within themselves, and because of which no stimulus leads to venereal arousal. As a consequence, they are unsuited to any kind of generation in the same manner as frigid men. Thus whenever it is a question of determining a women’s potential for generation, if anyone should declare her to be frigid, and if proof of that be offered, the case fully deserves to be heard by the court.<sup>18</sup>

Against Sanchez, Zacchia was actually consolidating a one-sex model. In effect, this meant that women were given greater recognition by the very fact of being understood in terms that had hitherto been reserved largely for men. For all its inwardness, female frigidity did seem to Zacchia to offer visible outward signs, and they resembled closely the signs found on the bodies of frigid men: “the most noteworthy of these are the ones that attest to frigidity in men, namely a general lack

<sup>14</sup> Bajada, *Sexual Impotence*, 15. Darmon also treats it as a landmark.

<sup>15</sup> Zacchia, *Quaestiones medico-legales*, 9.3.5.

<sup>16</sup> *Ibid.*

<sup>17</sup> *Ibid.*

<sup>18</sup> *Ibid.*, 9.10.2.

of hairs in the usual places, flaccid genitals, no stimulation to coitus or affairs of Venus, and other things of the same kind which may be present along with others proper to women as I have indicated here.”<sup>19</sup>

That is how the notion of female impotence, understood as the incapacity to engage in coitus, came to make room for something other than genital narrowness. *Impotentia coeundi*, even in women, could be caused by frigidity. And while such impotence may have been clinically associated with sterility, it was different in principle. To confuse one with the other was in Zacchia’s view a serious error.<sup>20</sup>

It is striking nonetheless that, despite Zacchia, the habit of regarding female impotence as narrowly physical and legally inconsequential continued throughout the eighteenth century. I will adduce just one example of that, but I will find it in that most emblematic of eighteenth-century places, the great *Encyclopédie*. The encyclopedia’s entry on *Frigidité* began by recognizing the term as having a jurisprudential function, thereby locating it squarely in the canon law tradition: “This defect which produces in the man an impediment justifying the annulment of marriage is a lack of strength and a weakness of temperament that is not brought on by either old age or passing illness. It is the condition of an impotent man who never has the sensations necessary to carry out his conjugal duty.” Consequently, the entry went on, “He who is cold cannot enter into marriage. If he does so the marriage is void, and can be dissolved.” That same logic led to the exclusion of women from consideration: “We are speaking here only of men, for *frigidity* in women is not a cause of impotence or an impediment to marriage.” After a discussion of the different causes of frigidity in men, the article concluded with a set of three references: Gregory IX, Sanchez and Zacchia.<sup>21</sup> All of this had been standard canon law discourse more than a century earlier and it maintained a place in the magnum opus of the French Enlightenment.

My broad point is that, well into the eighteenth century, the term *frigidity* was already assigned to another function. Its role was to account for male impotence in marriage and that made it unavailable for other uses. *Frigidité* and *impuissance* took their place side by side in a medico-legal discourse that foregrounded men at the expense of women. In this domain Laqueur’s one-sex model held its place throughout the eighteenth century.

That this thematic was eventually dislodged in the course of the nineteenth century can hardly be a matter of doubt. By the first decade of the twentieth century, frigidity was regarded as an exclusively female—not to say feminine—disorder. But that change came about in a series of steps, most of which I will not be able to describe in detail here. What I hope to do is to point to a few decisive moments and hypothesize a shift of medical attention that helps to account for it. I have already indicated what that shift was: a self-conscious attempt to ensure that medicine gave full value to the “moral” alongside the physical.

In 1775, there appeared a work by Pierre Roussel, *Système physique et moral de la femme, ou Tableau philosophique de la constitution, de l’état organique, du tempérament, des mœurs, et des fonctions propres du sexe*, which was reprinted several times in the first decade of the nineteenth century. Roussel was a graduate of the Faculty of Medicine at Montpellier who moved to Paris and was connected to

<sup>19</sup> Ibid.

<sup>20</sup> Ibid., 9.3.7.

