

Kränkung and *Erkrankung*: Sexual Trauma before 1895

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Abstract: A tropology of moral injury and corruption long framed the plight of the sex crime victim. Nineteenth-century psychiatric acknowledgment of adverse sexual experience reflected general trends in etiological thought, especially on ‘epileptic’ and hysteric seizures, but on the whole remained descriptive, guarded and limited. Various experiential threats to the modern sexual self beyond assault and rape were granted etiological significance, however: illegitimate motherhood, masturbatory guilt, sexual enlightenment, ‘homosexual seduction’ and chance encounters leading to fetishistic fixation. These minor early appeals to medical psychology help us appreciate the multiple nuances of ‘sexual trauma’ advanced in Breuer and Freud’s *Studies on Hysteria* (1895) and Freud’s subsequent work.

Keywords: Sexual trauma, Nineteenth century, History of psychiatry, Rape, Sexual abuse, Victimology

A psychiatric parlance of *sexual trauma* is first attested in Breuer and Freud’s *Studien über Hysterie* (1895). Here the reifying expression carried divergent theoretical ambitions: Freud’s *sexuelle Traumen* referred to childhood experiences attaining ‘traumatic power’ as later memories (causing hysterical anxiety), while Breuer’s *sexuale Traumen* referred to anxieties and negative experiences commonly associated with female puberty (requiring repression) and the ‘sexual noxae’ of the marriage bed (causing hysterical somatic phenomena).¹ The initial reception of Freud’s intricate and increasingly specific sense of sexual harm (*sexueller Schädlichkeit*), developed in his later seduction papers, was famously icy but it gained epochal traction after the 1970s – meriting probes into its intellectual debts², and more broadly into nineteenth-century regard for the psychological sequelae of adverse sexual experience. This regard is generally recognised as having

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¹ Jos[ef] Breuer and Sigm[und] Freud, *Studien über Hysterie* (Leipzig/Vienna: F. Deuticke, 1895) 115–16, 216, 242.

² For example, Carlo Bonomi, ‘Sexuality and Death in Freud’s Discovery of Sexual Aetiology’, *International Forum of Psychoanalysis*, 3, 2 (1994), 63–87; Philip Kuhn, ‘Sigmund Freud’s Discovery of the Etiological Significance of Childhood Sexual Traumas’, *Journal of Child Sexual Abuse*, 6, 2 (1997), 107–22; K. Codell Carter, ‘Germ Theory, Hysteria, and Freud’s Early Work in Psychopathology’, *Medical History*, 24, 3 (1980), 259–74.

been poor.³ Indeed: even by the mid-1920s, empirical interest in the specific plight of the *sexual victim* (*Sexualopfer*) had barely emerged alongside the by now much more discriminating focus on the *sex offender* (*Sexualverbrecher*, *Sittlichkeitsverbrecher*). This emergent polarity flattered law more than it did medical deliberation. Many of nineteenth-century sexuality's pre-eminent malefactors – the *onanist*, *invert* and *pervert* – were themselves casualties; if not of seduction, then of chance impressions, social neglect or indulgence, addiction or compulsion, degeneration, hereditary or congenital anomalies, or some infaust combination of these.⁴ Moreover, sexual victims and offenders historically converged on a similar historical turn inward of the medico-forensic gaze: from diagnostic probing of the affected body, to the soul-searching of the affected self. Both victims and offenders posed perennial questions of the relative import of experiential contingency and innate susceptibility in the causation of mental disorder. Elementary to modern constructions of sexuality and maturity, both became figurations variably of innocence and corruption. Inevitably, their respective extended moments of medical deciphering refer to similar, vital questions of biography, identity, memory and medical *savoir*.

To better appreciate how sexual experience became traumatic, below I map nineteenth-century etiological concerns for adverse sexual experience apropos a brief appraisal of Freud's and Charles Féré's mid-1890s accounts; identify various experiential stressors drawing psychiatric attention (illegitimate maternity, moral virginity, masturbation, sexual inversion/perversion); consider the becoming-psychiatric of the two main nineteenth-century sexual victims – minors and women; and close with a brief appraisal of criminal anthropologist Moriz Benedikt's early victimology.

Innocence and Injury: Féré and Freud

The conceptual groundwork for Freud's *sexual trauma* has been mapped in considerable detail. Accounts of *traumatic neurasthenia* (Beard), *hystérie traumatique* (Charcot) and *traumatische Neurose* (Oppenheim) offered in the 1880s, dividing Wilhelmine

³ 'It was not until the twentieth century that [American] physicians directly engaged the issue of sexual traumata, and even then they were not the object of sustained inquiry': Lisa Cardyn, 'The construction of female sexual trauma in turn-of-the-century American mental medicine', in Mark S. Micale and Paul Lerner (eds), *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930* (New York: Cambridge University Press, 2001), 172–201, here 181; 'The lack of connection between trauma and sexual crime was not limited to [Victorian and Edwardian] Britain, but reflected a general trend within European thought': Victoria Bates, *Sexual Forensics in Victorian and Edwardian England* (Basingstoke: Palgrave Macmillan, 2016), 133–4; 'At least into the Sattelzeit [1750–1850] the [continental European] court does not treat sexualized violence as the psychological trauma of a subject but – inter alia – as the moral jeopardy of a Christian and his or her society': Francisca Loetz, *Sexualisierte Gewalt 1500–1850. Plädoyer für eine historische Gewaltforschung* (Frankfurt am Main: Campus, 2012), 204; 'In contrast to the legal sources [on rape, discussed by author] . . . a notion of trauma is absent from [Dutch nineteenth-century] scholarly discourse as presented by forensic scientists': Willemijn Ruberg, 'Trauma, Body, and Mind: Forensic Medicine in Nineteenth-Century Dutch Rape Cases', *Journal of the History of Sexuality*, 22, 1 (2013), 85–104, here 93. See also Georges Vigarello, *Histoire du viol: XVIe-XXe siècle* (Paris: Seuil, 1998), 229–32; Louise A. Jackson, *Child Sexual Abuse in Victorian England* (London: Routledge, 2000), 152–4.

⁴ Rare eighteenth-century case reports of homosexuality already negotiated these exculpatory etiological nuances. There were reasons to negotiate: well into the nineteenth century, the medico-legal scope of same-sex sexuality was still that of 'corruption of boys' (*Knabenschändung*). See [Anon.], 'Nachricht von einer seltsamen Irrung eines menschlichen Triebes', in *Beiträge zur Beruhigung und Aufklärung über diejenigen Dinge, die dem Menschen unangenehm sind oder sein können, und zur nähern Kenntniß der leidenden Menschheit*. Vol. 1, Pt. 2 (Leipzig: Weidmann, 1789), 327–49; [Anon.], '[Zur Seelenheilkunde:] 2. ["Auszug aus einem Briefe"]', *Gnōthi sauton: oder, Magazin zur Erfahrungsseelenkunde als ein Lesebuch für Gelehrte und Ungelehrte*, 8, Pt. 2 (1791), 101–6.

stakeholders over the issue of social insurance and the wartime fate of the nation, foregrounded the question of the relation between physical trauma and its affective reverberation.⁵ To Freud and Breuer, Charcot's specific allusions to autosuggestion and focus on male hysteria insinuated the possibility of a properly *psychic trauma*.⁶ Freud went on to suspend trauma between psychosexual immaturity and maturity, intuitive concepts burdened with a late eighteenth-century, but still largely implicit, scientific urgency. Sexual adversities had gained little etiological profile at the Hôpital de la Salpêtrière (notoriously so⁷), and Freud's earliest allusions to childhood 'sexual noxae' drew no clear support from any literature. These allusions were, in their essence, commonsensical, referencing an extended archive of Enlightenment investments in innocence (*Unschuld*), puberty (*Mannbarkeit*) and moral-psychological development (*moralische Entwicklung*) – notions that had been fracturing the emergent concept of 'sexuality' and that sponsored a general frame for conceptualising developmental 'harm' and precocity. Leading Enlightenment educator Joachim Heinrich Campe (1746–1818) illustratively identified many purported harms (*Schädlichkeit*) of 'premature' education of children, including sexual and psychosexual precocity.⁸ During the 1780s and 1790s, *premature awakening of the sexual instinct* presented a recurrent and urgent hygienic challenge to the figureheads of both the Philantropinists and the German public health (*medizinische Polizey*) movement. Seductive nursemaids were indicted in hundreds of texts following Tissot's *Tentamen de morbis ex manustupratione* (1758), and the spectre of *psychosexual untimeliness* went on to inform various nineteenth-century aetiological questions. Precocity – in mental exertion, sexual excitement, puberty or marriage – was named a key factor in the development of hysteria throughout the nineteenth century, for instance.

Freud was hardly the first to connect troubled innocence with neurotic diathesis, then, nor was he alone, in the early 1890s, in giving psychosexual untimeliness a primary traumatogenic significance. In September 1894 Charcot's pupil, Charles Féré (1852–1907), suggested that in some children, 'surprised in the absolute placidity of innocence ... a mere touch or the sight of something unforeseen occasions a trauma [*traumatisme*]

⁵ Paul Frederick Lerner, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890–1930* (Ithaca: Cornell University Press, 2003), 23–39. On psychic trauma generally, see Bessel A. van der Kolk, 'The history of trauma in psychiatry', in Matthew J. Friedman, Terence Martin Keane and Patricia A Resick (eds), *Handbook of PTSD: Science and Practice* (New York: Guilford Press, 2007), 19–36.

⁶ John Fletcher, *Freud and the Scene of Trauma* (New York: Fordham University Press, 2013) chs. 1–2.

⁷ Georges Huberman, *The Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz (Cambridge, MA/London: MIT Press, 2003), 157–62, 270–1. Mark Micale, after Havelock Ellis, approached Charcot's seeming disinterest in an etiological role for sexuality in terms of a more urgent ambition to bring hysteria beyond ancient genital theories ('Charcot and the Idea of Hysteria in the Male: Gender, Mental Science, and Medical Diagnosis in Late Nineteenth-Century France', *Medical History*, 34, 4 [1990], 363–411, see 393). One anonymous reviewer of the *Iconographie photographique de la Salpêtrière* regarded the 'obscene ravings of delirious hysterical girls ... who were in some cases brutally subjected to rape and seduction at a very early age' as medically compelling but 'unfit for publication' (*British Medical Journal*, 7 June 1879, 856–7, here 857).

⁸ 'A plant that is unnaturally pushed matures in every sense ahead of time, to be exhausted ahead of time. So also Man, when he is already pushed as a child, with respect to his mind. The early psychic maturity [*Geistesreife*], thus produced, spreads to the body and to the instincts established in the body; thus also to the sex drive. This is an irrefutable empirical proposition. Our beloved children feel already in their eighth, tenth, at the latest twelfth year the needs that the uncultured farmer's son, if he has not fallen into the hands of a devilish seducer, only figures out by the eighteenth year': Joachim Heinrich Campe, 'Ueber die große Schädlichkeit einer allzfrühen Ausbildung der Kinder', *Allgemeine Revision des gesammten Schul- und Erziehungswesens von einer Gesellschaft praktischer Erzieher*, Vol. 5, ed. Campe (Wolfenbüttel: in der Schulbuchhandlung, 1786), 1–160, here 132.

which overthrows once and for all their intellectual and mental [moral] being'.⁹ Other children, hereditarily or congenitally predisposed as expressed in their physiognomy and precocious appearance, rather 'exert a particular attraction on the debauchees who come to meet them'. In Féré's three case studies, early childhood unwanted sexual experiences presented 'mental chocs' (*chocs moraux* rather than *chocs traumatiques*; compare Charcot's *choc nerveux cérébrale*), events initially interpreted as 'infamy' or experienced with 'violent terror', commonly to be followed by amnesia, with memories revived (*ravivé*) after childhood by unrelated stressors, and giving rise to episodes of melancholy, rumination, or, in a 'heavily predisposed' woman suffering from puerperal mania, suicide attempts.

Freud and Breuer were by this time gravitating toward a more intricate etiological circumscription of sexual innocence. In May 1895 Freud captured Katharina's being approached by her father ('uncle') at age fourteen in terms of *sexual trauma*, elaborating that in comparable cases, he found hysteria invariably connected to 'impressions from the pre-sexual period [*vorsexuellen Zeit*] which produced no effect on the child [but] attain traumatic power at a later date as memories, when the girl or married woman has acquired an understanding of sexual life'.¹⁰ Another 'sexual trauma' Freud discovered in the childhood of a lady suffering from obsessions and phobias.¹¹ In the same work, Breuer briefly discussed a case indexed in the 1955 James Strachey translation as *homosexual trauma*: a twelve-year-old boy, accosted by a man for oral sex, presenting with anorexia. The boy's conversion was tied to a complex of factors: his 'innate neurotic nature, his severe fright, the irruption of sexuality in its crudest form into his childish temperament [*Hereinbrechen des Sexualen in seiner brutalsten Form in das Kindergemüth*] and, as the specifically determining factor, the idea of disgust'. His initial non-disclosure, finally, prevented excitation from 'finding its normal outlet'.¹²

Féré, Freud and Breuer were solving a similar puzzle: the legacy in mental suffering of the interplay of an early childhood 'sexual scene', its recollection and disclosure, and the scourge of disposition. As is well-known, Freud subsequently developed his etiological conception of *Verführung* (seduction) in letters to Wilhelm Fliess (dated 8, 15, 16 and 20 October and 2 November 1895), identifying childhood 'sexual scenes', present as *unconscious memories*, as a necessary component of an hysterical or obsessive-neurotic disposition. Some *Sexualscenen* notably differed from the *scènes du viol* (rape scenes) referred to in the French hysteria literature:¹³ some events produced fear but others pleasure (*jouissance*), or entailed children's ensnarement by seducers in a 'regular love

⁹ C[harles] Féré, 'Contribution à l'histoire du choc moral chez les enfants', *Bulletin de la Société de médecine mentale de Belgique*, 74 (September, 1894), 333–40; reappearing in Féré, *L'Instinct sexuel: évolution et dissolution* (Paris: Felix Alcan, 1899), 291–7. A notable extension is Féré's observation, in 1903, that unwanted kisses in childhood can take on the significance of a 'moral shock', presenting 'neuropathic, psychopathic and moral [*moreaux*] dangers especially to be feared in young subjects' (Féré, 'Hygiène du baiser', *Revue de médecine*, 23 [1903], 450–8, here 457). The notion of *choc moral* in connection to amnesia appeared in Féré's *La Pathologie des émotions* (Paris: Félix Alcan, 1892), 325–7; he uses the expression as early as 1885. Freud drops Féré's name in 1905 endnotes, but nowhere on pertinent matters.

