



A Vida Sexual (The Sexual Life), by Egas Moniz: eugenics, psychoanalysis, and the pathologization of the female sexed body

Eliza Teixeira de Toledo

Doctoral candidate, Programa de Pós-graduação
em História das Ciências e da Saúde/Fiocruz.
Rio de Janeiro – RJ – Brazil
elizattoledo@gmail.com

Ana Carolina Vimieiro

Professor, Departamento de História/
Universidade Federal de Minas Gerais.
Belo Horizonte – MG – Brazil
carolvimieiro@gmail.com

Received on 24 Aug. 2016.

Approved on 17 Apr. 2017.

Translated by Rebecca Atkinson.

<http://dx.doi.org/10.1590/S0104-59702018000300005>

TOLEDO, Eliza Teixeira de; VIMIEIRO, Ana Carolina. A Vida Sexual (The Sexual Life), by Egas Moniz: eugenics, psychoanalysis, and the pathologization of the female sexed body. *História, Ciências, Saúde – Manguinhos*, Rio de Janeiro, v.25, supl., ago. 2018.

Abstract

An analysis is presented of *A vida sexual* (The sexual life), by Portuguese neurologist Egas Moniz, in which the author divulged medical instructions about the sexed body. Compiled in two volumes – “Physiology” and “Pathology” – in 1902, it was edited 19 times until it was censored under the Portuguese military dictatorship in 1933. In the work, Moniz devises a discourse of sexual differentiation anchored in an extensive bibliography produced between the late nineteenth and early twentieth centuries in a context of intense debate about gender roles. Moniz drew on several theories to define sexuality – including eugenics and Freudian theory – to express his idea that “man is essentially sexual, woman is essentially mother.”

Keywords: history of diseases; history of medicine; gender relations; sexuality; Egas Moniz (1874-1955).



“Man is essentially sexual, women is essentially mother” (Moniz, 1931, p.5).¹ The essence of this sentence permeates the pages of *A vida sexual* (The sexual life) and epitomizes the precepts spread by its author, the Portuguese neurologist António Caetano de Abreu Freire Egas Moniz (1874-1955), by prescribing the limits of the sexuality of men and women. His conceptions had repercussions inside and outside Portugal. For example, the poet Fernando Pessoa, who is believed to have been his patient when Moniz had a psychoanalysis practice (Martinho, 2012), published in a text in French that Moniz “does not go too far by posing the question in clear and precise terms: all men are naturally sexual; all women are naturally mothers. All those who distance themselves from this are not normal. It is quite true” (Cavalcanti Filho, 2011, p.91).

In Brazil, the same passage was cited by a São Paulo-based physician, José Benedicto de Moraes Leme, in his 1926 thesis, *O problema venéreo* (The venereal problem), to reinforce the idea that men’s sexual appetites were stronger and conferring men the active role in coitus, as opposed to women, who were “merely passive” (Leme cited in Matos, 2003, p.117). Likewise, the physician Raul Brandão, from the state of Bahia, turned to *A vida sexual* in his thesis, *Breves considerações sobre a educação sexual* (Brief considerations on sexual education) (1910), in which he explained that for Moniz, the separation of the sexes fostered homosexuality in boarding schools, which demonstrates the repercussions of Moniz’s ideas in the field of sex education in Brazil (Cruz, 2014). In the foreword (“Advertência”) to the 1931 edition of *A vida sexual*, the editor writes that 23 thousand copies had been sold in nine successive editions, claiming that “few Portuguese books have had a similar reach as this has had in Portugal and Brazil” (Moniz, 1931, p.7).

Not only did the book make waves outside its country of origin thanks to the considerable number of copies printed, but it contains certain elements that indicate its impact on Portuguese society. The first of these is the explicit discourse it develops on human sexuality, which, despite being cloaked in putatively scientific terms, was written in the vernacular, with very little in Latin, with the aim of reaching a lay readership (Moniz, 1931; Sá et al., 2005). This in a society where, in 1900, only 25% of the population could read, a figure that had rise to 55% by the mid-twentieth century (Candeias, Simões, 1999). This could also be why the book was censored during the military dictatorship in Portugal, when the government’s motto revolved around three essentially moral ideas: “God, fatherland, and family” (Leal, 2016, p.130), not to mention the strong catholic tradition in Portuguese society (Moura, 2011). Moniz (1931, p.XII) stated in the work that the control of sexuality by western religions could potentially jeopardize public order, setting it against “false morals” in religion and its bid to curb sexual instincts.

What we set about here is to make a historical analysis of *A vida sexual*, by Egas Moniz, by then holding a doctorate in medicine from the University of Coimbra, who made a name in Portugal not only as a physician and a scientist, but also as an art and literature critic and a politician. Moniz held several key positions in the 1910s, including Minister for Foreign Affairs, Chargé d’Affaires of Portugal in Madrid, and leader of the Portuguese delegation to the Peace Conference in Versailles, as well as founding the Partido Centrista (Center Party) in 1917 (Sá et al., 2005). The eminent Portuguese psychiatrist Henrique João de Barahona Fernandes (1907-1992) described Moniz as an intellectual and scientific

figure in his country, stressing his involvement in subjects related to psychiatry, such as the fundamental ideas of psychoanalysis and sexuality. Concerning this last topic, Barahona noted the “rebellious” nature of Moniz’s doctoral dissertation, which addressed this topic at a time of Victorian-like censorship of all things sexual (Fernandes, 1983, p.132). As for his medical and scientific research, this earned him international acclaim in 1949 when he was given the Nobel Prize in Physiology or Medicine for the development of the prefrontal leukotomy.²

A vida sexual is made up of two volumes: “Physiology” and “Pathology.” The first, published in 1901, was based on his dissertation, while the second, published a year later, was based on an examination he took part in for a professorship at the University of Coimbra (Sá et al., 2005). It was the compilation of these two volumes that was edited 19 times until 1933, when the Portuguese government prohibited further print runs, restricted its access to sale at pharmacies, and required those who wished to consult it at public libraries to state their reasons for doing so (Pina, Correia, 2012). According to the Portuguese psychoanalyst and psychiatrist Pedro Luzes, this work, which made Moniz’s name as a sexologist, has not been matched in its popularity by any other work of a scientific nature in Portugal (Moniz, Luzes, 1978).

Our analysis is based on the 1931 edition of *A vida sexual*. It differs from earlier editions mainly for the inclusion of a text on Freud in the prologue and an editor’s foreword. It is the nineteenth edition of the book, which raised the total number of copies printed to over 33 thousand. The reason we chose this edition is that it contains the text on Freudian psychoanalytical theory, which was another of the sources Moniz drew on in his efforts to normalize sexuality. This because he was held to be the “first important figure” to speak in Portugal of the “new theses on the human psyche and how it could be accessed and known” (Queirós, 2009, p.38). In this edition, Moniz also presents and defends his eugenic conceptions.