<sup>21</sup> Diderot et al., *Encyclopédie ou Dictionnaire raisonné des sciences, des arts et des métiers* (Stuttgart, 1995) [facsimile reprint of the first edition of 1751-80], article “Frigidité.”

philosophical circles through Théophile de Bordeu.<sup>22</sup> As it happens, his book had nothing radical to say about frigidity or impotence. In fact, it made no mention of the words. It did, however, criticize the habitual focus of medical attention. Doctors, in Roussel's view, had made the mistake of leaving *le moral* to philosophy and devoting all their attention to *le physique*.<sup>23</sup> And they were guilty of a further omission that he was seeking to rectify. That second purpose for his book was not articulated with the first by any strict logic, but simply appeared alongside it, as it would often do in the course of the nineteenth century. Not only should the moral and the physical be brought closer together, but it was also time for medicine to pay closer attention to women: "While on the one hand *philosophes* have closely observed the moral, doctors on the other have developed the physical, at least as far as that is possible. It would, however, have been desirable for doctors to dwell a little on the general constitution of woman rather than considering her as if she were the same as man."<sup>24</sup> We can read this as a principled objection to the one-sex model and a sign that the model was beginning to lose its hold. Woman, Roussel was saying, should not be understood according to norms established for the medical description of man.<sup>25</sup> Roussel's first concern was to "absolve doctors of the imputation of materialism" by self-consciously including the moral,<sup>26</sup> but the preferred locus of the moral-physical knowledge he advocated was the space of womanhood. By a happy appeal to one of the eighteenth century's favored emblems, he was able to characterize his work as that of a medical and philosophical Pygmalion.<sup>27</sup> The statue waiting to be brought to life by medicine properly conceived was that of woman, and its beautiful shape would be "animated" by a proper description of woman's moral qualities. Note that Roussel did not attempt to reclaim frigidity for women, or even to reclaim women for frigidity. He simply moved to include the question of women's pleasure within the ambit of medicine.

This thematic work, I am arguing, helped to build an understanding of female frigidity, not by making specific arguments about the problematic defined in canon law, but by attempting to build medical knowledge about women that brought together physical and moral considerations. It can be followed in such nineteenth-century works as Joseph Virey's *De la femme sous ses rapports physiologique, moral et littéraire*, which appeared in 1823,<sup>28</sup> and Ernest Legouvé's *Histoire morale des femmes*, first published in 1849.<sup>29</sup> In a longer history, the accommodation of moral concerns into medical writing would deserve to be followed in closer detail.

I shall concentrate in the rest of this essay on medical texts that directly addressed the question of female impotence, while attempting to show that the issues I have raised so far help to make sense of them. The first of these texts appeared in 1831 and was called *De l'impuissance et de la stérilité, ou Recherches sur*

<sup>22</sup> Kathleen Anne Wellman, "Physicians and Philosophes: Physiology and Sexual Morality in the French Enlightenment," *Eighteenth-Century Studies* 35 (2002): 267.

<sup>23</sup> Wellman, "Physicians and Philosophes," 275 n. 5 observes drily that Roussel's claim that physicians do not treat moral issues is not borne out by any collection of eighteenth-century medical texts.

<sup>24</sup> Dr Pierre Roussel, *Système physique et moral de la femme, ou Tableau philosophique de la constitution, de l'état organique, du tempérament, des mœurs, et des fonctions propres du sexe* (Paris, 1775), iv-v.

<sup>25</sup> For a finely nuanced discussion of Roussel's work in relation to these questions, see Anne C. Vila, "Sex and Sensibility: Pierre Roussel's *Système physique et moral de la femme*," *Representations* 52 (1995): 76-93.

<sup>26</sup> Roussel, *Système physique et moral de la femme*, xvii.

<sup>27</sup> *Ibid.*, x-xi.

<sup>28</sup> Julien Joseph Virey, *De la femme sous ses rapports physiologique, moral et littéraire* (Paris, 1823).

<sup>29</sup> Ernest Legouvé, *Histoire morale des femmes* (Paris, 1849).

*l'anaphrodisie distinguée de l'agénésie*. It was by Michel-Etienne Descourtilz, who had lived an adventurous life as a young doctor in the Caribbean before establishing himself as an expert on the flora of that region, and had in fact produced his doctoral thesis on impotence and sterility some seventeen years earlier. Descourtilz's attack on the question, like that of a number of others who were to follow him, was an assertive redefinition of terms. Paying no attention at the outset to questions of biological sex, he announced that "this work has been conceived with the intention of establishing a clear-cut distinction between ANAPHRODISIA (genital syncope) et AGENESIA (absolute sterility)."<sup>30</sup> The use of these Greek-derived terms appears to have been over-determined: they were generically characteristic of learned medical discourse, but they also made it possible to displace the Latinate terms *frigidity* and *stérilité*. As it happens, the key distinction Descourtilz made was in fact perfectly homologous with Zacchia's distinction between *impotentia coeundi* and *impotentia generandi*. Here is how he defined the term that is of most interest to my history: "anaphrodisia is, in our opinion, a genital syncope, or suspension of the sensations necessary for a perfect copulation."<sup>31</sup> Defined thus anaphrodisia did not mean a lack of desire for copulation, but the suspension of any ability to carry it out in a "perfect" manner. Just what notion of perfection underlay this definition was not specified. Zacchia and his colleagues had a theological basis for defining the perfection or completeness of copulation: it meant becoming "one flesh." And while Descourtilz was a doctor of medicine with no ostensible commitment to theology, he seemed to depend, like many of his contemporaries, on a normative sense of the natural that fitted quite snugly into the space vacated by theology and helped by the same token to ensure that theology was indeed displaced.

