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► To cite this version:

Marie Walin. “Lack of Clarity” and “False Premises”: Partnership and Translations in Impotence-Related Petitions for Marriage Annulment in Nineteenth-Century Spain. Alain Giami; Sharman Levinson. *Histories of Sexology. Between Science and Politics*, Palgrave Macmillan, pp.153-168, 2021, 978-3-030-65812-0. 10.1007/978-3-030-65813-7_9. hal-03285476

HAL Id: hal-03285476

<https://hal.science/hal-03285476>

Submitted on 22 Jun 2023

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‘Lack of clarity’ and ‘false premises’¹

Partnership and translations in impotence-related petitions for marriage annulment in 19th-century Spain

Marie Walin

Abstract:

This paper aims to describe the evolution of the power relationship between the church and medicine in the definition of “normal” sexual behaviors and identities in Spain during the 19th century. It is based on the analysis of cases of impotence-related petitions for marriage annulment. In these petitions, it was necessary for the church and medicine to cooperate. The evolution of the vocabulary used in the archives, and of the causes attributed to absolute sexual impotence, proves the effort made by these two entities to work together, but also underlines a reversal of the traditional relationships of power between religion and science during the 19th century. However, it also shows how the conception of a normal sexuality remained based on Catholic morality, and on maintaining dominant gender identities and behaviors.

This is a post-peer-review, pre-copyedit version of a chapter published in Alain Giami et Sharman Levinson (eds.), *Histories of Sexology: Between Science and Politics*, London; New York; Shanghai, Palgrave Macmillan (coll. « Global Queer Politics »), 2021.

The definitive publisher-authenticated version: WALIN Marie, « “Lack of Clarity” and “False Premises”: Partnership and Translations in Impotence-Related Petitions for Marriage Annulment in Nineteenth-Century Spain » dans Alain Giami et Sharman Levinson (eds.), *Histories of Sexology: Between Science and Politics*, London; New York; Shanghai, Palgrave Macmillan (coll. « Global Queer Politics »), 2021, p. 153-168.

is available online at: https://doi.org/10.1007/978-3-030-65813-7_9

I warmly thank A. Giami and S. Levinson for their kind suggestions during the preparation of this paper.

“The promotor of justice for the Archdiocese, testifying in a marriage annulment case brought by Doña Elisa Villanueva y García on the grounds of the alleged impotence of her husband Don Luis Díaz y Sánchez, says:

It is appropriate that both parties should be examined by three legal physicians who must declare in a report (...):

1° Whether it is true that the husband was afflicted with absolute and incurable impotence before the marriage.

2° Whether the woman is intact and still a virgin and whether they can assure the court that the marriage could not be consummated by the husband.”²

This is the way in which Doctor Camilo de Palán, who was in charge of defending the church’s interests in an 1896 court case for marriage annulment in Madrid, formulates his questions to the forensic experts summoned by the ecclesiastical court. Clear and precise, they indicate the ecclesiastical experts need to examine the petition for the annulment of a marriage. Indeed, according to canon law, a marriage annulment can only be granted if sexual impotence is proved and shown to be incurable and anterior to the wedding night, or in the church’s words ‘absolute.’ Only under these conditions could the marriage be considered void, because it had not been consummated and could not be so in the future. This is why the ecclesiastical court needed help from medical experts in performing this difficult and delicate task.

The church has required the support of medical science for as long as marriage annulment has existed, that is, since the 12th century (Darmon, 1979; Matthews-Grieco, 2014; Madero, 2015). In most of the cases studied³, the partnership between medical science and religion went smoothly. All the physicians summoned by the Ecclesiastical Courts of Madrid and Saragossa between 1777 and 1910 were Catholic, and in most cases medical science supported Catholic sexual morals. However, during this period, medical knowledge radically changed, in particular with respect to knowledge about reproduction and sexuality. New discoveries such as the mechanism of spontaneous ovulation during the 1840s, or the emergence of new disciplines studying sexual behavior such as psychology or psychiatry at the end of the century, deeply transformed the perception of what we call ‘sexuality’ from the 1830s onwards. The progress of medical knowledge generally increased confidence in physicians’ knowledge and expertise. Over the period of our study, medical experts gained legitimacy. This could, in some cases, reverse the traditional hierarchy between the authority

of the church and that of science. This paper aims to trace this evolution by focusing on the partnership between the ecclesiastical court and medical experts in impotence-related petitions for marriage annulment.