Our aim in investigating this work is to ascertain, while considering the broader context in which it was written, what information about normal and pathological sexuality Egas Moniz believed would be “useful” for the lay public, justifying its publication outside academic circles. We work with the concept of the sexed body as a historical construct to understand how this author, in *A vida sexual*, intended to organize and determine the conduct of the two sexes, prescribing female sexuality in particular and corroborating a model of sexual difference (Toledo, 2015).³ By sexed bodies, we mean bodies that undergo processes of representation and signification that attribute them with social roles based on their biological sex (Swain, 2000). These processes, which naturalize social identities, are also the basis for the perpetuation of the pathologization of these bodies, legitimizing medical interventions to normalize them (Guimarães, 2011).

In this work, we pay particular attention to the analysis of two theoretical underpinnings we regard as central in this output, because they allow us to consider it in relation to two conceptions for the organization of sexuality of particular importance not just in this work, but in the context in which it was produced and reedited: Freudian theory and eugenics. We investigate how, in Moniz’s work, these two theories reinforce the idea of a sexual binary, thereby reinforcing his notions about pathologies for sexed bodies.

We turn to Georges Canguilhem (1978), for whom pathology represents an individual's incapacity to adapt to a pre-established norm (which pertains to his/her life context and not just physiological factors) to elucidate how Egas Moniz built up and defended different conceptions of pathological states for men and women. This will be seen in his ideas about sexual perversions like masturbation, masochism, and sadism.

The science of opposites and the organization of sexuality in *A vida sexual*

We cannot talk about the construction of differences in the sexed body without first looking at the constitution of medical science in the nineteenth century, which was when medicine started to intervene directly in people's bodies, treating diseases using procedures to cleanse the body, and when experimental pathology started to reveal mechanisms, substances, and organisms responsible for patients' ailments (Rosenberg, 2002; Marques, 2005). The institutionalization of medicine equally attributed great power to the discourse of its practitioner – the physician – who himself took on the functions of discipliner, educator, and purveyor of moral standards, instating precepts and methodologies and legitimizing his own actions.

The legitimization of medical science underwent transformations mediated by notions of sexual roles and gender differences (Lopes, dez. 2006). Indeed, in the context in which Egas Moniz was developing his ideas, discourse about sexuality took center stage in the explanation of the actual being (Feitosa, Rago, 2008). At this time, for Michel Foucault (1985, p.21), western society was witnessing a “veritable discursive explosion” about sex, in which whatever physicians had to say about sexuality was formatted in such a way as to make it morally acceptable and technically serviceable, categorizing individuals according to conceptions about what was sexually healthy or pathological.

The first thing to highlight is that it was not just female bodies that were historically contingent, but male bodies, too. However, we agree with Thomas Laqueur's (2001) position that in the context in question, the female body, accessible to science, formed the constitutive basis for the construction of sexual difference.

When Egas Moniz addressed the physiology of sexual organs, he used prints that represented the phases of male and female development when they were still indistinguishable (in embryos) and schematic diagrams of the sex organs once differentiated (male and female). However, there is just one image that represents the external sexual organs at complete development – those of the woman. The male body did not garner as much space in this work, which we interpret as indicating that it did not demand the same “detailed observation” as the female body (Corbin, 2013b). Bearing values of distinction of the species, the male body was represented in a way that combined reason and intelligence, as opposed to the physical materiality of the female body, which became the natural indication of the tasks to which women should devote their lives (Martins, 2004). Women's physiology was not only different, but it was unstable, and this instability was reflected in pathology. Her life was marked by menarche, menstrual cycles, and menopause, causing her to lose control of her behavior and making her prone to nervousness, and irritability. The female body was thus regulated by inconstant cycles of sexual development that guided it towards its goal: motherhood.

Working in this broader historical context, Moniz drew on several conceptions that defined the socially accepted places for both the sexes, focusing primarily on this demarcation through the female body. To assure the successful fulfillment of the task of matrimony dictated by anatomy, the Portuguese physician drew, amongst other things, on eugenics (associated with Neo-Malthusianism) and Freud's theory of psychoanalysis.

The medical, scientific, and political communities in Portugal in the early 1900s were keen to dispel elements of degeneration and hybridization from the population, combatting factors of morbid heredity that would lead the nation to decline. However, Moniz was apparently a pioneer in openly calling for (female) sterilization to eliminate morbid heredity, a measure he felt should be "restricted to special clinical cases" (Matos, 2010, p.96). Under the influence of eugenic thinking, he also defended Neo-Malthusian methods (i.e., contraception; Correia, 2013, p.184). In the prologue to the 1913 edition, Moniz linked this call for Neo-Malthusian methods to what he described as "the new science" of eugenics. While this was not the first time eugenics had been mentioned in the country, it was nonetheless novel in that context, as Richard Cleminson (2014, p.47) points out, considering its reflexes in *A vida sexual* as evidence of the reception of the movement in Portugal.

As a technique for intervening in and enhancing populations, eugenics was a key pillar of Egas Moniz's thinking about sexuality. While Cleminson and Souto (2012) focus on the Neo-Malthusian basis for his eugenic ideas in *A vida sexual*, we take this argument further by showing that these eugenic precepts were targeted particularly towards the body and sexuality of women, circumscribing them to reproductive control.

One chapter in *A vida sexual* is on "artificial sterility in women," in which Moniz sets out his defense of contraceptive methods for a limited set of medical cases. These included severe diseases that could be transmitted from parents to children, which, "exceptionally harmful to social progress, will be the causes of useless burdens on the nations and the families, giving rise to veritable social cankers with a tendency to corrupt the organism to which they bond" (Moniz, 1931, p.252). For him, given the impossibility of prohibiting "the most desired and sought-after pleasure in the species" – sexual pleasure – to severe degenerates and psychopaths, epileptics, neurasthenics, lepers, alcoholics, and people with tuberculosis and syphilis, it was worth averting the "dire" consequences that could arise from this by "preventing fecundation" (p.252-253). Another factor that could release women from their reproductive task and which justified the recommendation of contraception was procreation by proletarian families, with poor sanitary conditions and nutrition (p.252).

Interestingly, most of the contraceptive methods Moniz puts forward in this chapter of *A vida sexual* are to be used by women (and there is no equivalent chapter on the artificial sterilization of men). As for the condom, he criticizes it for the risk of it splitting during intercourse, while the Messinga pessary – which some regarded as "inopportune for women's health," as it "may move position from one moment to the next" – was a safe method and would not harm female health (Moniz, 1931, p.274). He also talks about douching, which was often used but not always safe; soluble pessaries, which were also not completely safe; and Kamp's mixed pessary ("a tampon that presents the sperm with two barriers,"

because when it moved, “which is unusual,” it would attack them with chemicals), which he recommended (p.275-279).