So anaphrodisia, for Descourtilz, was impotence, although that word had to be laundered of its traditional double meaning so that the focus would be strictly on coitus: "Impotence, that word with its double meaning that has always been confused with sterility, refers particularly, in our opinion, to the incapacity to exercise the venereal act or the impossibility of doing so."<sup>32</sup> Having set aside sterility or agenesis or *impotentia generandi*, he then strained to establish the conceptual space of coital impotence. One of his requirements was to find a definition of this condition which was not simply material. That was probably a reason for him to be suspicious of *frigidity*, which might well be associated with discourses of humor or temperament going back to the ancients: "That is why the expression *genital syncope* appears to us more appropriate than *venereal frigidity*. Most often this temporary suspension of the genital functions is the result of a painful affection of the soul, or of excessively violent desires that are only temporary, and lead to the premature emission of seminal liquid."<sup>33</sup> There are two things in this quote that are of particular interest to my argument. One is that talk of premature ejaculation shows how central male physiology was to Descourtilz's conception of anaphrodisia. The other is that the soul or psyche was very much in play in this account. As he said a little further on, "From

<sup>30</sup> M.-E. Descourtilz, *De l'impuissance et de la stérilité, ou Recherches sur l'anaphrodisie distinguée de l'agénésie. Ouvrage destiné aux personnes mariées qui ne peuvent avoir d'enfants*, 2 vols. (Paris, 1831), 1:1; original emphasis.

<sup>31</sup> Descourtilz, *De l'impuissance et de la stérilité*, 13.

<sup>32</sup> *Ibid.*, 14.

<sup>33</sup> *Ibid.*, 14-15. On page 225, after setting out a range of temperaments and making a few remarks about their tendencies in love, he makes it clear that anaphrodisia is not to be understood as a simple consequence of temperament.



the foregoing it is evident that this affection can be produced by physical causes and by moral ones.”<sup>34</sup>

What did this mean for Descourtiz’s understanding of female impotence? He was prepared to entertain two views of the question, and both will have a familiar air after my discussion of canon law *impotentia coeundi*. The first, which he quoted in full but did not finally take as his own, was that anaphrodisia was the physical impossibility of engaging in coitus, thus making redundant any other causes, be they physical or moral: “if one considers anaphrodisia to result from the physical impossibility of engaging in coitus, women will only be affected by it when they suffer from organic alteration of the generative parts. Causes, either physical or moral, which are likely to weaken these parts or disturb their function, cannot be such as to make it impossible for the woman to lend herself to the desires of the man.”<sup>35</sup> This was essentially the view defended by Sanchez whereby female *impotentia coeundi* was no more or less than genital malformation. The second view, adopted by Descourtiz after due consideration, was broadly Zacchia’s, that women could experience anaphrodisia within themselves as a loss of desire accompanied by some form of paralysis: “But if perfect coitus or true copulation depends on the equal, reciprocal engagement of both sexes, the woman can encounter in the same way as the man circumstances that snuff out the flame of desire in her, paralyze her organs, and thus make her, either momentarily or constitutionally, an anaphrodite.”<sup>36</sup> A lot turned here, as I have indicated, on the notion of naturally perfect copulation. The very establishment of it as a norm allowed the absence of desire or pleasure in women to be identified as an incapacity, and given the name “impotence” or “anaphrodisia.”