To study this partnership, we will focus on the language used by both parties to refer to sexuality. During the 19th century, a new medical vocabulary emerged connected to developments in clinical medicine, the emergence of experimental medicine, and the series of discoveries previously mentioned. As Foucault demonstrated in *The Birth of the Clinic*, this vocabulary has a special relationship with the notion of ‘truth’ (Foucault, 1973). While scientific observation became the basis of new medical knowledge, scientific language began to be considered as the direct and truthful translation of observation into knowledge. From this perspective, the scientist acquires a preeminent role: they become the only one able to interpret the signs of nature and the symptoms of the body, and to translate them into scientific knowledge. But what if the observation of the scientist, this ‘truthful look’ when translated into ‘truthful knowledge,’ proved to be contrary to religious dogma about sexuality?

This paper will not consider 19th-century scientific or religious language about sexuality as truthful translations of reality into knowledge. The utopia of a perfect and neutral scientific gaze and language has been strongly criticized by philosophers, historians and sociologists of science (Kuhn, 1970; Canguilhem, 1968; Latour, 1984; Daston and Galison, 2007; Pestre, 2015). They have demonstrated how that which was considered at any given moment in history to be true scientific knowledge, depended on the specific political and social context that permitted its emergence. To analyze this process, the sociologists Madeleine Akrich, Michel Callon and Bruno Latour proposed using the concept of translation in its broader sense (Callon, 2006, pp. 201–251). Translation would not be considered a direct ‘equivalence’ between nature and scientific language alone, but would also include the process that leads to the formulation of the scientific theory. They proposed the concept of ‘networks of translation’ to include all the actors involved in the creation of scientific knowledge. These actors were not only scientists, but also those helping them with non-scientific activities, as well as non-human actors such as material elements or financing.

The purpose of this article is to use the concept of ‘translation’ as a metaphor for the relationship between the body, its mechanisms and its dysfunctions (especially concerning sexual life) and the language used to describe them. We will use the idea of a ‘network of

translation' to describe the communication between ecclesiastical and medical experts when debating the nature of sexual impotence. Our aim is to show that each party sought to impose their own conception of the body's dysfunctions of sexual life and of sexual morality. As the philosopher of science Donna Haraway has said, "Science has been about a search for translation, convertibility, mobility of meanings, and universality—which I call reductionism only when one language (guess whose?) must be enforced as the standard for all the translations and conversions" (Haraway, 1988)⁴. In other words, if scientific language and research can be regarded as a process of translation, it is also related to relationships of power between various entities seeking to impose their own conception of 'truth'. We will use impotence-related petitions for marriage annulment in the archives as a privileged place from which to observe these relationships of power. First, we will focus on the perspectives of the actors setting up networks of translation. This will allow us to go on to analyze the partnership and the conflicts between these actors as a result of the change in hierarchy between the authority of the church and of medicine in sex-related issues in 19th-century Spain.

Trying impotence-related petitions for marriage annulment

According to Canon Law, marriage is considered complete only when the conjugal debt has been paid. In other words, without coitus, the sacrament does not exist. This is why impotence is one of the few cases in which the Catholic Church gives the potent spouse an opportunity to remarry another person. But the church authorities were very suspicious in these cases, concerned that some people might try to deceive Canon Law in order to free themselves from what should be an eternal bond, 'till death do [them] part'. They also wanted to ascertain if impotence was merely temporary or was relative—implying that the problem only existed between these particular spouses but would not exist with another person. If impotence was proved to be temporary, the spouses were required to live together again. But if it was proved to be relative, they were permitted to remarry. The difference between the two situations could be subtle and difficult to determine.

