

determiners of sex only in theory. In practice, cases of ambiguous sex were settled in the old way: by external anatomy and social and behavioural cues. Reis also shows that societal expectations of gender performance, thought to be an item of mid-twentieth-century intersex treatment protocols, were already part of nineteenth-century treatments. Finally, she argues that a diverse and seemingly random approach was typical for medical interventions on intersexed persons from the seventeenth century onward. Doctors chose a person's sex on a case-to-case basis, weighing ethics, patients' wishes, biological markers and social indicators of sex. When in the early 1950s, John Money, and Joan and John Hampson argued that sex of rearing was the determining factor in the development of a person's gender role, they were building, as Reis shows, on a sense of the importance of psychological sex that had been rising since the 1920s.

With all the idiosyncrasies in the conception and treatment of intersexed persons, there are also constants. Reis argues convincingly that, right up to the present, most medical interventions have been framed by norms of heterosexuality; that is, the desired outcome would be clearly sexed and gendered heterosexual men and women. Treatment success was measured by fulfilment of social goals such as a heterosexual marriage, a desired happy ending that at times led physicians even before the mid-twentieth century to ignore what they perceived as biological evidence of sex. Reis dates interventionist surgery on genitals to the late nineteenth century and reveals how these corrections were already based on heterosexual norms: promote marriage, heterosexual intercourse and avoid homosexual acts.

Reis's long-term approach allows for historical comparison as she excavates consistencies and changes in the conception, perception and medical management of intersex. At times, however, it also makes "intersex" a seemingly stable category, rather than an

umbrella term for a wide array of divergence, variation and disorders that shared one symptom only—sexual ambiguity. One misses—especially in the twentieth-century chapters—a structured and critical engagement with what the physicians' conceptualization of their patients' pathology and physiology beyond their ambiguous sexuality was. Nevertheless, *Bodies in doubt* is a thoughtful contribution to the historical analysis of intersex in the US and provides valuable insights for contemporary debates on the ethics of modern medical management of intersex. This linkage makes it an important read for gender scholars, medical historians and health professionals alike.

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Ivan Crozier (ed.), *Sexual inversion: a critical edition: Havelock Ellis and John Addington Symonds (1897)*, Basingstoke, Palgrave Macmillan, 2008, pp. vii, 351, £60.00 (hardback 978-0-230-00803-8).

Ivan Crozier's carefully researched and meticulously produced new critical edition of *Sexual inversion* (1897) will be welcomed not only by researchers in the histories of medicine, psychiatry, sexology and homosexuality, but also by those who teach courses touching on changing attitudes to sexuality in the nineteenth and early twentieth centuries.

The original text of *Sexual inversion* (1897) started as a collaboration between the classicist, poet, travel writer and literary critic John Addington Symonds and the medical writer and sexologist Henry Havelock Ellis. When it was published, *Sexual inversion* became not only the first medical textbook in English on the topic of same-sex sexuality, but also one of the first publications (along with works by

Edward Carpenter) to champion a more dispassionate and sympathetic approach to the legal, social and ethical aspects of the topic in late Victorian Britain. In the immediate aftermath of the trial and imprisonment of Oscar Wilde for acts of “gross indecency” in 1895, this was not an easy task. By the time *Sexual inversion* was published, Symonds had died. His literary executor, acting on the wishes of the Symonds family, bought up and destroyed all the unsold copies. A new edition with another publisher fared no better, being banned as an obscene publication in 1898, despite protestations by Ellis and others that it was a purely medical work. The text now published in this modern edition, therefore, with Symonds named on the title-page, had very few nineteenth-century readers. The book finally became more widely available, first in German, and then in twentieth-century American and British editions, as part of Havelock Ellis’s multi-volume *Studies in the psychology of sex*, with Ellis credited as sole author.

In a wide-ranging, 86-page introduction, Crozier uses *Sexual inversion* as a case study in the social production of scientific knowledge. Havelock Ellis is given more prominence than Symonds, and their text is situated primarily in relationship to continental sexological writings, and somewhat less so to literary and philosophical works. Crozier makes especially effective use of the correspondence between Ellis and Symonds (who never met in person), which reveals how an ambitious medical man and an aesthetic, philosophical Hellenist tried to negotiate their way towards an agreed line on controversial issues. These included questions about the relevance of ancient Greece to the modern debate; about whether sexual inversion was generally congenital or acquired; and the extent to which it should be treated as a morbid condition in itself or as one indirectly associated with pathological symptoms. The introduction also explains how individual case histories were

collected by Ellis, Symonds, and Edward Carpenter through networks of correspondence. These cases of sexual inversion among sane, law-abiding and productive members of society were a crucial part not only of the sexological project, but also of the broader attempt to make a case against the severe legal penalties then in place in Britain for homosexual acts (which remained in place until 1967).