¹⁰ Freud, *op. cit.* (note 1), 115.

¹¹ *Ibid.*, 241–2.

¹² Breuer, *op. cit.* (note 1), 185.

¹³ The phrase, referring to relived or recalled events, appears in work by Gaube, Richer, Brouardel, Cullerre and de la Tourette.

relationship . . . with its mental side developed' – a 'mutual dependence'. As for Féré, there was no clean break with predispositions even by 1896, however: the patient's 'inherited and personal constitution' still weighed in.¹⁴

Freud desisted from empirical and even theoretical inference at this point, thus arguably defusing most of his kernel conjecture: 'what decides whether those [ie. precocious sexual] experiences produce conscious or unconscious memories—whether that is conditioned by the content of the experiences, or by the time at which they occur, or by later influences—that is a fresh problem, which we shall prudently avoid.'¹⁵ The looming problem of a lacking sexual theory to account for repression was spelled out in 'Draft K' sent to Fliess on 1 January 1896, in which Freud initially considered, but then rejects, factors including shame (which he ties to gender) and moral sense (which he ties to social class). By January 1898 Freud deferred theory to Fliess's teleology, though this hardly solved his questions: 'It seems that in man the sexual instinctual forces are meant to be stored up so that, on their release at puberty, they may serve great cultural ends. (Wilh. Fliess.) Consideration of this sort may make it possible to understand why the sexual experiences of childhood are bound to have a pathogenic effect.'¹⁶ Puberty's seemingly critical extension to 'adolescent' development in 1895 – its psychological operationalisation in terms of a caesura in sexual knowledge and 'moral sensibility' – thus remained notably ambivalent. Freud's seduction texts resorted back to *Pubertät*: harmless pubertal scenes (*Pubertätsszenen: eigentlich harmlosen Pubertäts-erlebnissen*) referred to noxious 'presexual' ones (*Infantilszenen: Scene[n] aus der Kindheit*), more specifically those before the second dentition.¹⁷

How to appreciate Freud's pertinent work historically remains as urgent as it remains challenging. Discussions of children's appraisal of atypical early sexual encounters had hitherto lacked the combination of psychological focus, theoretical audaciousness and empirical backing. In forensic medical review, deliberations on the 'development of the personality and the future morality of the child' had been utterly sporadic and concise.¹⁸ Discussions revolved only formulaically around children's 'purity', 'the first instincts of

¹⁴ Sigmund Freud, 'Zur Aetiologie der Hysterie', *Wiener klinische Rundschau*, 10, nos. 22–6 (1896), 379–81, 395–7, 413–15, 432–3, 450–2 (here 415, 432, 450).

¹⁵ *Ibid.*, 433.

¹⁶ Sigm[und] Freud, 'Die Sexualität in der Aetiologie der Neurosen', *Wiener klinische Rundschau*, 12, 2 (9 January 1898), 21–2; 4 (23 January 1898), 55–7; 5 (30 January 1898), 70–2; 7 (13 February 1898), 103–5 (here 104).

¹⁷ Freud, *op. cit.* (note 14), 396, 413, 414. Freud's regressive, Fliessian interest to ground trauma in biology at this point is illustrative of a clearly broader mid-1890s ambivalence regarding psychosexual development. In 1897 Albert Moll illustratively introduced the term 'psychic puberty' (*psychische Pubertät, seelische Pubertät, psychosexuelle Pubertät*) to account for childhood sexuality (*Untersuchungen über die Libido sexualis*. Berlin: Kornfeld, 1897–8, 1:45 *et passim*). Illustrative, too, is Prague gynaecologist Kisch's part-psychological, and still part-ovarian, etiological concern for female sexual developmental milestones in relation to cardiac pathology, also offered in 1895 (Kisch coined the term *menarche* at the occasion, incidentally). E[noch] Heinrich Kisch, 'Ueber Herzbeschwerden während der Menarche', *Berliner klinische Wochenschrift*, 32, 39 (30 September 1895), 848–50; Kisch, 'Cardiopathia uterina', *Wiener klinische Rundschau*, 10, 13 (29 March 1896), 218–19. Kisch here seems to redevelop the much older concepts of *cardiopathia/angiopathia hysterica* (Carl Canstatt). Kisch discussed Freud's 1895–6 hysteria aetiology in 1904: *Das Geschlechtsleben des Weibes in physiologischer, pathologischer und hygienischer Beziehung* (Berlin: Urban & Schwarzenberg, 1904), 229–30. He also discussed psychotraumatic amenorrhoea from fear of impregnation (*ibid.*, 87).

¹⁸ Gustav Erhard, 'Bemerkungen zu dem im 1sten Hefte des 2ten Bandes dieser Zeitschrift S. 71. ff. mitgetheilten Auszüge aus den Entscheidungsgründen zu einem vom Appellationsgerichte zu Zwickau gesprochenen Erkenntnis, über die Frage: kann nach dem Criminalgesetzbuche an Kindern unter 12 Jahren das Verbrechen der Nothzucht verübt werden?', *Zeitschrift für Rechtspflege und Verwaltung, Zunächst für das Königreich Sachsen*, 2 (1839), 396–402, here 400.

modesty', 'psychic-moral formation' and concepts such as *violence morale*.¹⁹ Child abuse, though commonly held to be the main cause of prepubertal hysteria around mid-century, had presented only a very rare occasion for formal considerations of psychotrauma.²⁰ Guilt, shame and the formation of a 'sexual personality' were culturally intuitive factors but became formal psychological projections only by the time of – and in part in response to – Freud's *Drei Abhandlungen zur Sexualtheorie* (1905).²¹ Negotiations of 'sex shock' in the first quarter of the twentieth century remained strongly oriented around qualifications of Freud's consecutive theoretical nuances. The beginnings of an empirical sexual victimology of the legal minor were established at a guarded distance of psychoanalytic theory, such as emerging from William Stern's psychology of legal testimony²² and mid-1920s studies of incest victims.²³ Psychoanalytic circumscriptions such as that of *incest trauma* followed well after Freud's initial seduction theory, which had barely set apart sibling cases and notoriously obscured family ties between offenders and victims.²⁴ Most pre-eminent interwar psychiatrists and psychologists worried more about 'homosexual seduction' and girls' 'juvenile delinquency' than about 'trauma'. The early

¹⁹ [August] Albrecht Meckel, *Lehrbuch der gerichtlichen Medicin* (Halle: Carl Friedrich Schimmelpfennig, 1821), 495; Eugène Mouton, *Les Lois pénales de la France en toutes matières et devant toutes les juridictions exposées dans leur ordre naturel, avec leurs motifs*, 2 vols (Paris: Cosse, Marchal & Co., 1868), 1:53–66.

²⁰ P[ierre] Briquet, *Traité clinique et thérapeutique de l'hystérie* (Paris: J.-B. Baillière & fils, 1859), 185; and Julius Althaus, *On Epilepsy, Hysteria and Ataxy: Three Lectures* (London: John Churchill, 1866), 43–4. In an 1868 article, Krafft-Ebing observes that often, 'by means of mere fright or other psychical influences, without any maltreatment, the very same neuroses (hysteria, epilepsy, catalepsy, etc.) and psychoses are observed' as those seen after physical trauma. Here he details a case of strong reaction in a twelve-year-old boy who had his ears boxed by a teacher, though not so hard as to result in *trauma capitis*. The exact etiological weight of the event remained 'impossible' to establish, however (and thus, the teacher was acquitted). R[ichard] von Krafft-Ebing, 'Nach Schlägen auf den Kopf eingetretene epileptische Neurose mit folgender Geistesstörung. Fraglicher Zusammenhang der Krankheit mit der Misshandlung', *Friedreich's Blätter für gerichtliche Medicin und Sanitätspolizei*, 19 (1868), 249–57, here 250.

²¹ Significant texts include G.-C. [Giulio Cesare] Ferrari, 'I traumi sessuali nei fanciulli', *Rivista di psicologia applicata alla pedagogia ed alla psicopatologia* [Bologna], 1, 2 (March–April, 1905), 90–8 (which does not cite Freud); [Erich] Wulffen, 'Weshalb werden so viele Sittlichkeitsverbrechen an Kindern begangen?', *Gesetz und Recht: Volkstümliche Zeitschrift für Rechtskunde* [Breslau], 8, 21 (1907), 381–8; Karl Abraham, 'Das Erleiden sexueller Traumata als Form infantiler Sexualbetätigung', *Centralblatt für Nervenheilkunde und Psychiatrie* (N.F.), 18 (15 November 1907), 855–66; P[aul] Näcke, 'Zur Psychologie der Kinder als Opfer von Sittlichkeitsverbrechen', *Archiv für Kriminal-Anthropologie und Kriminalistik*, 32, 1/2 (1908), 149–54; and Näcke, 'Zur Psychologie der Kinder als Opfer von Sittlichkeitsverbrechen', *Die Umschau*, 13, 39 (25 September 1909), 816–17.

²² Stern's debut in court apropos accusations of child sexual abuse, cited as 'the first use of a psychologist of testimony in a German trial', dates to 1903 (Heather Wolfram, *Forensic Psychology in Germany: Witnessing Crime, 1880–1939* (Basingstoke: Palgrave Macmillan, 2018), 116–17), but even in Stern's later work, sexual trauma is a hardly elaborated and unreferenced concept, thought to depend heavily on the (eg. same-sex) nature of the act, and on the child's sensitivity. A later outspoken critic of psychoanalysis, Stern repeatedly captured forcing upon the child's attention tendentious interpretations of conduct that would otherwise never occur to it, in the strongest of traumatological terms: 'severe damage . . . obvious damage . . . incurable damage' ('Die Anwendung der Psychoanalyse auf Kindheit und Jugend. Ein Protest', *Zeitschrift für angewandte Psychologie und psychologische Sammelersforschung*, 8 [1914], 71–91).

²³ Helene-Friderike Stelzner, 'Der Inzest. Mit kasuistischen Beobachtungen an Berliner weiblichen Fürsorgezöglingen', *Zeitschrift für die gesamte Neurologie und Psychiatrie*, 93, 1 (1924), 647–719; Hans von Hentig and Theodor Viernstein, *Untersuchungen über den Inzest* (Heidelberg: Universitätsverlag, 1925).

²⁴ Wilhelm Stekel seemingly first used the term (*Inzesttrauma*), in 1910 (*Diskussionen des Wiener Psychoanalytischen Vereinsigung*, vol. 1 (Wiesbaden: Bergmann, 1910), 37). A suggestive parlance of *rape trauma* (*Trauma der Vergewaltigung*) also had to await this timeframe of early sexuality and *Frauenkunde*: J.R. Spinner, 'Studien zum Abortusproblem', *Archiv für Kriminal-Anthropologie und Kriminalistik*, 60 (1914), 307–42, at 319.

afterlife of *Sexualtrauma* made for protracted and divergent negotiations of ‘seduction’, then, all the more foregrounding the historical question of its initial intervention.²⁵

Moral Trauma: Hysterics, Mothers, Virgins, Onanists, Perverts

The toll of modern ‘sexuality’ (*Geschlechtlichkeit, conjugalität, amativität*) interested many psychiatrists during the early nineteenth century, and much of this interest foreshadows Breuer and Freud’s mid-1890s work. At mid-century any perceived threat to women’s socio-sexual role fulfilment was a predisposing factor in hysteria: ‘... abandonment after a lively and initially mutual love; separations too long and too frequent; domestic troubles that hurt the heart and the self-esteem of a sensitive woman (Louyer-Villermay). Jealousy, indecent assault [*outrage fait à la pudeur*], premature widowhood, continence, finally, have been regarded as the causes which, in the end, most often lead to hysteria.’²⁶ *Amor infelix* (unhappy love), *amor deceptus* (deceived love), *amor recusatus* (rejected love) and *zelotypia* (morbid jealousy in the amorous sphere) were frequently signalled out.²⁷ *Chagrins d’amour, amour malheureux, and amour contraire* were ubiquitously tied to mania and lypemania (melancholy) as well.²⁸ In a 1847 biannual mental hospital report from Prague, ‘unhappy love, deluded hope and stuprum violentum’ was reported as a compounded ‘harmful influence’ in one case of melancholy; ‘unhappy love’ was documented in thirteen cases of mania and in four of *anoia*; ‘spurned love’ accounted for two cases of *mania universalis*.²⁹ In the context of religious mania, reports another author, ‘The explosion of delirium sometimes occurs as a result of sexual excesses or solitary abuse. But it results more readily from a *mental trauma* [*traumatisme moral*], a painful emotion, a thwarted love’.³⁰ Cited psychic stresses on the nervous system are reiterated throughout mid-century French and German legal medicine, with deceptions in the social-relational sphere, a wounded sense of honour (*verletztes Ehrgefühl*) and

²⁵ For a classic discussion of the arguable 1980s schism between psychoanalytic and feminist historical work on trauma, see John Forrester, ‘Rape, seduction and psychoanalysis’, in Silvana Tomaselli and Roy Porter (eds), *Rape* (Oxford: Basil Blackwell, 1986), 57–83. In legal terms, Freud’s ‘grave’ cases of *Verführung* stretched from possible rape (‘coitus-like acts’) or immoral assault (*Unzucht*) to sibling incest or childhood misdemeanours (*Unarten*). Legally, *seduction of chaste girls* (*Verführung unbescholtener Mädchen*, §182 StGB) pertained to ages 14–16. Some legal dispute coeval with Freud’s *Verführungstheorie* is seen in determining whether sexual intercourse between a woman and a boy under age 14 constituted sexual abuse (*geschlechtlicher Missbrauch*) contrary to natural order, of which the boy would then be the *injured party* (*Geschädigten*): [Anon.], ‘Beischlaf einer Frauensperson mit einem unmündigen Knaben: Schändung?’, *Zentralblatt für die juristische Praxis* [Vienna], 12 (1896), 169.