Sexual impotence according to canon law and medical science

What exactly was 'sexual impotence' in 19th-century Spain? According to Pedro Murillo Velarde, a Jesuit author of a well-known textbook on canon law in Spain and Latin America, first published in Madrid in 1743, sexual impotence was:

“The diriment impediment⁵ [which] concerns only impotence to coitus that prevents, by natural or accidental vice, the carnal union of the man and the woman performed by the vagina’s penetration and by the insemination inside it.” (Murillo Velarde, 1791, Tít. XV)

The medical conception of impotence was very similar, as we can observe in this definition by Antonio Ballano, author of a medical dictionary of the early 19th century:

“Impotence. This name refers to the inability of one or the other sex to practice the venereal act, and impossibility of participating in the procreation of the human species because of a vice that prevents the execution of this function.” (Ballano, 180, p. 180)

In other words, both the church, and medical science defined sexual impotence as the inability to practice coitus. The only legitimate reason for sexual relations was reproduction, and as a consequence, sex was determined by the penetration of the vagina and ejaculation by the penis. So, as pointed out by Antonio Ballano quoting the famous French forensic physician Fodéré, “impotence comes from the man as well as from the woman”. Indeed, sexual impotence from the 18th to the 19th century designated problems of male erection, including premature ejaculation, but also a range of deformities—male or female—preventing penetration. Since the 12th century, Canon Law had included cases of women who were considered ‘too narrow’ to be penetrated and hence sexually impotent.

But although medical science and Canon Law had the same conception of ‘normal’ sexual life and how sex should be performed, they nevertheless used different terms because they drew on somewhat different conceptions of the body and sexuality. In religious writings, authors called coitus ‘carnal union’, which refers to the status of flesh in Christianity. According to Church Fathers such as Augustine or Thomas Aquinas, flesh was what differentiated humans from God. Before original sin, per Augustine, humans were able to control their desires. But following the Fall, desire was no longer subordinate to will. Humans could approach grace by controlling their desires, retaining their virginity for those who could, or, for those who could not, controlling their sexual desire by limiting it to marital relations. Between spouses, sexuality acquired different meanings, including ensuring the perpetuation of the Christian community and preventing the spouse from committing adultery or fornication. In the context of sexual impotence, ‘carnal union’ referred to the first coitus, the one that validated the marriage sacrament begun in church by making the spouses ‘one flesh.’ Thus from a religious point of view, coitus became a symbol of the destiny of lay people, who could approach grace

by marriage and procreation, and referred to an act that had a liturgical value in the wedding sacrament.

In medical writings, the terms used for coitus were either 'copulation' or 'venereal act,' both of which emphasized its biological aspects. For physicians, the significance lay not in satisfying one's desire in a struggle against sin and evil, but in procreation. However, there was a difference between sterility and impotence, the first at this time being considered as less definitive than impotence, according for instance to the conception of the physician A. Ballano. However, there was also an ontological dimension to the medical term 'copulation'. Seen from the point of view of the physicians of the first part of the 19th century, influenced by the development of Natural History, copulation was considered the duty of any human being, because humans existed to perpetuate the species rather than for themselves (Corbin, 2008). The essential purpose of an individual was to achieve what nature intended, that is, the perpetuation of human species. To avoid copulation was to act against nature.

So we see that medicine and religion mostly agreed on how to define sexual impotence, but even at the beginning of the 19th century, they drew on different theoretical bases. This would go on to make the partnership between medical and religious experts more difficult to negotiate.

Experts in court: a variety of positions and perspectives

Those involved in the ecclesiastical courts included both ecclesiastical and medical experts, but also lay people who were present as petitioners or witnesses. Their perspectives on sexuality were influenced by the definitions mentioned above, as well as by belief and superstition. In their efforts to argue their cases, they also tried to be intelligible to others despite differences of perspective, creating a 'network of translation'. Not all experts had the same education or legitimacy, and the various participants differed in authority and power. The most powerful of the ecclesiastical experts was the ecclesiastical judge, usually the archbishop, the bishop, or a person designated to substitute them in judicial cases, named the 'judicial vicar' or the 'ecclesiastic vicar' (*el Vicario eclésiastico*). Most of the time (but with some notable exceptions) he would agree with the arguments put forward by the 'promotor of justice' or by the 'defender of the bond', both experts in canon law in charge of defending the marriage and the church's interests. The promotor of justice is the one who addresses the questions to the medical experts and the petitioners. The latter are defended by a lawyer, or

otherwise by the ‘procurator’ (*procurador*), a person entitled to represent someone at court, but who had not completed his training as a lawyer and therefore charged less than a true expert. All proceedings were transcribed by a notary (*notario*), a court clerk with education in canon and civil law (though some did not receive such education). Despite their humble role, notaries were key in the process of translation because their writings are the unique trace that remains for historians to study.