In 1836, five years after the publication of Descourtiz’s work, Joseph Morel de Rubempré published *Le Conservateur et le réconfortateur des facultés génitales chez l’homme et la femme; l’art de guérir les affections accidentelles et non absolues dont elles sont susceptibles, telles que [l’]impuissance, la stérilité, les atonies, débilités sexuelles, etc.* Morel de Rubempré was a graduate of the Paris Faculty of Medicine, but not an eminent figure in the profession. He launched a career in the popularization of medical knowledge with *La Médecine sans médecin*, and drew ironic comment for this perceived attempt to devalue the profession and for his self-aggrandizement, which was indeed remarkable.<sup>37</sup> When not engaged in the writing of his many and varied books, Morel practiced medicine in Paris as a specialist in the treatment of syphilis and other genito-urinary diseases.<sup>38</sup> Unlike other writings about impotence and sterility, his book focused on genital lesions, suggesting that the lack of a strong theoretical and practical treatise on these disorders and the continuing uncertainty surrounding their nosology were due to the fact that no-one had provided a proper material description of them: “Indeed, these words have almost always been understood to refer to *morbid entities* independent of the organism, of vital forces in general, and of individual life.”<sup>39</sup> This rather went against the grain of appeals to

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<sup>34</sup> *Ibid.*, 18.

<sup>35</sup> *Ibid.*, 31.

<sup>36</sup> *Ibid.*, 31-32.

<sup>37</sup> In 1867, the doctors’ newspaper, *L’Union médicale*, described his *L’Ami des peuples* as a “news sheet written by Doctor Morel de Rubempré, the very same who wrote a pamphlet the aim of which was to make the precepts of medicine available to society people, and who placed his portrait on the frontispiece in between those of Hippocrates and Galen.” *L’Union médicale* (1867), 484.

<sup>38</sup> Chaperon, “De l’anaphrodisie à la frigidité,” 190-91.

<sup>39</sup> Docteur J. Morel de Rubempré, *Le Conservateur et le réconfortateur des facultés génitales chez l’homme et la femme; l’art de guérir les affections accidentelles et non absolues dont elles sont*

include the moral alongside the physical since the emphasis on lesions served to exclude “neuroses” (*névroses*), which were defined precisely by the absence of any lesion. The principle that medicine should confine its work in this area to the description of lesions was not particularly influential in succeeding decades, but it may have helped give a new biological emphasis to the debate. Insisting on the role of “forces vitales,” Morel came easily to speak of “potency” rather than “impotence.” His stated aim was to identify “all disorders that might create an obstacle of any kind either to coital potency or to reproductive potency; these lesions will naturally need to be distinguished according to those that occur in men and those that occur in women.”<sup>40</sup> In practice Morel had little to say about women specifically, turning to the subject only on the third last page of his book,<sup>41</sup> but he seemed to be pointing to a rather new path through some old difficulties. His talk of “potency” rather than “impotence” amounted to more than an accident of syntax. It foregrounded the workings of life itself and sharpened the question of the woman’s role: what exactly was “coitive potency” in women, and how was it to be recognized? He hardly bothered to answer these questions,<sup>42</sup> but they took on meaning and substance in the writings of others.

One of the first of these was a German, Georg Kobelt, who was a professor of anatomy at Freiburg.<sup>43</sup> Kobelt’s book on the anatomy and physiology of the genitals first appeared in Germany in 1844 and was published in French translation in 1851. Having begun with a careful description of how the male sex organs functioned, he devoted a significant proportion of his book to females. A key point in light of my historical thematic was his demonstration that the sexual organs of females function analogously to those of males: “I have been particularly concerned to demonstrate that one finds in the female an organic apparatus perfectly analogous in each of its parts to that of the male.”<sup>44</sup> In an anatomical sense, this was a view that went back to the ancient Greeks, but ancient medicine did not give an account of the physiological dynamic by which the female genitals act in unison. Kobelt set about identifying the “source of their turgescence,”<sup>45</sup> and later proceeded to describe exactly how turgescence works.<sup>46</sup> This account of the female’s contribution to copulation made it hard to maintain the long-established notion of female passivity. Women’s genitals, said Kobelt, made up “a special complete apparatus which has been allotted the important mission of creating a particular sensation in the female person by the harmonic coincidence of activity in each of its parts.”<sup>47</sup> Not only did women have the physiological power to become aroused, but they were possessed of a distinctive muscle, the *constrictor cunni*, which played a vital role in copulation.<sup>48</sup> Thus, even as

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*susceptibles, telles que [l’]’impuissance, la stérilité, les atonies, débilités sexuelles, etc.* (Paris, 1836), 15.

<sup>40</sup> Ibid., 23.

<sup>41</sup> Ibid., 46-47.

<sup>42</sup> His main comment is a return to a male-centred model of external signs. Women who lack “coitive potency” are identifiable by the looseness or slackness of their genitals (Morel de Rubempré, *Le Conservateur et le réconfortateur des facultés génitales*, 46-47).