²⁶ ‘Hystérie’, in Édouard Monneret and Louis Fleury (eds), *Compendium de médecine pratique, ou Exposé analytique et raisonné des travaux contenus dans les principaux traités de pathologie interne*, vol. 5 (Paris: Béchet jeune, 1844), 68–99, here 84. The reference is to [Jean-Baptiste] Louyer Villermay, *Traité des maladies nerveuses ou vapeurs et particulièrement de l’hystérie à l’hypocondrie* (Paris: Méquignon, 1816), 47.

²⁷ For example, Robert Groat, *Dissertatio medica, inauguralis, de hysteria* (Edinburgh: Balfour & Smellie, 1783), 37–8.

²⁸ For example, H. Girard de Cailleux, *Études pratiques sur les maladies nerveuses et mentales accompagnées de tableaux statistiques* (Paris: J.-B. Baillière & fils, 1865), 92–3.

²⁹ [Jakob] Fischel, ‘Bericht über die k. k. Irrenanstalt zu Prag für die Jahre 1844 und 1845’, *Vierteljahrsschrift für die praktische Heilkunde*, 4 (1847), 98–146. The authors explicitly refrained from inferring monocausality. Similarly, one doctor stated that after ten years of clinical experience, in only two cases he could attribute mental breakdown solely to ‘psychic impressions’ – one of which was a young woman threatened with rape by her fiancée: Flemming, ‘Klinik von Heil-, Entbindungs- und Irrenanstalten’, *Schmidt’s Jahrbücher der in- und ausländischen gesammten Medicin*, 34 (1842), 208–29, see 218.

³⁰ Amand Chevallereau, ‘De la folie religieuse [cont’d]’, *La France médicale*, 29 (1882), 169–71 here 171, ital. in orig.

wounded pride (*gekränkter Ehrgeiz*) repeatedly named as causes for mental illness (hypochondria, melancholia), suicide or crime.³¹

Respect for maternal mental coping and ‘sexual honour’ in relation to illegitimate births famously led Kant to pardon infanticidal mothers.³² Out-of-wedlock expectant mothers, such as due to rape, were found ‘tortured by external and internal reproaches, by grief, sorrow and in general by depressing emotions’, threatening neonatal safety.³³ Thomas Arnold (1742–1816) knew ‘a young woman, who, being insane, in consequence of the terror occasioned by an attempt made upon her person, imagined that she was for ever bringing forth children, and had a fresh delivery almost every instant’.³⁴ Concern led to consistently formal social psychiatric conceptions of puerperal psychosis. In 1868 Krafft-Ebing highlighted

violent and pathological effects to be considered in dubious mental states of illegitimate birth-givers. Shame because of loss of sexual honour [Schaam über die verlorene Geschlechtsehre], anxiety about the future, the horror of the signs of approaching birth, especially when the pregnant woman, as it happens in rare cases, did not know she was pregnant, suddenly and powerfully affect the mother, the pregnancy with the grief over the misstep, the distress and despair when the seducer has left the lover – all these powerful psychic shocks not infrequently interact in the extramarital gravida and create conflicts in consciousness that not all can be resolved along the moral way, at least in a moment when the nervous system is exhausted and irritated by the pains of birth. It thus easily comes to higher degrees of affect, to the confusion of meaning, to despair.³⁵

This elaborate gendered regard for socio-sexual experience was ratified both by the mid-century affect-centred theory of hysteria by Robert Brudenell Carter, and the social epidemiological approach by, among others, Pierre Briquet. The precise import of sexual

³¹ ‘The detestable crime of Seduction is another very fertile source of insanity, its cruelty and criminality must strongly impress every heart in which humanity is not wholly obliterated . . . in proportion to the sensibility, consciousness of shame, and remaining virtue of the victim, may we apprehend the degree of morbid effect on the intellect’: Joseph Mason Cox, *Practical Observations on Insanity*, 2nd edn (London: C. & R. Baldwin [etc.], 1806), 24–5. See also G.H. Bergmann, ‘Charakteristische Uebersicht der im Jahre 1845 in die Heil- und Pflege-Anstalt zu Hildesheim auf genommenen Seelengestörten, nebst sonstigen die Psychopathologie betreffenden Erörterungen’, *Hannoversche Annalen für die gesammte Heilkunde: eine Zeitschrift* (N.F.), 6 (1846), 641–83, esp. 643, 656; Karl Phil[ipp] Fischer, *Grundzüge des Systems der Philosophie oder Encyclopädie der philosophischen Wissenschaften*, vol. 2, Pt. 1 (Erlangen: Heyder & Zimmer, 1850), 96, 111; Hermann Eberhard Friedrich Richter, *Grundriss der inneren Klinik für akademische Vorlesungen und zum Selbststudium*, 3rd edn, vol. 1 (Leipzig: Leopold Voss, 1855), 556; Th[eodor] Wittmaack, *Die Hysterie (Hyperaesthesia psychica sexualis) in pathologischer und therapeutischer Beziehung* (Leipzig: Ernst Schäfer, 1857), 54; Kelp, ‘Bericht über die Wirksamkeit der Irrenheil-Anstalt zu Wehnen vom 1. April 1858 bis 1. Januar 1861’, *Archiv der Deutschen Gesellschaft für Psychiatrie und gerichtliche Psychologie*, 4 (1861), 179–225, esp. 187.

³² Immanuel Kant, *Die Metaphysik der Sitten*, 2 vols (Königsberg: Friedrich Nicolovius, 1797), 1:204.

³³ Johann Christian Gottfried Jörg, *Die Zurechnungsfähigkeit der Schwangern und Gebärenden* (Leipzig: Weygand, 1837), 21. Also Carl August Tittmann, *Handbuch der Strafrechtswissenschaft und der deutschen Strafrechtswissenschaft*, vol. 2 (Halle: Hemmerde & Schwetschke, 1807), 76; ‘Kindesmord’, in *Real-Encyclopädie des gesammten in Deutschland geltenden gemeinen Rechts*, vol. 2 (Berlin: August Rükker, 1827), 196–200; [Johann Nikolaus] Albert, ‘Der Sturz des Kindes auf den Boden bei präzipitierten Geburten und dessen Beurtheilung’, *Zeitschrift für die Staatsarzneikunde*, 84 (1862), 189–99.

³⁴ Thomas Arnold, *Observations on the Nature, Kinds, Causes and Prevention of Insanity, Lunacy or Madness*, vol. 1 (Leicester: G. Ireland, 1782), 167.

³⁵ Richard von Krafft-Ebing, *Die transitorischen Störungen des Selbstbewusstseins: Ein Beitrag zur Lehre vom transitorischen Irresein in klinisch-forensischer Hinsicht, für Aerzte, Richter, Staatsanwälte und Vertheidiger* (Erlangen: Ferdinand Enke, 1868), 115–16. Cf. Krafft-Ebing, *Grundzüge der Criminalpsychologie: auf Grundlage des Strafbuch des deutschen Reichs für Aerzte und Juristen* (Erlangen: Ferdinand Enke, 1872), 128–9; Krafft-Ebing, *Lehrbuch der gerichtlichen Psychopathologie* (Stuttgart: Ferdinand Enke, 1875), 277–8; 2nd edn (1883), 210; 3rd edn (1888), 184, 211. By the 1870s, French authors empirically discounted the factor of illegitimacy in puerperal psychosis; perhaps for this reason Krafft-Ebing played little attention to it in later work (Willem Theodoor Marie Weebers, *Over puerperaal-psychozen* (Vlaardingen: H. Coebergh, 1893), 41).

assault here was a function of the sense of moral calamity generally attributed to it, and highly sexed constructions of innate impressionability and sense of shame (*pudeur*).³⁶ The early modern essence of *pudeur* was its imminent violation – ‘incurable’ ‘injury of the heart’³⁷ – a psychological riddle that required solving in the long nineteenth century. Louyer Villermay already used the expressions *susceptibilité morale*, *constitution morale*, *disposition morale*, *organisation morale* and ultimately *caractère* to account for what might set women up for becoming hysterical from thwarted love, or a man for hypochondriac reactions. Many mid-century authors nominated moral upbringing.³⁸ Where by the early 1890s the general emphasis was on disposition, Breuer, with Freud, saw conflicts related to starkly sexed ideas of moral purity (*sittlicher Reinheit*, *moralischer Reinheit*) as causing ‘the first emergence of sexual feelings and ideas’ to require repression in girls.³⁹ This seemed to definitively shift psychiatric aetiology from the vulnerable female pubertal body to the fragility of the adolescent mind. Freud’s and Breuer’s nosographic circumscriptions of ‘virgins’ anxiety’ (*virginale Angst*, *Angst der Adolescenten*) and *Pubertätshysterie* isolated the adolescent girl’s anticipation of or encounter with ‘the sexual problem’: the ‘sexual ideas and feelings which crowd in on them [*die auf sie eindringen*]’, their ‘sudden sexual enlightenment’.⁴⁰ Subsequent life crises presented new ‘traumas’ and stresses; for women: honeymoons (*Angst der Neuvermählten*⁴¹), contraception, menopause, widowhood. Freud’s early sexual theory of anxiety neurosis interestingly gave way to his seduction theory. In a 1896 footnoted corrigendum he stated that what had seemed to him ‘virgin’s anxiety’ was actually the awakening of a childhood memory apropos an initial, postpubescent encounter with ‘the sex problem’.⁴²

Where the affective habitus of Woman had translated to hysterical diathesis, something similar may be said of the onanist – the double victim of self-abuse and an original

³⁶ Evelyne Ender, *Sexing the Mind: Nineteenth-Century Fictions of Hysteria* (Ithaca: Cornell University Press, 1995), 30–43, 50–7.

³⁷ Hyacinthe le Febvre, *Traité du jugement dernier* (Paris: Denis Thierry, 1671), 57.

³⁸ ‘If one allows children to sit down a lot, to be idle, or to spend a lot of time in the company of servants or lovers, or fails to protect them from bad, erotic or lascivious reading, from bad habits, from premature coquetry, etc., they become sentimental, frivolous, in love or coquettish at a very early age and later become hysterical’: J[akob] Kafka, *Die homöopathische Therapie auf Grundlage der physiologischen Schule*, vol. 2 (Gotha: Fr. Aug. Eupel, 1869), 269.

³⁹ Breuer, *op. cit.* (note 1), 184, 216.

⁴⁰ Sigm[und] Freud, ‘Ueber die Berechtigung, von der Neurasthenie einen bestimmten Symptomencomplex als ‘Angstneurose’ abzutrennen’, *Neurologisches Centralblatt*, 14, 2 (15 January 1895), 50–66, esp. 56–7, 63, 65, 66; *op. cit.* (note 1), 226, cf. 116, 216–17.

⁴¹ The idea of nuptial psychosis (bridal insanity, wedding night psychosis; *nuptiales Irresein*, *sponsales Irresein*, *Nuptialpsychose*) saw some discussion from 1902, without reference to Freud: H[einrich] Obersteiner, ‘Über Psychosen in unmittelbarem Anschlusse an die Verheirathung (nuptiales Irresein)’, *Jahrbücher für Psychiatrie und Neurologie*, 22 (1902), 313–25; Dost, ‘Zwei Fälle von Irresein in unmittelbarem Anschlusse an die Verheirathung (nuptiales Irresein)’, *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin*, 59 (1902), 876–84; Luigi Daneo, ‘Su la così detta ‘Pazzia nuziale’, *Rassegna di studi psichiatrici*, 3 (1913), 389–97. Marriage had been doubted as a cure for hysteria on earlier occasions, even ‘to aggravate nervous conditions by reflex over-stimulation of the nervous system’: George Wythe Cook, ‘Should Marriage Be Recommended as a Remedy for Disease in Women?’, *The American Journal of Obstetrics and Diseases of Women and Children*, 28 (1892), 831–4, here 834. Agreed Conrad Heinrich Fuchs, *Lehrbuch der speciellen Nosologie und Therapie*, 2 vols (Göttingen: Dieterich, 1848), 2.3:1573.