By making direct interventions in bodies – in this case, essentially the bodies of women – Moniz was defending the use of eugenic practices on the grounds that it would be better for society. It was as of the 1913 edition (Cleminson, 2014) that Moniz started to openly defend eugenic ideas in a broader context of controlling unwanted pregnancies based on a new form of biological knowledge that advocated interventions in the public and private spheres (Turda, 2010).

In this interventionist process, executed since the late nineteenth century, eugenics and Neo-Malthusianism set their sights on women around the world “because of their status as mothers of the family, nation, and future” (Stern, 2010, p.176). In many countries, some of the key targets of eugenic policies were women regarded as mentally ill, poor, undereducated, sexually irresponsible, or who demonstrated “bad moral behavior,” like prostitution. Thus, “eugenic reformers and ideas normally worked to police the boundaries of morality through ensuring that dichotomies and differences – of race, class, gender, sexuality, and disability – were emphasized and upheld” (Stern, 2010, p.176).

Woman’s job as child-bearer was the attribute that eugenic policies tended to focus on, whether they were negative or positive in nature, reinforcing women’s key responsibility in producing and caring for children. Meanwhile, Egas Moniz’s work did not associate this task to men, who, he claimed, were essentially sensual, with polygamous tendencies.

All this came about in a context of socio-political pressures prompted by gender-related issues to which Moniz was not indifferent. One of the negative factors he believed were responsible for reduced birth rates in countries like France was “feminism” (Moniz, 1931, p.265). Women’s activities in the public sphere under the inspiration of this movement caused the birth rate to decline and stopped women from giving their children “the care they required,” because no other concern should divert a woman “from the purpose that, for the good of the species, was carefully entrusted to her:” motherhood. As such, the possibility of abstaining from child-bearing was not called for to give such women the choice to be or not to be mothers, but so that they may be guided by medical wisdom to prevent the danger of bearing bad children. As Cleminson (2014, p.13) points out, for Egas Moniz, Neo-Malthusian techniques should be used wisely and with a clear purpose; they should not serve any “illicit” ends – i.e., with the sole purpose of enabling pleasure.

The place of women was changing in Portugal at that time. The Portuguese feminist movement was engaging in civil rights and calling for social dignity for women under the inspiration of other feminist movements around Europe, criticizing traditional divisions amongst couples, and rejecting female submission and women’s confinement to the domestic sphere (Santana, Lourenço, 2011).

However, these demands did not go unchallenged. Despite certain questioning on the part of some segments of society – like left-wing libertarian newspapers, which, in the first decades of the twentieth century, were critical of traditional matrimony – marriage still enjoyed the status of an “ideal for life.” In the 1930s, with the introduction of military rule under António de Oliveira Salazar, these left-wing publications were quelled, as was freedom of speech around sex-related themes (Santana, Lourenço, 2011). Despite women’s

calls for the right to vote, which had been voiced in Portugal since the first decade of the twentieth century, and even though motherhood and caring for the home gave women the status of head of household, women did not earn the right to vote in Portugal until 1974 (Ferreira, nov. 1998-fev. 1999; Garnel, 2007). Parallel to this, there was a movement to prevent women from encroaching on political and public life. The “woman-lawyer,” the “woman-doctor,” and the “woman-politician,” to borrow Moniz’s (1931, p.265) words, would not fulfill her “mission” of motherhood if she were to take on other tasks outside the home. In other words, Moniz was very much in line with other eugenicists, who, as Jean Gayon (1999, p.3) has explained, were against the feminist cause because they deemed it immoral or because they doubted that “liberated” women would want to have children.

In *A vida sexual*, Egas Moniz also lent his support to another school of thought that was taking shape around sexual differences, linking them to eugenics (Cleminson, 2014): Freudian theory. Like Freud, Moniz saw sexuality as a primal energy behind all human actions, even in the earliest editions of *A vida sexual*. However, he diverged from the ideas of the Father of Psychoanalysis by rejecting an idea he had previously espoused, that sexual instinct could only emerge after the development of sex organs and glands (in puberty). After incorporating these ideas into the fourth edition of his work, in 1918 (Queirós, 2009), his stated position was that the roots of sexual complexes lay in “the early years in a vague and imprecise form” (Moniz, 1931, p.2) and that the origins of the development of psychoneuroses lay in childhood. Even so, Moniz still believed in an inherited aspect to the development of instincts, rather than just environmental conditions, holding that the congenital nature was more important than Freud’s psychoanalytical methods admitted (Cleminson, 2014). He thus reaffirmed the eugenic logic that he felt should orient approaches to degenerative elements that could be transmitted by reproduction.

Meanwhile, Freudian theory did not only reinforce the eugenic conceptions Moniz defended, but it also corroborated the idea of two incommensurable sexes, holding, as it did, that one of the pillars of the normal development of the Oedipus complex was attraction to the opposite sex, which was a prerequisite for a healthy sexual state.

Moniz found validation for his notions of sexual difference in Freud’s ideas. The way the Oedipus complex operated in the psyche, which Moniz mentions, was anchored in a binary and essentially distinct anatomical system, which was why it was different for boys and girls, resulting in levels of “normal reality” that were essentially different in women (Freud, 2011). His acceptance of the Oedipal complex puts Moniz in a historical process defined by Michel Foucault as the “psychiatrization of perverse pleasure,” whereby sexual instinct – isolated as a biological and psychic instinct – is the root of all anomalies in heterosexuality (sadism, masochism, masturbation) and homosexuality (Foucault, 1985), all based on a structure of sexual differentiation.

Moniz’s labeling these practices as perverse also came about in interaction with the works of Krafft-Ebing, Ambroise Tardieu, Pauline Tarnowsky, and Cesare Lombroso, even in the early editions of *A vida sexual*. However, Freud provided a new endorsement for the distinction of male and female behaviors. Interestingly, Moniz’s analysis was not limited to summing up the work of these authors; rather, he created a discourse of his own as he selected their ideas and took a stance on the themes presented.

The way Moniz combined eugenic theory and psychoanalytical theory implied a most detailed management of the sexed body, because it was there that the kernel of moral corruption could be sown in childhood. Through Freud, Moniz made sexual anatomy a framework by which to understand sexed bodies as two essentially opposite, complementary sexes, which should be reflected in different sexual behaviors. As such, Moniz reinforced the idea that physiological anatomy was not just the cause of the distinctions between these bodies, but the reason behind the heterosexuality that made binary gender differences coherent (Guimarães, 2011).

As such, while neither of the theories necessarily pathologized sexed bodies, their cooption by Moniz resulted in a discourse of sexual difference in which women were ultimately seen as more unstable, with a sexuality that bordered on the pathological when exercised outside of the objective of motherhood, which justified their needing greater oversight by medical practice.