The fact that Symonds died before the text was published, and that his involvement was subsequently suppressed in line with the wishes of his family, has led some historians to blame Havelock Ellis for taking undue credit for *Sexual inversion*, and others to accuse him of having produced a medicalized and illiberal work which went against Symonds’ original intentions. Some of these criticisms have been unfair, but Crozier is excessively defensive on Ellis’s behalf, and sometimes veers too far in the opposite direction in portraying Ellis as a liberationist who thought homosexuality was as normal and natural as any other expression of sexual impulse.

It is true that Ellis thought sexual inversion was generally inborn, but that is not quite the same as suggesting he thought it either normal or healthy. Ellis referred to homosexuality as a “psychic abnormality”, a “sexual perversion”, and “an aberration from the usual course of nature” (p. 222). In the conclusion of the book Ellis explained how he thought homosexuality should be prevented in schools, how it might be treated or even removed by medical means in adults, and the extent to which the invert must be prevented from becoming a “cause of acquired perversity in others” (p. 213). On the subject of using marriage as a possible “cure” for inversion, and the offspring that might thus be produced, Ellis wrote: “Often, no doubt, the children turn out fairly well, but for the most part they bear witness that they belong to a neurotic and failing stock. Sometimes, indeed, the tendency to sexual inversion in eccentric and neurotic families seems merely to be Nature’s

merciful method of winding up a concern which, from her point of view, has ceased to be profitable" (p. 213).

Even if Ellis's views were not quite as liberated, nor as liberating as Crozier would have us believe, Ellis was certainly a strong campaigner against severe social and legal penalties. Homosexuality, for Ellis, was a medical abnormality but not a crime. With reference to the recent Wilde trials, Ellis wrote that in the modern era the predominant negative reaction to homosexuality was based not on economics, theology, or even morality, but on an aesthetic reaction of disgust. Such a feeling might be understandable, Ellis wrote, but "it scarcely lends itself to legal purposes". To eat excrement, Ellis noted, "is extremely disgusting, but it is not criminal" (p. 221). Crozier shows how the reception of Ellis's own writings on homosexuality also bore out this point, with critics describing the subject matter as "disgusting", "nauseous" and "revolting".

We cannot know whether John Addington Symonds, if he had lived, would have approved of everything Havelock Ellis wrote in the published version of *Sexual inversion*, but Ivan Crozier's excellent edition gives us ample scholarly materials with which to engage with this and many other questions about the interlocking histories of homosexuality, medicine and science.

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Diane Mason, *The secret vice: masturbation in Victorian fiction and medical culture*, Manchester University Press, 2008, pp. viii, 184, £50.00 (hardback 978-0-7190-7714-2).

Diane Mason's exploration into Victorian masturbatory discourses is an intriguing interpretation of the paranoia at the heart of the

nineteenth century's preoccupation with autoeroticism. From the outset she endeavours to release masturbation from the dominance of restrictive discursive frameworks centred upon the history and culture of medicine, and the privileging of material written for trained medical audiences, which have dominated discussions of sexuality. She examines the masturbatory content of widely available home medical guides and cyclopaedias by physicians such as J H Kellogg and E B Foote and from these extrapolates a symptomatology of masturbation; languor, sunken eyes and pallor are three of the highly visible signifiers of self-abuse familiar to Victorian society. An examination of the presentation of the masturbator in works of popular fiction produced by Bram Stoker, Charles Dickens and Oscar Wilde in light of such symptoms reveals the extent to which contemporary theories of autoeroticism pervaded Victorian literature. Only by casting it as a symptomological vice that could be "read" by those with an entry to the discourse does its presence become apparent. This in turn begs a reconsideration of whether masturbation had a greater cultural significance than has yet been considered.

What raises *The secret vice* above the recent slough of works dealing with autoeroticism and sexuality is Diane Mason's adept interdisciplinary approach. By acknowledging the role of external signifiers in medical diagnosis and a reader's initial assessment of a fiction character, she highlights the importance of understanding the fluidity of the boundaries that separate medical writing from fiction. The format of the chapters makes the process of textual analysis explicit by outlining how medical texts constructed masturbation within the framework of a particular social fear, such as male impotence, non-reproductive female sexual activity, or same-sex erotic encounters, which was then made visible in literary texts through bodily and linguistic signifiers, coded