⁴² Sigm[und] Freud, ‘Weitere Bemerkungen über die Abwehr-Neuropsychosen’, *Neurologisches Centralblatt*, 15, 10 (1896), 434–48, here 436n1.

seduction to the habit.⁴³ Masturbation's pathologisation expressed epochal moral and social anxieties, as Thomas Lacquer has laboriously argued,⁴⁴ but it was the masturbator's own anxiety that was increasingly regarded nosogenic. One encounters a projection of 'Troubles and Agonies of a wounded Conscience' already in the early eighteenth-century *Onania*.⁴⁵ Leipzig psychiatrist Carl Wunderlich ventured by 1850 that 'on the whole, the worst consequences of onanism occur only with the full awareness of immorality and the shame of that habit, even if the offense has long since ceased'.⁴⁶ Krafft-Ebing equally stressed the 'shaming and frightening [self-]awareness of the onanist': his 'affects and pangs of consciousness (remorse, shame, fear of consequences)'.⁴⁷ This aligned well with Breuer and Freud's *psychic trauma*: in December 1892 they comparably nominated 'any experience which calls up distressing affect – such as that of fright, anxiety, shame or physical pain' as causal element in hysteria.⁴⁸ Here, too, the question of trauma is actually a question of moral diathesis. Breuer, more clearly than Freud, saw masturbation as a problem only 'in an adolescent with moral sensibilities'.⁴⁹

Primary aetiological roles for especially male self-confidence in neurasthenia and hypochondria had earlier been conveyed in the notion of *impotentia psychica*⁵⁰ (the ubiquity of which Freud himself would emphasise in 1912) and the roughly coeval concepts of *syphilophobia* (a term coined in or around 1836), *sexual hypochondriasis* (circa 1852) and *hypochondrie syphilitique* (circa 1860). By the mid-1880s, *spermatophobia* (fear of seminal loss) impressed as 'an acute psycho-cerebral disease

⁴³ In the 1880s prepubescent hysteria was sporadically connected not to seduction, but to the habituated masturbation that followed it. This significance was substantively qualified in 1881 by Eduard Henoeh, and subsequently by others. K. Codell Carter, 'Infantile Hysteria and Infantile Sexuality in Late Nineteenth-Century German-Language Medical Literature', *Medical History*, 27, 2 (1983), 186–96.

⁴⁴ Thomas Walter Laqueur, *Solitary Sex: A Cultural History of Masturbation* (New York: Zone Books, 2003).

⁴⁵ [Anon.], *Onania; or, the heinous Sin of Self-Pollution, and all its Frightfull Consequences, in both Sexes, Considered . . .*, 4th edn (London: Author, n.d.), 27. The passage is plagiarised from an older tract ventilating a similar concern for the sinner's guilt: Jean Frédéric Ostervald, *The Nature of Uncleanness Consider'd: Wherein is Discours'd of the Causes and Consequences of this Sin, and the Duties of Such as are Under the Guilt of It* (London: R. Bonwicke [etc.], 1708), here 79.

⁴⁶ C.A. [Carl Reinhold August] Wunderlich, *Handbuch der Pathologie und Therapie*, 3 vols (Stuttgart: Ebner & Seubert, 1850), 1:232.

⁴⁷ Richard von Krafft-Ebing, 'Ueber Irresein durch Onanie bei Männern', *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medicin*, 31, 4 (1875), 425–40, here 426–7. Krafft-Ebing's conclusion in 1879: 'For the sexually mature, unencumbered man, masturbation may have approximately the same functional significance as the natural sexual act, but it certainly does not have this psychologically, because the former always has something embarrassing, depressing the sense of self-esteem and honour, and thus [having] the significance of a circumstantially psychogenic harmfulness [*nach Umständen psychisch wirkenden Schädlichkeit*]' (*Lehrbuch der Psychiatrie auf Klinischer Grundlage für Practische Ärzte und Studierende*, 3 vols (Stuttgart: Ferdinand Enke, 1879–80), 1:182, cf. 184).

⁴⁸ Josef Breuer and Sigmund Freud, 'Ueber den psychischen Mechanismus hysterischer Phänomene (Vorläufige Mittheilung). I', *Neurologisches Centralblatt*, 12, 1 (1893), 4–10, here 6.

⁴⁹ Breuer, *op. cit.* (note 1), 184. Freud reported encountering a 'clear typical case of organ hypochondriasis in a masturbator' in his 29 August 1894 letter to Fliess.

⁵⁰ Emil Ferdinand Vogel, 'Impotenz', in Johann Samuel Ersch and Johann Gottfried Gruber (eds), *Allgemeine Encyclopädie der Wissenschaften und Künste*, vol. 15 (Leipzig: Brockhaus, 1838), 357–65; 'Impotenz', in August Kurtzel, with Oskar Pilz (eds), *Allgemeine deutsche Real-Encyclopädie für die gebildeten Stände*, 10th edn, 15 vols. (Leipzig: Brockhaus, 1853), 8:203; [Joseph] Steinbacher, *Die männliche Impotenz und deren radikale Heilung durch ein rationell-combinirtes Naturheilverfahren* (Augsburg: J.A. Schlosser, 1863), 11–12n, 99–100. Steinbacher notably discusses 'seductions' (*Verführungen durch Andere*) and 'fear of any consequences of one's earlier sins' as factors for juvenile impotence. 'Psychic impotence' would be caused by 'sexual abuses' when affecting men's *facultas virilis*, or rather by the *idea* of such an effect, opined Leopold Löwenfeld in *Pathologie und Therapie der Neurasthenie und Hysterie* (Wiesbaden: J. F. Bergmann, 1894), 218.

belonging to the order of depressive melancholia'.⁵¹ The term was later extended to a case of a widow who, after a wet kiss by a rejected suitor, obsessed over possibly having been 'contaminated by sperm'.⁵² This was still hardly 'sexual trauma', and hysteria was ruled out. However, by the early 1890s, the once neurological calamities of self-abuse and sexual dysfunction had securely become *clinical psychological* ones, with increasing attention to *melancholia masturbatoria*,⁵³ the pathogenetic significance of masturbatory fantasy and concomitant 'cognitive associations' (*Ideenassoziationen*: Binet/Schrenck-Notzing).⁵⁴ Not surprisingly, by 1891 the compunctious child masturbator and the rape attempt victim figured as equivalent vignettes identifying *émotions morales* as proximate causes of hysteric fits.⁵⁵

In much of eighteenth- and nineteenth-century sexual aetiology, sex had been less *traumatic* to women than infectious, contagious, addictive and transfixing for both sexes. Post-1850s clinical interest in homosexuality and perversion converged on congeniality and degeneration; but from the late 1880s psychological approaches gained ground.⁵⁶ This revitalised an additional major area of nineteenth-century pathogenic considerations of sexual experience. Sexual victims emerged with increasing frequency in the case descriptions of their offenders; at the same time, deviates and offenders were figured as themselves potential victims of 'seduction' and chance experience, specifically of 'acquired pederasty' (from 1884–6, by Benjamin Tarnowsky) and of fetishistic fixation (from 1887–8, by Alfred Binet).⁵⁷ By the mid-1890s Viennese discussions of the harm (*Schädlichkeit*) of sexual experiences, such as Breuer's in 1895, were more likely than not to refer to 'homosexual seduction'.⁵⁸ In 1887 Binet considered all perversion to result from 'an accident acting on a predisposed subject': 'an external circumstance, an

⁵¹ E.P. Hurd, 'Syphilophobia and Spermatophobia', *The Medical Age* [Detroit], 7, 11 (10 June 1889), 244–6, here 245. The term appears earlier, in O[ctave] Guelliot, 'Spermatorrhée et cyanospermie', *Annales des maladies des organes génito-urinaires*, [4] (1886), 294–305, at 295.

⁵² E[douard] Gélinau, *Des Peurs maladives ou phobies* (Paris: Société d'éditions scientifiques, 1894), 128, 139–48.

⁵³ 'The patient comes to the conviction that people infer his vice from his appearance and despise him for it': Krafft-Ebing, *Lehrbuch der Psychiatrie*, 2 vols, 2nd edn (Stuttgart: Ferdinand Enke, 1883), 2:41. The phenomenon had been highlighted on earlier occasions, such as by R. Leubuscher, 'Grundzüge zur Pathologie der psychischen Krankheiten, erläutert an Krankengeschichten', [Virchow's] *Archiv für pathologische Anatomie und Physiologie und für klinische Medizin*, 2 (1849), 38–142, see 111–18.

⁵⁴ Albert von Schrenck-Notzing, *Die Suggestions-Therapie: Bei krankhaften Erscheinungen des Geschlechtssinnes mit Berücksichtigung der conträren Sexualempfindung* (Stuttgart: Enke, 1892), 3, 169, 189.

⁵⁵ 'Marie A . . . was about to take her first communion. She had hidden from her confessor her masturbation habits. In the midst of a sermon in which the preacher spoke vehemently of the torments of hell, she was terrified by the memory of her sins, lost consciousness, and had her first convulsive attack in the church itself': Albert Pitres, *L'Hystérie et l'hypnotisme*. 2 vols (Paris: Doin, 1891), 1:26, 27.

⁵⁶ Henri F. Ellenberger, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (New York: Basic Books, 1970), 299–300. Harry Oosterhuis, *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity* (Chicago: University of Chicago Press, 2000), 51–3, 59 *et passim*.

⁵⁷ B[enjamin] Tarnowsky, *Die krankhaften Erscheinungen des Geschlechtssinnes* (Berlin: Hirschwald, 1886), 63–72. The German expression (*erworbene Päderastie*) appears first in reviews of Tarnowsky's Russian work (*Neurologisches Centralblatt*, 3, 6 [15 March 1885], 142–3) and an advance review of the translation (*Wiener medizinische Presse*, 26, 51 [20 December 1885], 1621–3). See further Benjamin Kahan, *The Book of Minor Perverts: Sexology, Etiology, and the Emergences of Sexuality* (Chicago: University of Chicago Press, 2019).

⁵⁸ One finds the epidemiological parlance of 'seduction' (*Verführung*) and 'moral contagion' (*moralisches Contagium*) used in various denotations in work by Albert von Schrenck-Notzing (*op. cit.* (note 54), *passim*) and Moll: *Die conträre Sexualempfindung* (Berlin: Fischer, 1891), 165–7 *et passim*.

accidental event, doubtless forgotten'.⁵⁹ The gesture clearly spoke to the later intrigue of 'sexual trauma'. Schrenck-Notzing traced one 'neuropathically predisposed' man's homosexuality, after 'repeated careful questioning', back to the man's having had his ears boxed, at age 4–5, for glancing at his father's penis during urination.⁶⁰ This rendered his 'undifferentiated sexual feeling . . . pathological and inverted'. Freud himself considered 'the character of [infantile] sexual scenes' and 'accidental circumstances' as capable of '[fixating] neurotic attention' in anticipation of hysteria.⁶¹ He also likened seduction to 'a handing-on, an infection [Infection] in childhood', with tuberculosis and smallpox as analogies.⁶² These established pathogenic mechanisms troubled the fledging concept of *Sexualtrauma* as well as Freud's self-analytic belabouring of the nursemaid scenario: in abused boys at least, libido was 'prematurely awakened' as well as fixated by precocious experience, turning the critical issue of childhood 'sexual passivity' into the more problematic one of targeted activity and pleasure.⁶³ Where in 6 December 1896 and 24 January 1897 letters to Fliess, Freud's famously brought hysteria and 'perversion' (unspecified) together as 'negatives' tied equally to 'premature sexual experiences', then, this was only one attempt among many in the 1890s to bring together trauma theory and sexual theory. To name just two, Féré similarly wrestled with 'moral shock' as a factor in the genesis of sexual inversion and perversion; he considered an abnormal impressionability a critical element.⁶⁴ In 1895, Havelock Ellis reported three cases of sexual inversion where a history of 'disappointment in normal love which, acting upon a predisposed organism, produced a profound nervous and emotional shock. In four [other cases] there was seduction by an older person, though in two of these there was already a well-marked predisposition'.⁶⁵ 'Shock', then, spoke widely to mid-1890s sexual theory.

Corruption

Féré and Freud reinscribed a common concept of disrupted sexual quietude. Repercussions of untimely sex from the early modern period onward had been captured in internationally shared juridical terms, projected upon victims, of *moral injury*, *corruption of the mind* or *moral corruption* (Fr: *corruption des mœurs*, *corruption morale*) and *demoralization*.⁶⁶ During the nineteenth century the concomitant psychological stakes were variably conveyed in such abstractions as *mental purity* (*Seelenreinheit*), *sexual innocence*

⁵⁹ Alfred Binet, 'Le fétichisme dans l'amour', *Revue philosophique de la France et de l'étranger*, 24 (1887), 143–67+252–74, here 166, 165.

⁶⁰ Schrenck-Notzing, *op. cit.* (note 54), 288–9.

⁶¹ Freud, *op. cit.* (note 14), 450.

⁶² *Ibid.*, 432.

⁶³ Freud, *op. cit.* (note 42), 435–6. The question of girls' 'presexuality' was a matter of minor dispute. Commenting on the notion of a period of 'sexual undifferentiatedness' extending into puberty, proposed by Max Dessoir in 1892 and in a full 1894 article, Albert Eulenburg objected that it amounted to 'a view which can hardly be maintained from the point of view of practical experience, since, especially in girls, the heterosexual feeling often clearly emerges at a very early age': Albert Eulenburg, *Sexuale Neuropathie: genitale Neurosen und Neuropsychosen der Männer und Frauen* (Leipzig: F.C.W. Vogel, 1895), 134–5, here 134. See also Eulenburg's review of Dessoir in *Deutsche medizinische Wochenschrift*, 20, 5 (2 August 1894), 35.

⁶⁴ Ch[arles] Féré, 'La prédisposition et les agents provocateurs dans l'étiologie des perversions sexuelles', *Revue de médecine*, 18 (December, 1898), 925–50.

⁶⁵ Havelock Ellis, 'Sexual Inversion: With an Analysis of Thirty-Three New Cases', *The Medico-Legal Journal*, 13 (1895), 255–67, here 258.