Medical experts summoned to examine the petitioners figure alongside these experts and officials of the ecclesiastical court. At the beginning of the period of this study, they were appointed by the promotor of justice or by the petitioners themselves. It was possible for both parties to appoint three different experts, or even six or nine if their judgment was not satisfactory. By the end of the 18th century, the most powerful persons to bring their petition before the court were able to criticize the experts’ decisions and diagnoses. For instance, in 1788 the Marquess and Marchioness of Mortara opposed the ecclesiastical court’s order that a midwife should examine the wife⁶. Both spouses considered this unnecessary and even dangerous for the Marchioness’s health. According to the Marquess’s lawyer, Blas de la Vega, “everybody knows that midwives are so ignorant that their examination can affect the ‘integrity’ of the examined woman, that is, she can lose her virginity⁷.” This critique took place in a context of a devaluation of midwives’ knowledge and skills in comparison to that of surgeons, who progressively became the new experts for all sorts of physical examinations (Ortiz Gómez, 1996; Montserrat Cabré I Pairet and Ortiz Gómez, 2001). No evidence could be found in the archives studied of midwives being summoned after the 1830s. Throughout the 19th century, physicians remained the best educated and most respected medical experts. During trials, they had the privilege of making the diagnosis, based on the observations made by surgeons. The experts summoned by the Ecclesiastical Courts of Madrid and Saragossa were neither specialized in sexual matters, nor forensic medicine. The first mention of a forensic physician and of an expert in urology dates back to the end of the period of study, 1918⁸.

Testimonies, defense speeches and questioning: moments of communication and of translation

These diverse and numerous actors, each with a different background, knowledge, education and belief, still had to understand and communicate with each other in order to reach a

verdict. The archives give an account of the most formal examples of communication. These are mainly composed of the speeches made by the petitioners' lawyers, the promotor of justice and the defender of the bond. The observations and diagnoses of the surgeons and physicians are mostly transcribed directly in the archives. They appear in a separate file, alongside the evidence in the case. Sometimes the exact words of the petitioners or witnesses are reproduced, mostly because they have been questioned by the ecclesiastical judge himself (a practice that gradually disappeared) or by the promotor of justice or defender of the bond. The use of questioning as a guideline to the interventions of the diverse actors during the trials gradually became more common.

The practice of questioning was not the preserve of witnesses and petitioners alone. The ecclesiastical court also questioned the medical experts. In the 1896 trial quoted above, it questioned the commission of medical experts set up by the *Real Academia Nacional de Medicina* to satisfy the demands of the court. The use of questioning was not trivial. It necessarily involved a power relationship between the person asking the questions and the one responding. The questioner formulated the questions to elicit a specific response. Catholic morality is evident in the way the ecclesiastical experts formulated their questions, as is an intention to provoke the interlocutor's sense of guilt – which was, as Foucault demonstrated, the function of confession (Foucault, 1976). In the trials for marriage annulment, only ecclesiastical experts did the questioning, which serves to highlight the authority of the church. Throughout the century, we observe an increase in the use of a questionnaire by the ecclesiastical court to address complainants as well as medical experts. The questionnaires tend to be longer, and the questions more numerous. It can be seen as a way of reinforcing control over a matter that seemed to be slipping away from the control of the church. In fact, if questioning demonstrated an attempt to impose one unique way—a 'reductionist' way, according to D. Haraway (1988)—of perceiving reproductive sexuality, the complainants' answers as well as those of the physicians demonstrate that diverse conceptions of the body and of sexuality persisted, despite the strong influence of Catholicism.