At the beginning, we noted Moniz's definition of women as essentially mothers, as opposed to men, who were essentially sexual. This female essence took women away from any need to satisfy sexual desires, in that they inherited their maternal instinct from the species, which made them seek out men not for sexual pleasure, but for protection for themselves and their children (Moniz, 1931). The normative incapacity of some women to develop this "essence" ran counter to normal sexuality, for which Moniz saw prostitution as a prime example. As such, Moniz built up an extensive nosology that linked female sexuality to the danger of "sexual excesses."

The "sexual excesses of women:" sexual perversions in female sexuality

all the sexual excesses of women are abnormal, which they sometimes express in a more exhibitionist way and even jeopardizing the dignity of the social situation they hold, running counter to good breeding and social norms, it must be admitted that such excesses are connected to their neuropathic constitution (Moniz, 1931, p.342).

The passage above exemplifies the way female sexuality is pathologized throughout *A vida sexual*. Egas Moniz belonged to a movement that saw the woman's body as being bestowed with the task of motherhood through her womb and her cycles of sexual maturity. Being as they were physiologically bound to this fate, women had a sexual instinct that directed them towards reproduction, which, after child-bearing, was transformed into a maternal instinct (Moniz, 1931). Any female sexual behaviors that deviated from this were "sexual excesses," a term Moniz himself developed as part of his theorizing. He wrote at length about such pathological sexual acts in his work, which included nymphomania during menopause, masturbation, sexual anesthesia, hysteria, and prostitution.

In the chapter on "Puberty, menstruation, and menopause," Moniz turned to the physiological and anatomical processes by which youths of both sexes developed physically and mentally for reproduction – the purpose of sexual life. The chapter's title already indicates that the changes to the female body deserved greater attention, while the study

of male puberty was of limited interest, since “the psychosomatic transformations” seen in women did not afflict men (Moniz, 1931, p.72).

As Moniz explained it, there was one particular organ of primary importance at this time: the womb. This organ was instrumental in the physical and psychological constitution of women, and there was no corresponding sexual organ in men. To explain this difference, Moniz turned to the French philosopher Bonald (1754-1840), for whom man was “intelligence assisted by organs,” and explained that although he did not wish to state that man was the only intelligent being of the species, “one may, with a degree of truth, set against that definition this other one that a renowned gynecologist made of woman: a womb assisted by organs” (Moniz, 1931, p.72).

If procreation was what dictated normality for female sexuality, certain sexual excesses could be expected to coincide with menopause. At this point, when the woman “becomes useless for procreation” and may manifest habits and tastes that are closer to those of men, there may come a time of sexual overexcitement, normally of a short duration, in an overall trend towards diminished sexuality (Moniz, 1931, p.99-100). However, there were cases when women’s sexual arousal during menopause did not diminish and could trigger morbid states. One of these was the manifestation of nymphomania in some women, who, having been overly repressed during their reproductive years, ended up developing this disorder later in life (Moniz, 1931, p.339-342). In this sense, any sexuality that failed to fulfill the goal of reproduction could be described as an excess.

There is one passage where Moniz betrays not only his conviction that menopause was a time of increased risk of pathological tendencies, but which also reveals the authority of his medical opinion concerning psychiatry and gender-related issues in Portugal at the time. In 1918, Moniz was called upon to diagnose a member of the Lisbon upper bourgeoisie, Maria Adelaide Coelho da Cunha, who had fallen in love and run away with a chauffeur 20 years her junior. Her husband had tracked her down and had her interned at Hospital Conde de Ferreira, in Porto. Moniz and two other prestigious physicians in Portuguese psychiatry – Júlio de Matos and Sobral Cid (Quintais, 2008) – wrote a report on the patient’s clinical state, which served as the basis for her hospitalization. Their diagnosis of “lucid madness” focused on alterations related to menopause, which had caused a resurgence of her sexual urges and driven her to behave in that way (Garnel, 2007; Gramary, 2009).

Rita Garnel draws our attention to the association between the diagnosis of a mental disorder and the notion of degeneracy, which permeated medical conceptions at the time and is particularly clear in *A vida sexual*. In the case of Maria Adelaide, the experts identified a number of elements from her personal history and heredity that could be considered morbid, and which indicated her pathological predisposition; menopause had simply triggered her loss of inhibition. As such, she was judged to be mentally ill, based on male and medical precepts – and “preconceived ideas” – at the time (Garnel, 2007, p.220-221).

Another sexual perversion to which Moniz devoted a lengthy analysis was masturbation, in which the intrinsic differences between the sexes resulted in radically different interpretations of this behavior in men and women. Masturbation – a cause of concern for the scientists who studied sex at that time because it resulted in the debilitation of individuals (Foucault, 1985; Corbin, 2008) – was, to Moniz, a “harmful vice” that inflicted children, men, and

women. Of all sexual perversions, this was the most “widespread and best known,” harming individual health, intellectual and moral life, and the country, and causing the physical and mental impoverishment of the “human race” (Moniz, 1931, p.508).

The motivations and consequences of masturbation were, however, different for the two sexes. As Moniz (1931, p.520) explained,

This vice is more vulgar in the man than in the woman, which is easily explained by his greater sexual demands. However, comparing the degree of perversion, by sex, it can be seen that the viceful woman is more perverted than the man, under the same circumstances.

Moniz argued that adult masturbation called for medical attention. He believed that suggestive therapy was the most effective route, alongside sexual hygiene. However, there was another remedy that could work for some women, serving as the “only sedative of all sexual desires:” marriage (Moniz, 1931, p.531).⁴ Girls with morbid tendencies, such as “virgin’s melancholia” or hysteria, should be married off at the earliest opportunity – a solution still put forward by Portuguese medical practitioners at the turn of the twentieth century (Santana, Lourenço, 2011, p.259).⁵

Amongst this general picture of women’s limited sexual needs, there was one pathology regarded as specifically female that was a recurring theme in medical treatises: hysteria.⁶ Linked to an agitated uterus until the nineteenth century, hysteria could make a normal woman “lascivious and erotic, completely in the thrall of her sexuality.” Its very existence was a threat to the nature of women, leading them to recklessness unless they were protected by their husbands and the status of matrimony – which is why the main treatment for hysteria was marriage and the sexual activity that accompanied it (Edelman, 2000, p.74). The “hystericization of women’s bodies” had been one pillar of sexual theories since the eighteenth century. When hysterical, the woman’s body was “awash with sexuality” and subject to the effect of a pathology that threatened her biological and moral responsibility; the “nervous woman,” as the flip side of the image of the mother, served to reinforce it (Foucault, 1985, p.99). Hysterical outbursts, including “tears” and “outward shows of vulnerability and prostration,” could also be a strategy used by women to gain control inside marriage (Gay, 1995, p.303) as well as outside it. This surely begs the question as to how these so-called “hysterical” manifestations constituted an artifice of female insubordination, which, in that sociopolitical context, attracted so much attention from the medical classes (Marques, Toledo, 2014), with their concerns about the “neurotic urges” of these “wayward” girls (Moniz, 1931, p.8).