⁶⁶ For example, Alfred Swaine Taylor, *Medical Jurisprudence* (Philadelphia: Lea & Blanchard, 1845), 458–63; Seneca Egbert, 'Medical jurisprudence', in Charles Kendall Adams (ed.-in-chief), *Johnson's Universal Cyclopaedia: A New Edition*, vol. 4 (New York: A.J. Johnson Co., 1895), 845–9, see 848.

(*geschlechtliche Unverdorbenheit, geschlechtliche Reinheit, geschlechtliche Unbeflecktheit*) or *moral integrity (moralische Integrität, sittliche Unversehrtheit, Unbescholtenheit)*.⁶⁷ Cited terms provided a sufficient and durable lexicon for compassion in the helping professions. A legal textbook of 1848 illustratively tied women's experience of rape to 'destruction of female honour, of the proud feeling of a respectable girl never to have served a man for extramarital satisfaction of sexual desire', and children's experience of *Unzucht* (abuse, assault) to the 'moral depravity' (*moralische Verworfenheit*) of their being 'morally corrupted' (*sittlich verdorben*).⁶⁸ One district physician wrote apropos a forensic examination in 1860: 'The harm the child had suffered was not only physical but also moral. Although there was a prospect of eradicating the syphilis of the lamentable child, we had to question whether the psychic, demoralising influence on the later life of the child would not be far more serious, though currently unpredictable. At the tender age of eight, the girl had already been deprived of her innocence and so prematurely initiated to the secrets of sex life.'⁶⁹ Heavily connoted in 'corruption' was less the implied 'premature excitement of the sex instinct'⁷⁰ than its projected social and physical corollaries. A school teacher taking advantage of multiple underage girls had 'instructed them in immorality, prematurely excited their sensuality, morally corrupted them';⁷¹ a man sodomising young boys had 'poisoned [their] mental and physical health' by implanting in them the habit to masturbate, which would have led to multiple deaths.⁷²

Sittliche Corruption, with connotations of promiscuity and prostitution, long remained the primary qualification of 'seduced' children by medical men. By the 1900s, world-leading sexologists such as Moll, Iwan Bloch and Leopold Löwenfeld, as well as leading criminologists such as Erich Wulffen and Friedrich Leppmann, all identified the plight of the sexually abused child in general terms of moral corruption and psychosexual precocity, if also in updated terms of homosexualization (*Invertierung*) and perverse fixation. Interest in mental coping remained heavily framed by forensic interests in establishing evidence, with immediate reactions, where relevant, considered to speak to the legal question of

⁶⁷ Karl Gustav Kärcher, *Die Lehre von der Erkenntniss der Strafbarkeit*, vol. 2, Pt. 1 (Erlangen: Enke, 1858), 78; [Anon.], 'Die Fleischesverbrechen und Sittlichkeitsverletzungen nach den neuen Bayer. Gesetzbüchern', *Zeitschrift für Gesetzgebung und Rechtspflege des Königreichs Bayern*, 9 (1862), 219–58, 427–75, 618–99, see 247; W.E. [Wilhelm Emil] Wahlberg, *Criminalistische und nationalökonomische Gesichtspunkte mit Rücksicht auf das deutsche Reichsstrafrecht* (Vienna: Gerold, 1872), 26.

⁶⁸ C.F.W.J. [Carl Franz Wolff Jérôme] Haeberlin, *Grundsätze des Criminalrechts nach den neuen deutschen Strafgesetzbüchern*, 3 vols (Leipzig: Friedrich Fleischer, 1848), 3:273. Forensic examination, however, 'often [has] more damaging consequences for the moral sense of abused children than the crime itself' (276).

⁶⁹ Pfaff, 'Bericht über die vom 1. Oktober 1858 bis 30. September 1859 vorgenommenen gerichtsarztlichen Untersuchungen', *Zeitschrift für die Staatsarzneikunde*, 79 (1860), 428–50, here 449. Comparably: 'In this way [sexual touching] unclean ideas, feelings, desires are aroused and awakened in the soul of the child, which for a long time should sleep in her for her blessing, and which, so awakened prematurely, may become the cause of her decline [Verfall] for a lifetime. Such an act, undertaken by a libertine on an innocent child, is like the worm which attacks the young fruit and, unless circumstances are very favorable, undoubtedly destroys it.' 'Die Betastung der Geschlechtstheile von Kindern zur Befriedigung der Lüste ist im Sinne des §128 St. P.O. geschlechtlicher Missbrauch', *Allgemeine österreichische Gerichts-Zeitung* (N.F.), 12, 27 (1875), 110–12, here 111.

⁷⁰ [Ludwig Friedrich Oskar] Schwarze, 'Verbrechen und Vergehen gegen die Sittlichkeit', in *Handbuch des Deutschen Strafrechts*, vol. 3 (Berlin: Carl Habel, 1874), 287–325, here 304. The author added: 'In children a complete ignorance of the significance of the [sexual] [mis]treatment, and a complete lack of influence on the mind of the child, will often show itself' (304).

⁷¹ [Otto] Zentgraf, 'Der Schullehrer Johannes W... von L..., als Verführer zur Unzucht', *Annalen der deutschen und ausländischen Criminal-Rechts-Pflege*, 79 (1852), 12–27, here 24.

⁷² [Anon.], 'Das Verbrechen der Sodomie', *Schleswig-Holsteinische Anzeigen*, N.F. (26 February–5 March 1855), 60–1, 68–72, here 70.

consent.⁷³ Where in 1858, leading forensic expert and paediatrician Johann Ludwig Casper (1796–1864) extended what he called *psychologische Diagnose* from offenders to victims, he hardly described its scope.⁷⁴ The driving concern was to detect cases in which malicious caretakers set the child up for false allegations serving extortion purposes; a ‘truly innocent, pure child’ would behave differently, such children being ‘extremely reserved in their answers’ and found to use a different sexual vocabulary. This would inform the caretaker’s and child’s credibility, not the latter’s psychological coping.

French attention to underage sexual abuse notably did not follow Casper’s lead. Eighteenth-century forensic medicine had offered an etiological-anatomical distinction between *physical* and *moral virginity* (*physicalisch/physische* vs. *moralische Jungfrauschaft*).⁷⁵ To Paul Bernard (1828–86) among other forensic experts, the latter concept assumed a psychodiagnostic rather than anatomical valence (demonstrating ‘chastity’), however a discounted one: ‘Examination of *moral virginity* [*virginité morale*, ie. of the child victim of sexual attacks] is not of great importance to the physician. Casper attaches some value to what he calls the *psychological diagnosis*. After what we have said about simulation in vicious children, we understand that this diagnosis, in many cases, is absolutely illusory.’⁷⁶ The child was too cunning to be taken seriously in psychological terms, and if at all, still largely in terms of witness credibility, not mental wellbeing. Paul Brouardel (1837–1906), under whom Freud studied in the mid-1880s, speaks comparably of ‘moral defloration’ (*défloration morale*), which he suggests must be taken as seriously as physical defloration.⁷⁷ It was a juxtaposition that had been made on several earlier medical occasions;⁷⁸ however, Brouardel hardly psychologised the offender, less still the victim. ‘[He] often joked that the number of individuals who became hysterical or epileptic because they had seen a goat was considerable. This fact is true, but it is certain that the goat is only the drop of water that makes the vase overflow (and I do not know why). It is the same for indecent assaults.’⁷⁹ In his dying year he held on to this scepticism, leading

⁷³ Loetz, *op. cit.* (note 3), 87, 201–2. One example is Sachau, ‘Versuch der Nothzucht wider ein sechzehnjähriges Mädchen’, *Blätter für gerichtliche Anthropologie*, 2, 4 (1851), 33–56.

⁷⁴ Johann Ludwig Casper, *Practisches Handbuch der gerichtlichen Medicin*, 2 vols (Berlin: August Hirschwald, 1858), [1] [Biologischer Theil]:137–8, cf. 472–3; in translation: *A Handbook of the Practice of Forensic Medicine*, 4 vols (London: New Sydenham Society, 1861–5), 3 (1864):289; Casper, *Klinische Novellen zur gerichtlichen Medicin* (Berlin: August Hirschwald, 1863), 13–14.

⁷⁵ The distinction appears in Johann Gottlieb Walter, *Betrachtungen über die Geburths-Theile des weiblichen Geschlechts* (Berlin: Voß, 1776), 6–8. Cf., eg., Christian Gottfried Flittner, *Zeichen und Wehrt der unverletzten Jungferschaft nach Nationalbegriffen, Physiologie u. Moral* (Berlin: Oehmigke, 1793), 179–88; Devergie, *Médecine légale, théorique et pratique*, 3 vols (Brussels: Dumont, 1837), 1:346; Casper, *Practisches Handbuch, op. cit.* (note 74), 2:122. Earlier works distinguished *Leibes-Keuschheit* from *Keuschheit des Gemüths oder der Seele* (*Gründliche Auszüge aus juristisch- und historischen Disputationibus, welche auf den hohen Schulen sonderlich in Deutschland gehalten worden*, Pt. 3 (Leipzig: Gabriel Trogen, 1737), 187).

⁷⁶ Paul Bernard, *Des Attentats à la pudeur sur les petites filles* (Paris: Octave Doin, 1886), 127–8. ital. in orig.; cf. Casper, *op. cit.* (note 74), 1:122.

⁷⁷ [Paul] Brouardel, ‘Viol et attentat à la pudeur: définition; statistique, étude de la victime et du coupable en général’, *La Lancette française. Gazette des hôpitaux civils et militaires*, 60, 96 (9 August 1887), 785–7, here 785. Repr. in *Revue de thérapeutique médico-chirurgicale*, 54, 16 (15 August 1887), 421–9 (here 423), and in *Gazette de gynécologie* [Paris], 3, nos. 43+44 (1888), 1–7+17–22 (here 4).

⁷⁸ Martin, ‘Médecine légale. Considérations médico-légales sur la membrane hymen’, *L’abeille médicale*, 20, 31 (3 August 1863), 243–6.

⁷⁹ [Paul] Brouardel, ‘Accidents consécutifs au viol. Un homme seul peut-il violer une femme qui résiste? Une femme peut-elle être violée sans le savoir, notamment dans le sommeil magnétique’, *La Lancette française. Gazette des hôpitaux civils et militaires*, 60, 128 (26 October 1887), 1069–70, here 1069.

him to presume symptoms encountered in offence victims to be pre-existent.⁸⁰ He also denied any specificity to physical or behavioural corollaries in long-term child victims.

Psychic Perturbation

In nineteenth-century law pertinent to German-speaking regions, moral offences were captured in evocative medico-juridical metaphors of violated boundaries and sensibilities: *Schändung* ('violation'), *Schamverletzung* (*Attentate auf das Schamgefühl, Angriffe auf die Scham/Schamhaftigkeit, Verletzung des Schamgefühls, Schamattentat*), *Sittenverletzung/Sittlichkeitsverletzung* and *Gefühlsverletzung* (compare the more general notion of law violation, *Gesetzesverletzung*).⁸¹ These legal terms often referred to public decency but recall ancient Roman law, which declared as *injuria* (insult, invasion of another's rights) any attempt against the chastity of male youths still wearing the praetexta, or a respectable woman or young girls. Of sporadic eighteenth-century attestation and usually connected to rape, the synonymic terms *Geschlechtsehre* (sexual honour) and *weibliche Ehre* (female honour) received substantive definition as an object of legal protection (*Rechtsgut*) in nineteenth-century legal medicine. As Francisca Loetz has extensively sketched, these durable legal concepts of injury communicated legal and social entitlements coterminous with gendered citizenship: virtue, honour, shamefacedness, 'name'.⁸² Their nineteenth-century psychologisation was a cardinal but protracted and problematic process.⁸³ Punishable acts were denounced in terms of 'ruin' or 'defilement' that was 'moral and physical' only in the most formulaic sense.

Nineteenth-century English and American legal terms were *carnal abuse* (*carnal knowledge*) and *carnal ravishment*, terms old enough to require extensive legal exegesis,⁸⁴ but typically no reference to victim impact. To *ravish* a woman was 'to violate a person's chastity by force', with *chastity* commonly considered (here apropos a discussion of Lucretia) 'seated in the heart of mind and not in the body'.⁸⁵ A quote by English Judge Sir Michael Foster (1689–1763) was widely cited in nineteenth-century legal medicine to characterise this injury: 'A Woman in Defence of her Chastity may lawfully kill a Person attempting to commit a Rape upon her. The Injury intended can never be repaired or forgotten. And Nature to render the Sex amiable hath implanted in the Female Heart a quick Sense of Honour, the Pride of Virtue, which kindleth and enflameth at every such Instance of brutal Lust.'⁸⁶ Shame and modesty were the defining characteristics of eighteenth- and nineteenth-century postpubescent womanhood: their compromise carried

⁸⁰ [Paul] Brouardel, 'Viol & violences', *La Lancette française. Gazette des hôpitaux civils et militaires*, 79, 21 (20 February 1906), 243–4; repr.: *La Semaine gynécologique*, 11, 10 (6 March 1906), 85–6; Brouardel, 'Le viol', *Annales d'hygiène publique et de médecine légale* (Ser. 4), 7 (1907), 198–261, esp. 220–1.

⁸¹ On *Gefühlsverletzung* see Sarah L. Leonard, *Fragile Minds and Vulnerable Souls: The Matter of Obscenity in Nineteenth-Century Germany* (Philadelphia: University of Pennsylvania Press, 2015), 176–8.

⁸² Loetz, *op. cit.* (note 3).