<sup>43</sup> Chaperon, “De l’anaphrodisie à la frigidity,” 191.

<sup>44</sup> Dr [Georg] Kobelt, *De l’appareil du sens génital des deux sexes dans l’espèce humaine et dans quelques mammifères, au point de vue anatomique et physiologique*, trans. H. Kaula (Strasbourg, 1851), 71.

<sup>45</sup> Kobelt, *De l’appareil du sens génital*, 73.

<sup>46</sup> Ibid., 87.

<sup>47</sup> Ibid., 101-102.

<sup>48</sup> Ibid., 112.

Kobelt insisted on analogies between the sexes, he was contributing to an enriched version of the two-sex model.

The work of this German physiologist might not have had such a place in the history of mid-nineteenth-century French medicine had it not been taken up in France by Félix Roubaud, who was a medical graduate with a taste for controversy, as his various writings on hashish, blood transfusion and parapsychological phenomena testify. Unlike Morel de Rubempré, however, Roubaud had a strong interest in the medical profession as such, producing a successful and innovative *Annuaire médical et pharmaceutique de la France* that contested the place of the well-established *Almanach général de médecine*.<sup>49</sup> He was also editor-in-chief of *La France médicale*, a review that presented the latest in medical research to an educated general public. In 1855 Roubaud published a book entitled *Traité de l'impuissance et de la stérilité chez l'homme et chez la femme* in which he devoted some thirty pages to the exposition of Kobelt's findings.<sup>50</sup> I will give just a brief indication here of where he began and where he finished. He began in fact, much like Descourtiz and Morel de Rubempré, by deploring the habit of treating *impuissance* and *stérilité* as if they were synonyms.<sup>51</sup> He continued, much like a number of his predecessors, by insisting on the need to distinguish between the fullness of coitus on the one hand, and generative outcomes on the other.<sup>52</sup> But he then defined the fullness of coitus with a new physiological precision. It would only occur if the woman was properly aroused: "In the man, coitus is complete only if he experiences a feeling of sensual pleasure during spermatic ejaculation. Similarly in the woman, copulation is only entire if a feeling of sensual pleasure accompanies the male's approach."<sup>53</sup> Admittedly, he conceded, it was nearly always possible for the woman to "lend herself" to intercourse, but unless she was aroused, copulation would always be "physiologically incomplete."<sup>54</sup> Understood thus, coitus included a full set of female desires and pleasures: "Venereal desires and pleasures are incumbent on woman for the same reason as they are on man. Both sets of desires and pleasures belong to the normal order of physiological conditions for coitus."<sup>55</sup> The next step in his argument was the critical one for a history of female impotence: if this was indeed the "physiological" completeness of coitus, anything less deserves to be seen as a pathologically unnatural or abnormal: "Since it is undeniable that a pathological condition exists on every occasion where a function is not carried out within the limits ascribed to it by nature, it must be acknowledged that the absence in the woman of one or more prerequisites for normal coitus constitutes a morbid or pathological condition. It is this morbid condition that I am calling impotence."<sup>56</sup>

The history I have recounted to this point ends fifty years short of the busy engagement with "frigidity" that characterized the first decade of the twentieth century in France, but one of the key elements was put into place when Roubaud produced this definition. Sexual medicine was giving new recognition to the woman's pleasure in intercourse and at the same time making it a requirement of normalcy and good health.

<sup>49</sup> George Weisz, "Medical Histories and Medical Specialization in France, Britain, and the United States," *Bulletin of the History of Medicine* 71 (1997): 26.

<sup>50</sup> Dr Félix Roubaud, *Traité de l'impuissance et de la stérilité chez l'homme et chez la femme, comprenant les moyens recommandés pour y remédier*, 2 vols. (Paris, 1855), 1:10-40.

<sup>51</sup> Roubaud, *Traité de l'impuissance et de la stérilité*, 1:1.

<sup>52</sup> *Ibid.*, 4.

<sup>53</sup> *Ibid.*, 33.

<sup>54</sup> Roubaud, *Traité de l'impuissance et de la stérilité*, 2:541-42.

<sup>55</sup> *Ibid.*, 450.

<sup>56</sup> *Ibid.*

The notion of female impotence continued to have a place in medical writing until the 1880s, but after Kobelt and Roubaud its meaning had shifted. A physiological understanding of female sexual potency now founded a more precise, more urgent understanding of the disorder. The absence of that female potency would come to stand as the defining characteristic of frigidity.