Meanwhile, for Moniz a lack (or excessive lack) of sexual desire was another pathology that could afflict women: “sexual anesthesia.” This was consistent with the prevailing idea that women’s sexual appetites tended towards extremes: “either excessively heated or frigid” (Santana, Lourenço, 2011, p.268).

What interests us here is the elasticity of the frontier between “normal” and “excessive” for men and women. It could be understood that women were not “abnormal for the absence of norms,” but for their incapacity to “be normative,” i.e., to conform to a standard established as normal and salutary (Canguilhem, 1978). For instance, even though Moniz

defended monogamy by both men and women in marriage, he did not see male infidelity as abnormal, although female adultery was. The need for the adulterer to have more sexual relations was “justification enough for male adultery, but never for a woman adulterer, who – when she is normal – has very limited sexual needs” (Moniz, 1931, p.585). In bourgeois Portuguese society, male adultery was socially tolerated, and even the existence of illegitimate children was not even regarded as a transgression, provided it did not threaten the family structure (Santana, Lourenço, 2011).

Another pathology introduced by Moniz that derived from the normative incapacity of some women to develop their maternal “essence” was prostitution (in that they had sex without any reproductive purpose). He saw this as a medical problem, as almost all prostitutes showed “signs of mental illness or at least predispositions derived from hereditary peccadillos, which multiply at an alarming rate” (Moniz, 1931, p.371).

Seen as a danger to public health and morals who should also be regulated by medicine, Egas Moniz (1931, p.375) argued that “from a mental and biological perspective, prostitutes also have certain typical features, which are common to them and give them amoral physiognomy that distinguishes them from other women. Their mobility of nature is notable.” According to Paulino Tarnowsky’s classifications⁷ Moniz divided them into two major groups: prostitutes of a limited intellect and prostitutes with a neuropathologic constitution. However, we are particularly interested in his classification of slatterns, for it was here that Moniz (1931, p.381) bundled women bereft of a sentiment “that is found in almost all prostitutes, sometimes even with the same intensity as in normal women: maternal love.” In this sense, we can see that Moniz’s categories contained a gradation that made slatterns even more abnormal, removed even from sexuality with a reproductive function, because even when they were mothers, they failed to demonstrate motherly love.

However, they all revealed to the eyes of this author a deprivation of a physical and moral order, a notion defended widely in medical circles from the late eighteenth century to the early twentieth century, as put forward by Morel and Krafft-Ebing (Garnel, 2007; Facchinetti, Venancio, 2006). However, men’s “incapacity” to contain their sexual impulses was not examined by Moniz as pathological. Indeed, he claimed he was “against men marrying as virgins,” which he even considered to be unfeasible (Moniz, 1931, p.325). However, this belies a paradox: in a society where women were required to be virgins until they married, with whom were their future husbands expected to satisfy their sexual desires? Yet by pathologizing prostitution, it was female sexuality, not male, that was errant.

In Moniz’s discourse there is clearly a notion of “economy” attributed to female sexuality. His work conveys the idea that too much female libido was pathological because women were inherently less sexual and their sexual instincts were geared towards motherhood. Meanwhile, men – sexual beings par excellence – were granted an active role in seeking out a partner and in coitus, which is why nature had lent them the capacity for violence needed for civil and sexual life. It was when these “naturally” male and female (passive and violent) characteristics were exacerbated that they became pathological, according to medical conceptions, thereby reinforcing the theory of sexual difference: masochism and sadism.

Masochism and sadism

For Egas Moniz (1931, p.345), sexual diseases represented a deviation from the norm of healthy sexuality, based on his own definition: "Relations are normal when they are between an adult man and woman, there is mutual consent, and there is no manifestation of perversion of the instinct that dominates these relations." This maxim already contains the notion of pathological homosexuality, which is analyzed at length in the chapter "Morbid homosexuality."⁸ In his book, Moniz was keen to determine what manifestations of the sexual instinct were perverse, which in heterosexuals could take the form, for instance, of sadistic and masochistic behavior. We hold that these two pathologies are also signified by and corroborate the model of sexual difference, insofar as they are expressed here as excesses of a normal condition attributed to men and women, respectively.

Moniz's (1931, p.387) categorization of sadism is linked to Krafft-Ebing's idea that sadistic acts were more vulgar in men than in women:

In relations between both sexes, it is the man who chooses the active and even aggressive role, while the woman is restricted to a defensive role. The man aims to conquer and win over the woman; she is, at the very least, obliged by decency to take a defensive stance for a while, which is of great psychological importance... Sadism is therefore no more than a pathological exaggeration of certain phenomena that are appendages of sexual life and which can be produced under normal circumstances, primarily in the man.

Moniz claimed that "normal" men were prone to demonstrate small episodes of sadism in their lives, but that such manifestations were very rare in women. This disease was so intrinsic to the male sex that Moniz based his definition of it around the man, presenting it as a pathology that derived from man's naturally aggressive nature, which could "become exaggerated and even degenerate into a tendency capable of completely subjugating the object of his desires, even until its annihilation to death itself."

What was more common in women was masochism, which he defines as the "use of cruelty and violence against oneself to provoke voluptuousness" and was "no more than the exacerbation of that passive subjugation which [women] take towards men." In such cases, it was hard to "set the boundaries between what is normal and what should be regarded as pathological" (Moniz, 1931, p.414). Masochism was the "opposite of sadism" (p.408).

In both cases (sadism and masochism), we can see an essentialization of what it is to be a man and a woman based on a discourse in which pathological behaviors are understood as normal behaviors taken to an extreme. Even when it came to masturbation, as we have seen, Moniz set different standards of normality for men and women. In masturbation, as in coitus, there were two characteristic elements in men: nervous agitation and ejaculation. The exercise of their imagination during masturbation was more heightened than in sexual relations and changed their nervous system more profoundly, which was why it was harmful. In women, however, the essential difference between vaginal sex and masturbation altered this nervous configuration even further. Citing Claude Pouillet (1791-1868),⁹ Moniz (1931, p.543) explained that this difference was caused because a woman

is “a passive being during sexual relations. She may isolate herself, when she wishes, from all bodily and moral participation in the reproductive union.”