⁸³ In 1899 Havelock Ellis was unable to find 'that the subject of modesty has been treated in any comprehensive way by psychologists' ('The Evolution of Modesty', *Psychological Review* 6, 2 [1899], 134–45, here 134). Not cited by Ellis is Andrea Grimaldi, 'Il Pudore. Studio fisio-patologico e sociale', *Il manicomio moderno. Giornale di psichiatria*, 4, 1 (1888), 57–80+5, 1 (1889), 43–92+14, 1 (1898), 102–26.

⁸⁴ For example, Joel Prentiss Bishop, *Commentaries on the Law of Statutory Crimes* (Boston: Little, Brown, 1873), 317–26.

⁸⁵ Pierre Bayle, *A General Dictionary, Historical and Critical*, vol. 7 (London: James Bettenham, 1738), 215n.

⁸⁶ Michael Foster, *A Report of Some Proceedings on the Commission of Oyer and Terminer and Goal Delivery for the Trial of the Rebels in the Year 1746 in the County of Surry* (Dublin: Sarah Cotter, 1767), 247.

the rhetorical weight of social annihilation.⁸⁷ An early account of a sixteen-year-old girl's hysterical reaction to paternal rape, by Esquirol, was thus appropriately featured in an article on suicide.⁸⁸ In 1835, Devergie, too, only briefly noted the worst of rape outcomes but was sure to address its psychological dimensions: 'Death can be the consequence of rape. It is then due to a syncope that comes from the shame and horror that can be experienced by a woman while she is being raped. This is what has been observed frequently during wars, when several soldiers engaged in an unbridled debauchery have abused, one after the other, a woman until she succumbed under the influence of their horrible brutality.'⁸⁹ By 1857 Tardieu briefly connected rape more generally to *psychic disturbance* (perturbation morale): 'various nervous disorders, such as syncope, delirium, convulsions, or acute and violent fever, a feeling of weariness and fatigue often accompanied by tearing chest pains. . . . Rape is sometimes the starting point of a hysterical affection, [his textbook added: *chorea*] and, more rarely, of epilepsy. . . . The shame, the fear of dishonour, have driven the victims of rape more than once to suicide.'⁹⁰ Young victims were thought (by Tardieu and others, even Freud) subject to precocious puberty, and physical wasting.⁹¹ This short passage, otherwise focusing mostly on somatic symptoms, remained unrevised into the sixth, 1878, edition of Tardieu's textbook. By this time, the immediate reaction of *syncope* was still often cited as the only psychological reaction of immediate medico-legal pertinence in the English literature: it 'would no doubt favour the designs of the seducer'.⁹²

Pudeur blessée (injured sense of shame) would explain four of 596 female cases of mental alienation seen between 1838 and 1843 at the Saint-Yon mental asylum (acute

⁸⁷ 'If the girl has lost her maidenly innocence, she has lost everything. . . . In the eyes of the majority she is always ambiguous . . . at most a morally dead creature': J.F. [Julius] von Soden, *Geist der deutschen Criminal-Geseze*, 2 vols (Dessau: Buchh. der Gelehrten, 1782–3), 1:103.

⁸⁸ [Jean-Étienne Dominique] Esquirol, 'Suicide', *Dictionnaire des sciences médicales*, vol. 53 (Paris: C.L.F. Panchouch, 1812), 213–83, see 219–20; Esquirol, *Des Maladies mentales considérées sous les rapports médical, hygiénique et médico-légal*, 3 vols (Paris: J.-B. Baillière, 1838), 1:538–9. Esquirol also 'saw some young girls who, having been raped, lost their reason; shame and mortification were the true cause of their illness. I attended to a lady who experienced a bout of mania on the first night of her wedding; her modesty had revolted against the necessity of sleeping with a man. A very nervous young woman was so painfully affected by the first approaches of her husband that her reason was immediately alienated' (1:69).

⁸⁹ A.D. [Marie Guillaume Alphonse Devergie], 'Suite de l'histoire du viol', *Journal de médecine et de chirurgie pratiques*, 40 (November, 1835), 103–5; Devergie, *op. cit.* (note 75), 1:141–2.

⁹⁰ [Auguste] Ambroise Tardieu, 'Étude médico-légale sur les attentats aux mœurs cont'd', *Annales d'hygiène publique et de médecine légale* (Ser. 2), 8 (1857), 133–208, here 167; Tardieu, *Étude médico-légale sur les attentats aux mœurs*, 2nd edn (Paris: J.-B. Baillière et fils, 1858), 39–40, tr. *Die Vergehen gegen die Sittlichkeit in staatsärztlicher Beziehung*, trans. Wilhelm Theile (Weimar: Voigt, 1860), 37. Passage quoted in 'Nothzucht; Verbrechen gegen die Sittlichkeit', in L. Gottlieb Kraus and W. Pichler (eds), *Encyclopädisches Wörterbuch der Staatsarzneikunde: nach dem heutigen Standpunkte der Wissenschaft*, vol. 3 (Stuttgart: Ferdinand Enke, 1877), 383–409, esp. 391; and heavily relied on in A[rmund B.] Paulier and F[rédéric] Hétet, *Traité élémentaire de médecine légale, de jurisprudence médicale, et de toxicologie* (Paris: Octave Doin, 1881), 589.

⁹¹ Tardieu, 'Étude médico-légale', *ibid.*, 159; Sigmund A.J. Schneider, 'Bericht über die Leistungen in der gerichtlichen Medicin', *Canstatt's Jahresbericht über die Fortschritte der gesammten Medicin in allen Ländern* (1858), 1–32, see 20; L.H.S., 'On a Very Important Characteristic Sign in the Medico-Legal History of Attempts at Rape. From the French of Dr. Legrand du Saulle', *The American Medical Monthly*, 12 (July, 1859), 51–3; Freud, *op. cit.* (note 14), 433. The same effect was widely attributed to premature sexual activity per se, such as by J[oseph Ritter] von Maschka, 'Zeichen der Jungfrauschaft und gesetzwidrige Befriedigung des Geschlechtstriebes', in Maschka (ed.), *Handbuch der gerichtlichen Medicin*, 4 vols (Tübingen: H. Laupp, 1881–2), 3:87–192, see 88.

⁹² W[illiam] Bathurst Woodman and Charles Meymott Tidy, *A Handy-book of Forensic Medicine and Toxicology* (New York: J. & A. Churchill, 1877), 740; Tidy, *Legal Medicine*, 3 vols (London: William Wood & Co., 1884), 3:120, 134.

fright explained twenty-seven).⁹³ It would explain sixty-nine out of 10 357 cases of madness (*folie*) counted in 1866.⁹⁴ In similar dubious reports, rape may have been commonly subsumed under ‘acute fright’, by far the most commonly cited of determining ‘psychic’ causes of mental illness, especially (after Tissot and Esquirol) ‘epilepsy’.⁹⁵ There was, in any case, a well-established basis for rape as one predisposing cause for ‘hystero-epileptic’ events before mid-century. Rape contributed eleven of 444 ‘epilepsy’ cases explained by *causes morales* (out of a 529 grand total) counted in 1854.⁹⁶ The link with hysteria proved increasingly precarious. Hysterical patients were held to be at increased risk for rape; hypnotic treatment presented one well-discussed risk for abuse. In cases of ‘hysterical insanity’ or ‘hysterical hallucinosis’ (*hysterische Hallucinosen*), moreover, rape was named an established delusional or fictitious motif.⁹⁷ Briquet counted only two pertinent cases of rape among hysterics (of a 591 total); placed, however, in a miscellaneous group of rare determining causes.⁹⁸

Discussions of actual cases are not many. Defending an emotional hypothesis of hysteria, chair of the medical clinic at the Hôtel-Dieu de Paris, Auguste-François Chomel (1788–1858) connected one patient’s hysteria to rape, and another’s to being ‘railed by a mad dog’; to ‘a moral cause, a great fright which has violently shaken her nervous system’.⁹⁹ An unnamed author in 1837 noted: ‘The determining cause of catalepsy we observed in a young girl was an attempt at rape. The first bout came immediately, and the mere memory of this violence sufficed to bring it back.’¹⁰⁰ Paediatrician Eugène Bouchut recalled that in 1849, an eleven-year-old girl was brought in paralysed in tongue and limbs after an attempted rape by a peasant, far from Paris.¹⁰¹ Money was raised to get her to Paris, where she soon recovered spontaneously, demonstrating the power of imagination:

⁹³ ‘De la prédominance des causes morales dans la génération de la folie’, *Annales médico-psychologiques*, 2 (1843), 358–71; cf. M[aximien] Parchappe, *Recherches statistiques sur les causes de l’aliénation mentale* (Rouen: D. Brière, 1839), 6.

⁹⁴ ‘Statistique de la folie’, *Revue spirite: journal d’études psychologiques*, 9 (1866), 205–12.

⁹⁵ [Samuel Auguste David] Tissot, *Traité de l’épilepsie* (Lausanne: Antoine Chapuis, 1770), 45–6 (he also saw ‘two women in whom sorrow over unhappy marriages led to this disease’).

⁹⁶ J. Moreau (de Tours), ‘De l’étiologie de l’épilepsie, et des indications que l’étude des causes peut fournir pour le traitement de cette maladie’, *Mémoires de l’Académie de médecine*, 18 (1854), 1–175, at 110. Nine (of 142 *causes morales*) were counted by Louis-Florentin Calmeil at the Salpêtrière.

⁹⁷ For example, v. [Richard von] Krafft-Ebing, ‘Die Zurechnungsfähigkeit der Hysterischen’, *Friedreich’s Blätter für gerichtliche Medizin und Sanitätspolizei* 23 (1872), 1–15; Krafft-Ebing, ‘Ueber fälschliche Beschuldigungen Geisteskranker vor Gericht gegen die eigene Person und gegen Andere’, *Vierteljahrsschrift für gerichtliche Medizin und öffentliches Sanitätswesen* (N.F.), 19 (1873), 299–306, see 303–4.

⁹⁸ ‘[. . .] birth was the determining cause in 7 hysterics, pregnancy in 6, menarche in 5, haemorrhage and bleeding in 6, rape in 2, abuse of coitus in 2, magnetization in 2, habit changes in 2, cauterization of a chancre in 1, and contusion in epigastrio in 1’: Briquet, *op. cit.* (note 20), 167, 171, 184–6.

⁹⁹ [Auguste-François] Chomel, ‘Hystérie; accès intenses et rapprochés [. . .]’, *La Lancette française. Gazette des hôpitaux civils et militaires*, 8, 16 (1834), 62–3; Chomel, ‘Hystérie compliquée d’accidents épileptiformes. Réflexions sur l’influence des rapports sexuels sur l’hystérie’, *La Lancette française. Gazette des hôpitaux civils et militaires*, (2nd ser.) 5, 23 (1843), 89–90, here 90. Repr. in *Annales médico-psychologiques*, 2 (1843), 105–9. An abstract of the first article appeared in *London Medical and Surgical Journal*, 5, 108 (1834), 127.

¹⁰⁰ ‘Catalepsie’, in Louis de La Berge and Édouard Monneret (eds), *Compendium de médecine pratique*, vol. 1 (Brussels: Établissement encyclographique, 1837), 98–106, here 103.

¹⁰¹ E[ugène] Bouchut, *Histoire de la médecine et des doctrines médicales leçons faites à l’École pratique de la Faculté de Médecine en 1862, 1863 et 1864* (Paris: Germer Baillière, 1864), 77. Passage translated as ‘The Imagination in the Production of Disease’, *The American Journal of Insanity*, 21 (January, 1865), 390–401. The ‘attempt’ became ‘an indecent assault and rape’ in a later narration: Bouchut, ‘De l’influence des impressions morales sur la production et sur la guérison de certaines paralysies’, *La Lancette française. Gazette des hôpitaux civils et militaires*, 50, 41 (10 April 1877), 322–3.

she ‘had the immense advantage of possessing unlimited confidence’ in the Parisian doctor. Swiss epileptologist Herpin described one case (out of sixty-eight) where ‘the onset of epileptic attacks closely followed’ a sexual attack.¹⁰² Bénédict Morel just briefly mentioned two cases of ‘melancholy, with alternation of stupor and maniacal agitation’ he attributed to sexual assault.¹⁰³ An 1866 article briefly mentioned convulsions and ‘mental disorder’ followed by a suicide attempt after an attempted rape by a girl’s father.¹⁰⁴ In 1871 Eulenburg discussed one case of tonic seizure after sexual assault in a nineteen-year-old girl.¹⁰⁵ In a twelve-year-old girl presenting with seizure with hysterical fits, reported in 1875, symptoms were held to be ‘directly attributable to the rape committed upon her’ by a boy.¹⁰⁶ After a rape attempt, another twelve-year-old girl reported in 1890 ‘became extremely depressed, listless, pale and weak, lost appetite and sleep, and began to complain of giddiness, cardiac palpitation, and general malaise’ (the reason for consultation was a putatively consequent skin disease).¹⁰⁷

These scattered accounts remain descriptive, if anything held to be characteristic only to the wider etiological significance of terror. Some cases remained doubtful even where rape is explicitly acknowledged as a possible cause. In 1891, Halle *Nervenarzt* Alt illustratively noted, apropos a case of an hysterical seventeen-year-old girl, that ‘as experience learns, sexual factors [*Sexualia*] of the most varied kind, but in particular (successful or unsuccessful) sexual assaults [*sexuelle Attaquen*] play a very prominent role in sudden-onset, severe forms of hysteria’.¹⁰⁸ Digital exploration suggested that ‘there has been some sexual abuse [*sexueller Missbrauch*] here – whether with or without the patient’s consent, can at present not be decided’. The patient furthermore had a worm infection – maybe this presented an etiological moment.

Victoria Bates found that from 1879 onward witness and expert testimonies in sex offence contexts in England evidence the deployment of concepts such as *nervous shock* and *nervous depression*.¹⁰⁹ Cited terms seek a semantic kinship with the coeval trope of *psychical shock*; at the same time, they more faithfully echoed characterisations of ‘premature’ sexual excitation by well-read authors like William Acton. English forensic medicine offered very little substantive reflection. Early literature had associated rape with the dramatic outcome of *acute dementia*. One woman depicted in 1840 suffered from ‘acute dementia . . . it is said, by having been violated’.¹¹⁰ Bucknill and Tuke mentioned

¹⁰² Théodore Herpin, *Du pronostic et du traitement curatif de l'épilepsie* (Paris: J.-B. Baillière, 1852), 250–5. 350.

¹⁰³ B.A. [Bénédict Augustin] Morel, *Traité des maladies mentales* (Paris: Victor Masson, 1860), 234. One of these may be noted in Morel, ‘D’une forme de délire, suite d’une surexcitation nerveuse se rattachant a une variété non encore décrite d’épilepsie; Epilepsie larvée [cont’d]’, *Gazette hebdomadaire de médecine et de chirurgie*, 7 (1860), 836–44, see 839n.

¹⁰⁴ [René] Semelaigne, ‘Considérations diagnostiques sur les diverses espèces de suicide [cont’d]’, *Journal de médecine mentale*, 6 (1866), 69–79 here 76.

¹⁰⁵ Albert Eulenburg, *Lehrbuch der functionellen Nervenkrankheiten auf physiologischer Basis* (Berlin: August Hirschwald, 1871), 697–8.

¹⁰⁶ Modeen Sheriff, ‘Extract from the Annual Report of Outpatients for the Year 1871 [cont’d]. IV. Medico-Legal Cases’, *The Medical Times and Gazette* [London], 1 (10 April 1875), 388–9, here 389.

¹⁰⁷ ‘Mental Shock as a Cause of Morbus Maculosus Werlhofii: Dr. K.I. Bobritzky (*Russkaia Meditzina*, No. 16, 1890, p. 245)’, *The British Journal of Dermatology and Syphilis*, 2 (1890), 325.

¹⁰⁸ [Konrad] Alt, ‘Zwei Fälle von Hysterie’, *Münchener medizinische Wochenschrift*, 38, 14 (7 April 1891), 253–4.

¹⁰⁹ Bates, *op. cit.* (note 3), 145–6.

¹¹⁰ Alexander Morison, *The Physiognomy of Mental Diseases* (London: Author, 1840), 196–7.

a seventeen-year-old woman who, after a rape, never spoke a word again and became 'completely demented'; an autopsy revealed 'a somewhat softened state of one portion' of the brain, 'probably of recent date'.¹¹¹ This striking image of *primary* or *acute dementia* was cited by a number of mid-1890s authors, who seemingly had few other reference points.¹¹² More specific accounts by this time drew strictly from Tardieu.¹¹³ In British literature of the late nineteenth century, rather, symptoms of adverse sexual experiences were often considered gynaecological in nature. 'Mental shock', often linked to sexuality, was generally thought to result in amenorrhea or menorrhagia.¹¹⁴ Occasional etiological inferences about mental shock in relation to hysteria foregrounded ovarian function, and tended to concentrate on casualties of love rather than rape. These, then, would not lead to psychic pain but to aggravated menstrual discomfort. One textbook states of *hysterical dysmenorrhea*:

When . . . the cause can be traced to mental shock – and that kind of mental shock is the most distressing sexually that arises from the sudden disruption or perversion of sexual affection, from disappointment in love, or the death or absence of the lover – the symptoms become more centric, more concentrated in the sexual organs, and the dysmenorrhea is more intense. For in such cases the ovaries have to a certain extent responded to impressions which are associated with, or dependent upon, their natural function: the cherishing of these impressions has tended towards their growth and activity, and it stands to reason that any mental blow which the discriminating brain transmits to that part of the organism in direct nervous and sentient relation with those manifestations of the mental state which we call affection wounds that organism in proportion to the state of advancement of its development and to the suddenness and gravity of the blow itself.¹¹⁵

Another case, of *asthenic insanity*, was connected exclusively to a woman being abandoned on her wedding day with concomitant financial ruin; here, too, 'the patient's whole system suffered; her menstruation ceased; she became sleepless, and rapidly lost flesh', and so on.¹¹⁶

While before 1895 virtually all reference to sexual assault seems to have remained isolated, a rare formal forensic acknowledgment of adverse sexual experience in the German literature is given in an 1874 article by Richard von Krafft-Ebing. It provides an interpretation of §224 of the German Penal Code (which had come into effect on 1 January 1872) pertaining to aggravated bodily injury, defined as consisting of 'sickness, paralysis

¹¹¹ John Charles Bucknill and Daniel Hack Tuke, *A Manual of Psychological Medicine* 2nd edn (London: John Churchill, 1862), 121–2.

¹¹² For example, Henry Maudsley, *The Pathology of Mind* (London: Macmillan & Co., 1895), 261, 345–6.

¹¹³ 'Despair over the loss of her fair name and chastity may end in melancholia, in turn changing to suicidal mania. The shock to the system is sufficient to ruin forever the health in some cases and hurry the woman into an early grave. Hysteria, chorea, epilepsy even, are in the train of consequent nervous disorders': J. Clifton Edgar and James C. Johnston, 'Rape', in Rudolph August Witthaus and Tracy Chatfield Becker (eds), *Medical Jurisprudence, Forensic Medicine and Toxicology*, 4 vols (New York: William Wood & Co., 1894), 2:413–90, here 445.

¹¹⁴ For example, Theophilus Parvin, 'Disorders of Menstruation from Psychological Causes', *The American Practitioner*, 6, 9 (September, 1872), 146–58; H.W. Kinney, 'Menorrhagia Produced by Mental Disturbance. Report of two Cases', *Detroit Lancet*, 8, 9 (March, 1885), 445–6; G. Ernest Herman, 'On Amenorrhœa with Mental Depression, and from Mental Shock', *The Lancet*, 2 (11+18 October 1890), 764–6+810–11.

¹¹⁵ Heywood Smith, *Dysmenorrhœa, Its Pathology and Treatment* (London: J. & A. Churchill, 1881), 78–9.

¹¹⁶ Strehill H. Wright, 'Asthenic Insanity', *Edinburgh Medical and Surgical Journal*, 118, 3 (September, 1872), 237–49, see 239–40. A girl with a hysterical and menstrual reaction to attempted rape is briefly identified in [Anon], 'Hématémèse supplémentaire des règles', *Journal des Sages-Femmes*, 7, 20 (16 October 1879), 357–8. A German dissertation reported as examples of 'acute hysteria' one similar case of a subverted prospect of marriage and a second of a maidservant's sexual assault: Ferdinand Reiser, *Über die Hysterie* (Munich: Franz, 1875), 11–13.

or mental illness [*Geisteskrankheit*].¹¹⁷ The formulation led to a number of commentaries with regard to the scope of *mental illness*. Krafft-Ebing suggested that ‘terror [*Schrecken*], as we know, has a profound effect on the nervous system and can directly cause, apart from mental illness, the most serious nervous diseases (hysteria, epilepsy)’.¹¹⁸ Three aetiological mechanisms for mental illness required distinction: (1) purely mechanical injuries (eg. *trauma capitis*); (2) rather more psychic insults (*psychischen Insult*), the latter causing a more diffuse psychic shock (*psychischen Shock*); and (3) rape: ‘mental illness following an attack on sexual honour [*Angriff auf die Geschlechtsehre (Nothzucht)*]’.

‘Because the literature offers very little’ on the third category, Krafft-Ebing provided three case studies. One deals with an eighteen-year-old girl servant ‘without hereditary disposition to nervous diseases, formerly healthy, not yet menstruated’, who ‘at the age of 14 became the victim of an immoral attack by her foster father’. Krafft-Ebing related that: ‘The undefinable disturbance in the central nervous system originally caused by the psychic shock developed into a state of hysteria (diffuse neuralgic pains, especially in the intercostal tracts, myodynia, globus sensations, with whose combined exacerbation the mood turned into a depressive one, settling into a considerable emotional irritability).’ Next are mentioned episodes reminiscent of migraine, but containing elements of reliving: ‘delirious attacks of two hours duration, each triggered by the phantasm of the foster-father wanting to repeat his shameful attack . . . The seizures turn out to be a hallucinatory delirium revolving around the phantasm of the intended rape and its being defended against.’ Case two deals with a twenty-five-year-old peasant girl who, in a village inn where she served, was attacked in bed at night, violated and left with a virulent leucorrhoea. ‘Deeply worried about the loss of her honour and the disease, she returned home, where she was ill-received and grievous (melancholia, with syphilitic insanity, anxiety and despair, *taedium vitae*). A failed suicide attempt led her to the asylum.’ This patient, too, developed ‘hysteric convulsive attacks and spells of hallucinatory delirium’.

The concluding case study is that of an unmarried maid, who at age nineteen experienced attempted rape by a teacher, presenting with ‘status nervosus with vague neuralgia, nausea, headache, feeling of tightness and anxiety in the epigastrium’. This exacerbated to ‘a state of intense precordial melancholy [*Präcordialmelancholie*] with tremendous anxiety, urge for destructive actions, hostile apperceptions, and delusion that she was going to be locked up in the penitentiary’.¹¹⁹ Multiple hospitalisations followed (in 1862 and 1865). Epileptic-hysterical attacks that ensued included ‘hallucinatory reproduction of the rape [*Nothzuchtsgeschichte*]’: ‘Characteristic was always the image of the school teacher and the delirium revolving mainly around the attempted assault.’¹²⁰

Anticipating Pierre Janet’s work on dissociation and Charcot’s *attitudes passionnelles*, mentioned hallucinatory flashbacks seemed to suggest a distinctive pathological mechanism; Krafft-Ebing also observed them in a case of physical assault. Similar

¹¹⁷ [Richard] von Krafft-Ebing, ‘Bemerkungen zum § 224 des Deutschen Strafgesetzbuches’, *Vierteljahrsschrift für gerichtliche Medizin und öffentliches Sanitätswesen* (N.F.), 21, 1 (1874), 53–64; Krafft-Ebing, *Lehrbuch, op. cit.* (note 35), 304–5. The 1874 article was reviewed in, eg., *Revue des sciences médicales en France et à l’étranger* 4 (1874), 604–5, and *Schmidt’s Jahrbücher der in- und ausländischen gesammten Medicin* 165 (Leipzig: Otto Wigand, 1875), 61–2, and was the only pertinent source for Adolf Schauenslein, ‘Schädigungen der Gesundheit und Tod durch psychische Insulte’, in Maschka, *op. cit.* (note 91), 1:809–16, see 814.

¹¹⁸ Krafft-Ebing, ‘Bemerkungen’, *op. cit.* (note 117), 55.

¹¹⁹ *Ibid.*, 62.

¹²⁰ *Ibid.*, 63–4. Prospects proved dire: ‘In vain were the attempts to bring about an improvement through hydrotherapy, iron, opium, morphine, etc. The failure of all healing efforts and the prospect of a degenerative course of the case prompted patient to be transferred to a nursing home at the end of 1865’ (*ibid.*).

phenomena were reported in connection to sexual assault already by Briquet, and later by Gaube, Brouardel, arguably Oppenheim, and Cullerre – seemingly all independently.¹²¹ But Krafft-Ebing's suggestive etiological breakdown did not sensitise him, or anyone else, to extend the study of rape victims. In his general psychiatry textbook, first published in 1879–80, he subsumed one of his three cases (the first: *Hysterismus nach Nothzucht*) under 'temporary mental disorder' related to hysteria.¹²² Krafft-Ebing here reiterated the gendered role of sexual shock but stressed a predisposition to 'fixation' after affective shock in general.¹²³ Until his death in 1902, Krafft-Ebing reported only incidentally and very briefly on girl victims of sexual assaults (always apropos occasional case studies of offenders), finding 'corruption' but little else. His work on female sexual dysfunction mostly discussed 'unsympathetic' marital relations, jealousy, forced abstinence and fear for pregnancy.¹²⁴ One assault victim (aged ten and a half) gave 'the impression of a bold, not uncorrupted girl'.¹²⁵ Circa fourteen 'half-grown schoolgirls' were said to have been 'morally corrupted and carnally used [*sittlich verdorben und fleischlich gebraucht*]' by a teacher, Krafft-Ebing reports in an 1894 article.¹²⁶ As one cause for female *sexual neurasthenia*, in 1895 Krafft-Ebing mentions women being 'tortured by remorse for past sexual abuse': girlhood self-abuse.¹²⁷

¹²¹ An 1824 dissertation connected three cases of epilepsy in women to rape or attempted rape (and twenty-three out of thirty-seven to 'fright'); of one woman, raped at age ten, the author relates that she, 'during vertigo . . . believes to be in the arms of her rapist': J.J. Margue, *De l'épilepsie et de ses différences avec l'hystérie* (Paris: Didot Jr., 1824), 6, 11, 14. Briquet 'saw a girl who had her first attack [of hysterical convulsions] immediately after she was raped; she always saw, in her attacks, the man who had attacked her honour, she vociferated at him, insulted him, and made movements as if she defended herself against him' ('Recherches nouvelles sur les convulsions hystériques', *Archives générales de médecine* [Ser. 5], 13, [1859], 641–66, here 655; cf. Briquet, *op. cit.*, note 20, 371); Raoul Gaube, *Recherches sur les zones hystérogènes* (Paris: Octave Doin, 1882), 59; R[obert] Thomsen and H[ermann] Oppenheim, 'Ueber das Vorkommen und die Bedeutung der sensorischen Anästhesie bei Erkrankungen des centralen Nervensystems', *Archiv für Psychiatrie und Nervenkrankheiten*, 15, 3 (1884), 633–80 (642ff); Brouardel, *op. cit.* (note 79); A[lexandre] Cullerre, *Traité pratique des maladies mentales* (Paris: J.-B. Baillière & fils, 1890), 470.