By seeing pathologies as extreme manifestations of states considered normal, Moniz made male violence part and parcel of this normative discourse, just as Krafft-Ebing (1955) did. A “normal man” in a healthy state was therefore innately violent. This pathological and normative model thereby shaped a feature inherent to male health – an ideal type of structure and organic behavior – and, we would add, psychic behavior (Canguilhem, 1978). Feminists at the time opposed such discourse about male behavior and sexuality, speaking out against a male-dominated culture that allowed husbands to be financially demanding, physically abusive, and sexually tyrannical with their wives (Gay, 1995).

In Portugal in the late nineteenth and early twentieth century, scientific publications were produced that discussed the regulation of sexuality inside marriage. They mostly targeted men, whose aggressive behavior in sexual relations was a cause of concern (Santana, Lourenço, 2011). One of them, by Sylvanus Stall, called *Tudo que o homem casado deve saber* (Everything a married man should know) (1910), advised husbands not to demand pleasure from their wives when they were deflowered, nor to be surprised when they did not bleed, because there could be no greater proof of virginity than female reticence. Respecting this expression of shame, the newly married husband should be understanding of his bride’s natural reluctance, for, according to Stall, the “bud of the flower of physical love cannot be opened brusquely” (Stall cited in Santana, Lourenço, 2011, p.272). Meanwhile, Fisher-Dückleman, the author of *A mulher médica de sua casa* (The woman doctor of her home) (1908), recommended that wives should never abdicate their responsibility of fulfilling their duty in the bedroom (Santana, Lourenço, 2011).

Affecting a spasm of pleasure, seeing sex as something a married woman was obliged to do, and expecting a bride to be naturally demure are all part of a discourse that assumes the same passivity that Moniz attributed to women, especially after the studies by Krafft-Ebing. This passiveness in conjunction with bashfulness, chastity, and limited sexual appetite attributed to the female organism could be transformed into masochism – pleasure at being subjugated or even violated during the sexual act.

As Martha Giudice Narvaz (2010) comments, this discourse bears all the hallmarks of the blame women tended to incur in psychological theory and practice, in ideas perpetuated in the writings of Freud, who also held that masochism was an authentically female tendency. Herein lies the danger of validating conceptions that naturalize and legitimize female submission by attributing women with an idea of collusion with any violence they suffer, since this would actually give them pleasure.

It is by scrutinizing these ideas in their historical context that we set about studying sadism/masochism in *A vida sexual*. We believe that opposing characteristics historically attributed to the sexes are embedded in this pathologized duo, an opposition that is evident in the work of Moniz. The ideal of virility, which reached its pinnacle in the nineteenth century, meant the sexual act was a central element for which the man was expected to have vigor and energy. Violence during sex would therefore demonstrate that the individual was in full possession of all his virile attributes (Corbin, 2013a). This, then, leads to a concern in medical studies about male aggressiveness in intercourse with a virgin woman, but the

naturalness of this violence is presented in such a way that the woman was expected to accept it (or actually appreciate it, if she had masochistic tendencies).

The theoretical conceptions of sadism and masochism reinforced certain notions of aggression and passiveness attributed to the complementary conceptions of male and female. However, like Thomas Laqueur (2001), we believe that the scientific codification of difference is dependent on a broader context of political disputes and cultural changes around gender, in which sex is one constitutive element. We would therefore not hold that each scientist found in his observations elements for sexual differentiation motivated by conscious intent, but that, coming from a context in which sexual difference was a given, they actually saw them. These perceptions spilled out from the pages of medical treatises into the way society was organized.

Final considerations

In this article we have analyzed the construction of notions of normal and pathological sexuality that the Portuguese neurologist Egas Moniz organized in his work *A vida sexual*. We have found that this discourse corroborated the principle of sexual difference that emerged and took shape in a context of intense debate about gender roles, which threatened the prevailing social structure that defined public and private space, amongst other things. From this perspective, we argue that models of healthy and pathological sexuality emerge, change, disappear, and reappear according to the way humans organize their societies.

In defending a “healthy” society, Moniz was keen to categorize the normal state of the sexual instinct didactically, and defined in his work not just a model of normality, but also of sexual “peccadillos,” which themselves reaffirmed this model. The physician’s gaze should not turn to such perversions just for the purposes of educating individuals, but also for the treatment of those who manifested them. Eugenics was therefore a way of controlling undesirable childbirth, curbing the multiplication of such deviations by means of a form of management that involved the woman’s body and sexuality, at least as Moniz saw it. He also drew on Freudian conceptions to reaffirm the model of sexual difference. To our mind, his work was part of a medical project that dated back to the eighteenth century, which was concerned primarily with sexuality and served the purposes of the social organization that was taking shape around it.

We believe that the study of this work from the perspective of the history of science and gender contributes to the perception that medical and scientific discourse can generate inputs that contribute to the organization of societal relationships. These discourses have legitimized social roles and behaviors for men and women – like male violence and female submission – from a physical and intellectual perspective. We therefore agree with Amílcar Torrão Filho (jun. 2005), who argues that the humanities can give the exact and life sciences a historical comprehension and an ethical dimension, preventing their “discoveries” from being classified as erroneous understandings of human nature and ideologies of control.

The idea is to historicize the “dehistoricization” of differentiation to which men and women are ceaselessly submitted and which leads them to distinguish themselves by masculinizing or feminizing themselves (Bourdieu, 1998). We argue that what lies at

the heart of discourses about biological difference – which is reworked in the twentieth century in studies of subjects like chromosomes and hormones – does not affect bodies just in the sense of fitting in with a model of heteronormativity. These discourses can also be absorbed by individuals in the form of pathological standards, as in the case of understanding homosexuality as a disease or belief in the emotional instability of women because of their menstrual cycles. Sexual pathologies can also be the subject of surgical and medical interventions designed to get patients to comply with the accepted clinical norms for their sex – or what is required of them socially. That is why we see in this brief study an opportunity to disrupt the fixed and permanent nature of gender binaries structured via the sexed body, which Joan Scott (1990) calls the genuine historicization and deconstruction of the terms of sexual difference.

NOTES

¹ In this and other citations of texts from non-English languages, a free translation has been provided.

² A leukotomy is a form of brain surgery to the frontal lobes designed to modify behavior or eliminate psychopathological symptoms (Masiero, 2003). First divulged by Egas Moniz in 1936, it reached Brazil the same year, when it started being used at Hospital Psiquiátrico do Juquery (Juquery Psychiatric Hospital) in the state of São Paulo.

³ The dissertation “A vida sexual” (1901-1933) de Egas Moniz: um discurso médico-científico sobre os corpos sexuados [“The sexual life” (1901-1933) by Egas Moniz: a medical and scientific discourse about sexed bodies], analyzes in greater depth other theories present in his work. It is argued that they operated as a means of organizing sexuality, be it through moral aspects related to love and marriage or through scientific aspects like the anatomy and physiology of the sexual organs and other ways of pathologizing sexuality.