¹²² Krafft-Ebing, *op. cit.* (note 47), 1:163, 3:122; cf. Krafft-Ebing, *Lehrbuch der Psychiatrie auf klinischer Grundlage für praktische Ärzte und Studierende*, 2nd edn, 2 vols (Stuttgart: Ferdinand Enke, 1883), 1:182; 2:214, 218–19. Trans. Charles Gilbert Chaddock: *Text-Book of Insanity, Based on Clinical Observations for Practitioners and Students of Medicine* (Philadelphia: F.A. Davis, 1904), here 166, 496–7.

¹²³ 'In cases where a single outbreak of emotional excitement [*Gemüthsbewegung*] leads to insanity after weeks or months, there is usually a coexistent predisposition; or the affective shock is so intense and sudden that the ideas accompanying the affect induce neuralgias ([Heinrich] Schüle) or become fixed imperative ideas. Experience shows that it is almost exclusively depressive emotions (death, loss of fortune, severe loss of honour [*schwere Kränkung der Ehre*], etc.) that lead to insanity. The causes vary with the sex and the individual. In women they are raw injury of sexual honour [*rohe Verletzung der Geschlechtsehre*] (rape), or the slow, and therefore more injurious, influences of unhappy love, marriage, jealousy, or the infirmity or death of children. In men unfulfilled striving, forced choice of occupation, injured pride [*gekränkter Ehrgeiz*], and financial ruin are effectual': Krafft-Ebing, *op. cit.* (note 47), 1:163.

¹²⁴ Richard von Krafft-Ebing, 'Über das Zustandekommen der Wollustempfindung und deren Mangel (Anaphrodisie) beim sexuellen Akt', *Internationales Centralblatt für die Physiologie und Pathologie der Harn- und Sexual-Organen*, 2 (1890), 94–106.

¹²⁵ 'eines kecken, nicht unverdorbenen Mädchens': [Richard] von Krafft-Ebing, 'Schändung. Zweifelhafte Geisteszustand. Keine Geisteskrankheit', *Friedreich's Blätter für gerichtliche Medicin und Sanitätspolizei*, 34, 2 (1883), 100–7, here 101.

¹²⁶ [Richard] von Krafft-Ebing, 'Unzuchtsdelikte, begangen von einem Schulleiter an seinen Schülerinnen. Alkoholismus chronicus. Fragliche Zurechnungsfähigkeit', *Friedreich's Blätter für gerichtliche Medicin und Sanitätspolizei*, 45 (1894), 321–30 here 321.

¹²⁷ R. v. [Richard von] Krafft-Ebing, *Nervosität und neurasthenische Zustände* (Vienna: Alfred Holder, 1895), 203–4.

With reference to Krafft-Ebing's 1874 article, leading forensic psychologists, including Eduard Hoffmann and Joseph von Maschka, did pay brief attention to the psychology of adult rape victims in their textbooks.¹²⁸ However, both problematised causality, identifying a multitude of mediating or confounding factors that might complicate a sufficient causal link between experience and psychiatric outcome (including, in Maschka's case, the contingency of the victim having been devoted to onanism, 'as in such individuals nervous disorders sometimes occur spontaneously'). Hofmann tied 'spasmodic epileptoid conditions . . . causally linked to rape attempts on them' to children's 'tender constitution' or stress-reflex responses to 'peripheral stimuli'.¹²⁹ Moreover, caution was urgently advised regarding these conditions as possibly being pre-existent or exaggerated: 'lies and exaggerations on the part of the relatives and also of the children themselves are not among the rarities'. Other authors likewise eschewed monocausal appreciations of sexual violence. Cited by Maschka, an illustrative Italian report discussed a case of an eighteen-year-old woman presenting with 'melancholy with suicidality' in apparent response to a sexual assault by a beloved, leading to repeated suicide attempts and a two-month hospitalisation, after which the patient was declared 'cured'.¹³⁰ The author identified 'poor mental development' and apparent recent head trauma as 'predisposing factors' to the woman's condition. Maschka himself details the coping of an eleven-year-old girl after a sexual offence; she was declared 'entirely cured' after six weeks.¹³¹ But in another case of a 'repeatedly abused' fourteen-year-old girl, Maschka was unable to causally connect the experiences with 'temporarily recurring convulsive, epileptoid seizures'.¹³²

Pathogenic Secret

Vienna neurologist and criminal anthropologist Moriz Benedikt, a notable critic of Krafft-Ebing and colleague and apparent friend of Freud, was an early advocate and, more importantly a patient defender of the idea of hysteria's rooting in emotional turmoil. Benedikt's (1835–1920) work merits brief attention as it worked toward a clinical sensibility for negative sexual experience contemporary to Breuer and Freud's, earning him their acknowledgment, in 1893, for presenting 'the nearest approach' to their own. Already in writings between 1868 and 1874 Benedikt subscribed to the finding that: 'Undoubtedly the most frequent cause of hysterical symptom-complexes are psychic influences such as insults, fearful excitement, anger, fright and the like. . . . maltreatment is especially the common cause of childhood hysteria, especially also hysteria in boys.'¹³³ He

¹²⁸ Eduard Hofmann, *Lehrbuch der gerichtlichen Medicin* (Vienna: Urban & Schwarzenberg, 1878), 179–81; Hofmann, 'Angebliche Nothzucht mit nachfolgender Blennorrhoe und hystero-epileptischen Anfällen. Fraglicher Geisteszustand', *Wiener klinische Wochenschrift*, 1, nos. 1+2 (5+12 April 1888), 9–10+31–2; Maschka, *op. cit.* (note 91), esp. 160–4; also K.J. Seydel, *Leitfaden der gerichtlichen Medicin für Studierende und Aerzte* (Berlin: S. Karger, 1895), 196–9.

¹²⁹ Hofmann, *Lehrbuch*, *op. cit.* (note 128), 180.

¹³⁰ Augusto Tamburini, 'Lipemania suicida in seguito ad oltraggio al pudore. Valutazione della responsabilità dell'offensore', *Rivista penale di dottrina, legislazione e giurisprudenza*, 4 (1876), 107–12.

¹³¹ Maschka, *op. cit.* (note 91), 161–2.

¹³² *Ibid.*, 163.

¹³³ Moriz Benedikt, 'Ueber Hysterie', *Wiener medizinische Wochenschrift*, 18, nos. 5–8 (1868), 68–70, 81–3, 105–8, 121–4; Benedikt, *Elektrotherapie* (Vienna: Tendler & Co., 1868), 422–4; Benedict [ie. Benedikt], 'Aus den Vorlesungen über chronische Nervenkrankheiten. Ueber Hysterie', *Allgemeine Wiener medizinische Zeitung*, 17, nos. 11+12+18+19+21 (1872), 82–3+90–1+137–8+146–7+162–3. On Benedikt, see Henri F. Ellenberger's 'Moritz Benedikt (1835–1920)', *Confrontations psychiatriques*, 11 (1973), 183–200.

also suggested hysteria was intimately connected with anomalies of sexual life.¹³⁴ In early articles ‘abnormalities of the sexual life’ and ‘traumas with the psychological background of maltreatment’ (*Traumen mit dem psychologischen Hintergrund der Misshandlung*) remained separate factors. The former would affect women more readily than men given women’s impressionability and men’s capacity to project; the latter explained *Hysteria virilis* in boys. Nosogenic, ‘unusual active or passive sexual stimuli’ covered ‘love injuries’ (*Liebeskränkung*) and any over- or understimulation *in sexualibus* (impotent husbands, sexual anaesthesia).¹³⁵

Benedikt’s contemporaneous ‘psychophysics of morality and law’ presented a curious attempt to pinpoint the cerebral locus of morality, but he also placed moral development (*sittliche Entwicklung*) in social context. This suited his career-long concern for the close ties between honour (*Ehr*), conscience, sexual decorum and mental health issues such as suicide.¹³⁶ Benedikt returned to these themes in his later *Seelenkunde*, published on the eve of Freud’s seduction papers. Here Benedikt meditates on the psychology of moral injury (*seelische Verletzung*) in relation to social transgression (*Sittenverletzung*) outside forensic contexts, enabling him to address more generally than Krafft-Ebing and other forensic experts the intricate interplay in hysterics between mental suffering (*Seelenleid*), symptom and the *idea* of suffering.¹³⁷ What he called inner psychic experience (*Seelen-Binnenleben* or *Binnen-Seelenleben*) again referred urgently to sexuality (for inner experience is ‘probably the richest developed under the banner of sexual love’), especially female sexual experience (for ‘in comparison to the male sex, the inner life of the female is generally incomparably richer’).¹³⁸ Hysteria cases called for a medical psychologist (*ärztliche Psycholog*) attentive to ‘the mysteries of the positive and negative sexual life’.¹³⁹ Such attentiveness led Benedikt to suspect past sexual abuse in one adolescent girl presenting with attacks of respiratory-phonetic spasm, taunting him with the prediction, ‘You will not cure me!’ He was quickly able to elicit a curative disclosure, to her aunt, of the patient’s secret of having been repeatedly molested at age ten and to learn that mentioned symptoms were related to the girl’s occasionally running into her violator ‘who had since made a career’.¹⁴⁰

Benedikt’s clinical sensitivity may have had only one success to claim pertinent to the present discussion. It is somewhat qualified by his conviction that homosexuality was acquired and that homosexuals needed punishment – unless they had the luck of still

¹³⁴ Moriz Benedikt, ‘Beobachtungen über Hysterie [cont’d]’, *Österreichische Zeitschrift für praktische Heilkunde*, 9, no. 40 (1863), 711–14 (here 713).

¹³⁵ Moriz Benedikt, *Nervenpathologie und Elektrotherapie* (Leipzig: Fues’s Verlag [R. Reisland], 1874), 605, cf. 655.

¹³⁶ Moriz Benedikt, *Zur Psychophysik der Moral und des Rechtes* (Vienna: Urban & Schwarzenberg, 1875), 17.

¹³⁷ Moriz Benedikt, *Die Seelenkunde des Menschen als reine Erfahrungswissenschaft* (Leipzig: O.R. Reisland, 1895), 224–5.

¹³⁸ Moriz Benedikt, ‘Second life: Das Seelenbinnenleben des gesunden und kranken Menschen’, *Wiener Klinik*, 20 (1894), 127–38 here 131; co-appearing in *Internationale klinische Rundschau*, 8, 18 (6 May 1894), 646–51 (here 648).

¹³⁹ Moriz Benedikt, ‘Ueber Neuralgien und neuralgische Affektionen und deren Behandlung’, *Klinische Zeit- und Streitfragen*, 6, 3 (Vienna, 1892), here 95.

¹⁴⁰ Moriz Benedikt, ‘Aus der Pariser Kongresszeit. Erinnerungen und Betrachtungen [cont’d]’, *Internationale klinische Rundschau*, 3, 39 (29 September 1889), 1611–14, here 613. Apparently of some weight to the author himself, the case reappears in Benedikt’s *Hypnotismus und Suggestion: Eine klinisch-psychologische Studie* (Leipzig/Vienna: M. Breitenstein, 1894), 50–2, and his memoirs, *Aus meinem Leben: Erinnerungen und Erörterungen* (Vienna: Carl Konegen, 1906), 136–7. The 1894 appearance was cited by Breuer as ‘interesting’ (*op. cit.*, note 1, 184 n1).

being minors: ‘Even the accusation, and still more the punishment, definitively corrupts them [minors], while they can be saved morally and socially by an explanation of the abomination of their being misused [*Mißbrauchtseins*].’¹⁴¹ He also considered Krafft-Ebing’s *Psychopathia sexualis* harmful to minors. Benedikt’s sexual victimology, then, contained a rare pointer beyond Breuer and Freud’s to the primary significance of sexual-experiential harms, but offered limited clinical empathy for the supposed casualties of ‘corruption’.

Conclusion

Egregious psychiatric outcomes of negative sexual experience were reported throughout the nineteenth century. Despite suggestive case studies such as Krafft-Ebing’s, psychological vantage points for sexual experience such as animating the work of Benedikt, Binet, Féré, Breuer and Freud, long remained unavailable. ‘Attacks’ (psychogenic nonepileptic seizures and hysteria) were the most commonly cited consequences of sexual assault, rendering monocausal ties at the mercy of governing ideas about predisposition in such afflictions. General gestures toward *psychic trauma*, by the early 1890s, were daring in this respect; Freud’s eventual seduction theory was more daring still. Benedikt’s assumptions about female psychic vulnerability, Féré’s notion of *psychic-moral shock* and Breuer and Freud’s early formulations of sexual trauma flattered Enlightenment ideas about childhood innocence and early modern concepts of female modesty. Considered more pertinent to boys, tried concepts of moral corruption were by now increasingly giving way to two new guises: fetishistic fixation and homosexualization. These experiential theories ultimately fractured Freud’s developmental *sexual trauma* along established gender lines, an arguable early step toward *Sexualtheorie*: from *Trauma* to *Komplex*.

¹⁴¹ Benedikt, *op. cit.* (note 135), 100–1; *Aus meinem Leben, op. cit.* (note 140), 373; ‘Juristische Briefe. V: Sexuelle Perversität und Strafrecht’, *Allgemeine österreichischen Gerichts-Zeitung*, 52, 10 (2 March 1901), 73–5.