⁴ With marriage serving as a regulator of female sexuality, the preservation of the hymen became extremely important for marital success and health (Corbin, 2008). In his work, Moniz provides an explanation of the physiology of the membrane, which may be congenitally absent in some women. This is why he claims virginity should not just be about anatomical integrity, but should also be moral (Moniz, 1931, p.57). In the early 1900s in Brazil, there were also debates about material and moral virginity. According to Fabíola Rohden (2001), the study of the hymen attracted the attention of professionals like Afrânio Peixoto, who defended the importance of moral virginity over virginity based on the physiological integrity of the hymen.

⁵ Also known as “lover’s fever” or “chlorosis” – because of the pale greenish hue and excessive weakness it caused – virgin melancholia (*melancholia das virgens*) no longer exists as a disease (it “disappeared” around 1920). Contemporary scholars speculate that it may have been caused by an eating disorder or anemia (Cordás, Weinberg, 2002). It was associated with the anxiety young bourgeois girls experienced in anticipation of marriage (Moulin, 1985).

⁶ Hysteria (ailment of the *hystera*, Greek for “womb”) is a disease that has been associated with women since Antiquity. In ancient Greek medicine, it was attributed to the womb’s unrealized desire to bear children. If the womb remained sterile for too long, it became irritated, agitated, and would even move about inside the body, obstructing the airways and causing anguish and other diseases (Kaufmann, 1996).

⁷ A Russian doctor who developed work in the areas of psychiatry and craniology. Her work *Étude anthropométrique sur les prostituées et les voleuses* (1889) was devoted to the somatic classification of prostitutes. Moniz refers to the author as “Paulino Tarnowsky,” not “Pauline Tarnowsky,” referring to her as “he.”

⁸ In *A vida sexual*, the binary sexual model was also the blueprint for the categorization of homosexuality. Homosexual love was comparable to heterosexual love, for Moniz, insofar as there was one role for a dominant partner and one for subordination, as in the “normal” relationship between people of different sexes. He regarded the sexual instinct in terms of a union of opposites and complementary sexes according to the idea that the difference between male and female implied the need for a “man” and a “woman” in sexual/intimate relations. For an analysis of homosexuality in this work, see Sá et al. (2005) and Toledo (2015).

⁹ Claude Pouillet (1791-1868), a French physicist and member of the French Academy of Sciences.

REFERENCES

- BOURDIEU, Pierre.
La domination masculine. Paris: Éditions du Seuil. 1998.
- CANDEIAS, António; SIMÕES, Eduarda.
Alfabetização e escola em Portugal no século XX: censos nacionais e estudos de caso. *Análise Psicológica*, v.17, n.1, p.163-194. 1999.
- CANGUILHEM, Georges.
O normal e o patológico. Rio de Janeiro: Forense-Universitária. 1978.
- CAVALCANTI FILHO, José Paulo.
Fernando Pessoa: uma quase biografia. Rio de Janeiro: Record. 2011.
- CLEMINSON, Richard.
Catholicism, race and empire: eugenics in Portugal, 1900-1950. Budapest: CEU Press. 2014.
- CLEMINSON, Richard; SOUTO, Luís.
Traces of eugenic thought in the work of Egas Moniz. *Portuguese Studies*, v.28, n.1, p.63-76. 2012.
- CORBIN, Alain.
A necessária manifestação da energia sexual. In: Corbin, Alain; Courtine, Jean-Jacques; Vigarello, Georges (Ed.). *História da virilidade*. v.2: O triunfo da virilidade. Petrópolis: Vozes. p.153-192. 2013a.
- CORBIN, Alain.
A virilidade reconsiderada sob o prisma do naturalismo. In: Corbin, Alain; Courtine, Jean-Jacques; Vigarello, Georges (Ed.). *História da virilidade*. v.2: O triunfo da virilidade. Petrópolis: Vozes. p.13-34. 2013b.
- CORBIN, Alain.
O encontro dos corpos. In: Corbin, Alain; Courtine, Jean-Jacques; Vigarello, Georges (Ed.). *História do corpo*. v.2: Da Revolução à Grande Guerra. Petrópolis: Vozes. p.181-265. 2008.
- CORDÁS, Táki Athanássios; WEINBERG, Cybelle.
Clorose: a efêmera doença das virgens. *Revista de Psiquiatria Clínica*, v.29, n.4, p.204-206. 2002.
- CORREIA, Manuel.
Egas Moniz no seu labirinto. Coimbra: Imprensa da Universidade de Coimbra. 2013.
- CRUZ, Izaura Santiago da.
Um encontro entre Darwin, Freud e a medicina da diferença sexual em textos de educação sexual do início do século XX. In: Seminário Nacional de História da Ciência e da Tecnologia, 14., 2014, Belo Horizonte. *Anais...* Belo Horizonte: SBHC. 2014. Disponível em: http://www.14snhct.sbhct.org.br/conteudo/view?ID_CONTEUDO=800. Acesso em: 24 ago. 2016. 2014.
- EDELMAN, Nicole.
Représentation de la maladie et construction de la différence des sexes: des maladies de femmes aux maladies nerveuses, l'hystérie comme exemple. *Romantisme*, v.30, n.110, p.73-87. 2000.
- FACCHINETTI, Cristiana; VENANCIO, Ana Teresa A.
Entre a psicanálise e a degenerescência: sexualidade e doença mental no início do século XX no Brasil. *Revista Latinoamericana de Psicopatologia Fundamental*, v.9, n.1, p.151-161. 2006.
- FEITOSA, Lourdes; RAGO, Margareth.
Somos tão antigos quanto modernos? Sexualidade e gênese na antiguidade e modernidade. In: Rago, Margareth; Funari, Pedro Paulo A. (Org.). *Subjetividades antigas e modernas*. São Paulo: Companhia das Letras. 2008.
- FERNANDES, Barahona.
Egas Moniz: pioneiro de descobrimentos médicos. Lisboa: Biblioteca Breve. 1983.
- FERREIRA, Virgínia.
Os paradoxos da situação das mulheres em Portugal. *Revista Crítica de Ciências Sociais*, n.52-53, p.199-227. nov. 1998-fev. 1999.
- FOUCAULT, Michel.
História da sexualidade. v.1: A vontade de saber. Rio de Janeiro: Graal. 1985.
- FREUD, Sigmund.
La vie sexuelle. Paris: PUF. 2011.
- GARNEL, Maria Rita Lino.
Vítimas e violências na Lisboa da I República. Coimbra: Imprensa da Universidade de Coimbra. 2007.
- GAY, Peter.
O cultivo do ódio: a experiência burguesa, da Rainha Vitória a Freud. São Paulo: Companhia das Letras. 1995.
- GAYON, Jean.
L'eugénisme, hier et aujourd'hui. *Société Française de Génétique*, v.15, n.6-7, p.1-6. 1999.
- GRAMARY, Adrián.
A crônica de um erro médico. *Saúde Mental*, v.11, n.3, p.40-42. 2009.
- GUIMARÃES, Thayse Figueira.
A construção do corpo sexuado: uma reflexão sobre os significados de gênero e de como este se articula com o corpo. *Sociais e Humanas*, v.24, n.2, p.148-161. 2011.
- KAUFMANN, Pierre.
Dicionário enciclopédico de psicanálise: o legado de Freud e Lacan. Rio de Janeiro: Jorge Zahar. 1996.

- KRAFFT-EBING, Richard von.
Psicopatía sexual. Buenos Aires: El Ateneo. 1955.
- LAQUEUR, Thomas.
Inventando o sexo: corpo e gênero dos gregos a Freud. Rio de Janeiro: Relume-Dumará. 2001.
- LEAL, Ernesto Castro.
The political and ideological origins of the Estado Novo in Portugal. Tradução Richard Correll. *Portuguese Studies*, v.32, n.2, p.128-148. 2016.
- LOPES, Maria Margaret.
Sobre convenções em torno de argumentos de autoridade. *Cadernos Pagu*, n.27, p.35-61. dez. 2006.
- MARQUES, Rita de Cássia.
A imagem social do médico de senhoras no século XX. Belo Horizonte: Coopmed. 2005.
- MARQUES, Rita de Cássia; TOLEDO, Eliza Teixeira de.
Augustine, a perfeita histérica: construção da histeria como a doença feminina do século XIX. In: Vimieiro-Gomes, Ana Carolina; Carvalho, Ely B. (Org.). *História da ciência no cinema*, v.5. Belo Horizonte: Fino Traço. p.23-41. 2014.
- MARTINHO, José.
Sobre a recepção de Freud em Portugal. *Metacrítica*, n.3. Disponível em: <http://revistas.ulusofona.pt/index.php/metacritica/article/viewFile/2732/2086>. Acesso em: 23 dez. 2016. 2012.
- MARTINS, Ana Paula Vosne.
Visões do feminino: a medicina da mulher nos séculos XIX e XX. Rio de Janeiro: Editora Fiocruz. 2004.
- MASIERO, André Luis.
A lobotomia e a leucotomia nos manicômios brasileiros. *História, Ciências, Saúde – Manguinhos*, v.10, n.2, p.549-572. 2003.
- MATOS, Maria Izilda Santos de.
Delineando corpos: as representações do feminino e do masculino no discurso médico (São Paulo, 1890-1930). In: Matos, Maria Izilda Santos de; Soihet, Rachel (Org.). *O corpo feminino em debate*. São Paulo: Editora Unesp. p.107-128. 2003.
- MATOS, Patrícia Ferraz de.
Aperfeiçoar a “raça”, salvar a nação: eugenia, teorias nacionalistas e situação colonial em Portugal. *Trabalhos de Antropologia e Etnologia*, v.50, p.89-111. 2010.
- MONIZ, Egas.
A vida sexual: fisiologia e patologia. Lisboa: Casa Ventura Abrantes. 1931.
- MONIZ, Egas; LUZES, Pedro.
Um inédito de Egas Moniz (apresentado por Pedro Luzes). *Análise Psicológica*, v.1, n.3, p.9-20. 1978.
- MOULIN, Anne Marie.
Os frutos da ciência. In: Le Goff, Jacques (Ed.). *As doenças têm história*. Lisboa: Terramar. 1985.
- MOURA, Maria Lúcia de Brito.
Sensibilidade religiosa: entre o amor de Deus e o temor de Deus. In: Mattoso, José; Vaquinhas, Irene (Org.). *História da vida privada em Portugal: a época contemporânea*. Portugal: Círculo de Leitores; Temas e Debates. 2011.
- NARVAZ, Martha G.
Masoquismo feminino e violência doméstica: reflexões para a clínica e para o ensino de psicologia. *Psicologia: Ensino e Formação*, v.1, n.2, p.47-59. 2010.
- PINA, Madalena Esperança; CORREIA, Manuel.
Egas Moniz (1874-1955): cultura e ciência. *História, Ciências, Saúde – Manguinhos*, v.19, n.2, p.431-450. 2012.
- QUEIRÓS, Alírio.
A recepção de Freud em Portugal, 1900-1956. Coimbra: Imprensa da Universidade de Coimbra. 2009.
- QUINTAIS, Luís.
Torrente de loucos: a linguagem da degeneração na psiquiatria portuguesa da transição do século XIX. *História, Ciências, Saúde – Manguinhos*, v.15, n.2, p.353-369. 2008.
- ROHDEN, Fabíola.
Uma ciência da diferença: sexo e gênero na medicina da mulher. Rio de Janeiro: Editora Fiocruz. 2001.
- ROSENBERG, Charles.
The tyranny of diagnosis: specific entities and individual experience. *The Milbank Quarterly*, v.80, n.2, p.237-260. 2002.
- SÁ, Eduardo et al.
A “Vida sexual” segundo Egas Moniz: padrões e papéis sexuais na sociedade portuguesa do início do século XX. In: Pereira, Ana Leonor; Pita, João Rui (Coord.). *Estudos do Século XX: ciência, saúde e poder*, n.5. Coimbra: Ariadne. p.53-64. 2005.
- SANTANA, Maria Helena; LOURENÇO, António Apolinário.
No leito: comportamentos sexuais e erotismo. In: Mattoso, José; Vaquinhas, Irene (Org.). *História da vida privada em Portugal: a época contemporânea*. Lisboa: Círculo de Leitores; Temas e Debates. p.254-289. 2011.

SCOTT, Joan.

Gênero: uma categoria útil de análise histórica. *Educação e Realidade*, v.16, n.2, p.5-22. 1990.

STERN, Alexandra Minna.

Gender and sexuality: a global tour and compass. In: Bashford, Alison; Levine, Philippa (Ed.). *The Oxford handbook of the history of eugenics*. New York: Oxford University Press. p.173-191. 2010.

SWAIN, Tania Navarro.

A invenção do corpo feminino ou “A hora e a vez do nomadismo identitário?”. *Textos de História*, v.8, n.1-2, p.47-84. 2000.

TOLEDO, Eliza Teixeira de.

A “*Vida sexual*” (1901-1933) de Egas Moniz: um discurso médico-científico sobre os corpos sexuados. Dissertação (Mestrado em História) – Faculdade de Filosofia e Ciências Humanas, Universidade Federal de Minas Gerais, Belo Horizonte. 2015.

TORRÃO FILHO, Amílcar.

Uma questão de gênero: onde o masculino e o feminino se cruzam. *Cadernos Pagu*, n.24, p.127-152. jun. 2005.

TURDA, Marius.

Modernism and eugenics. New York: Palgrave Macmillan. 2010.