Tensions and partnership

Masturbation: mortal sin, morbid vice

During the 18th century, as historians such as Thomas Laqueur have demonstrated, masturbation became an obsession in western medicine (Stengers and Anne Van Neck, 1984; Laqueur, 2004). Traditionally defined as a sin, masturbation, then referred to as onanism, came to be considered a vice and pathology which could cause death by exhaustion, mostly among men, who were supposed to be more tempted by this practice than women. In Spain, the translation of a well-known essay on the subject, which was published in 1760 by the Swiss doctor Samuel Auguste Tissot (Tissot, 1760), appeared later than in other European countries due to medical censorship (González de Pablo and Enrique Perdiguero Gil, 1990). The first authorized edition dates from 1807. Tissot's text was nevertheless known earlier, as proved by this definition published in Antonio Ballano's *Dictionary of Medical Sciences* published in 1805:

Onanism: "the excessive, solitary and irregular use of the reproductive abilities. Two evils arise from this horrible abuse, one provoking irritation of the nerves, another starvation or exhaustion as a consequence of excessive evacuation. Its physical consequences are paleness, exhaustion, extreme thinness, apoplexy [coma], lethargy, tremors, paralysis, blindness and deafness, spasms, gout [arthritis], tabes dorsalis, tuberculosis, and eventually, death; and its moral consequences are memory loss, laziness, inertia, stupidity, melancholy, and eventually, insanity. Those are the fruits harvested by the unhappy victims of this atrocious vice" (Ballano, 1805, p. 96)

Onanism is the most perfect instance of how religious and medical conceptions of the body and of sexuality harmonized, and how medical science participated in the 'secularization of sin' during the 19th century (Chaperon, 2007; Corbin, 2008). Physicians, moralists and later hygienists, incorporated the practice of mutual masturbation into this category, but also all sexual practices other than coitus, that is those whose purpose was sexual pleasure rather than reproduction. At the beginning of the 19th century, and with its basic meaning of self-sex practice, onanism was mostly considered a male condition, because the shape of their genitals made it easier for them to practice it than it as for women. Men were also considered less able to resist temptation, and more inclined to immoral sexual practices than women. The addictive practice of masturbation was seen as a cause of death by exhaustion due to the waste of sperm, which Tissot considered the most vital liquid of the human body (Carol, 2002).

Side effects of excessive masturbation, as described by A. Ballano ('exhaustion', 'lethargy'), bear obvious resemblance to male sexual impotence. This is why during questioning in impotence-related annulment petitions, experts would try to find out if the petitioner had resorted to this practice. This was the case with Don Ventura María de Ripa, who in 1825 unfortunately confessed to having been addicted to this practice during his youth (Walin, 2014)⁹. From that moment on, all of the physicians and surgeons agreed that his sexual impotence was due to 'self-abuse' (Dr Bonifacio Gutiérrez), or more precisely, to "an excess of masturbation during puberty, which caused an insurmountable weakness of the sexual organs in the patient" (Dr. Salvador Gosalves). Don Ventura's genitals were consequentially described as being in a state of 'lasciviousness', 'weakness' and 'languidity'—terms similar to those used by Tissot or A. Ballano in reference to onanism.

This case was the first we studied. We expected to find many others just like it (Walin, 2014). Onanism appears to have been the perfect diagnosis, one that got everyone to agree on the judgment. It was considered a sin as well as a pathology, causing absolute impotence and leading smoothly to the annulment of the marriage.

But this was not the case. In the archives we have studied, onanism was only mentioned five times in sixty cases. One hypothesis is that onanism was not popularly considered as serious a sin as described in medical and religious writings. For instance, in the case of the Marquess and Marchioness of Torrenueva in 1780, the wife mentions that her husband masturbated in front of her before coitus, but the ecclesiastical experts did not hold this against him.¹⁰ Another explanation could be that, most of the time, the petitioners would not confess to a practice they knew to be reprehensible. Indeed, one wonders why Don Ventura did not lie when interrogated. In that sense, for both ecclesiastical and medical experts to be in agreement about onanism is interesting because it would grant agency to the petitioners. Even though experts could agree on a common translation of the body and its dysfunctions, and despite their authority during the trials, they would remain dependent on the petitioners' declarations.

'Lack of clarity' and 'wrong premises'¹¹

By the time of the trial occurred in 1896, knowledge about sexuality had radically changed. The mechanisms of fertilization had been discovered (spontaneous ovulation in the 1840s, fertilizing ability of the spermatozoon in 1875). Hygiene, and in particular conjugal hygiene,

had become a new specialized science in the study of sexual diseases and difficulties with reproductive sexuality, and psychology and psychiatry included study of the so-called sexual ‘perversions’ and illnesses. Institutionally too, medicine had attained new social status. In 1861, the Royal Academy of Medicine of Madrid, previously a mere ‘*tertulia*’ (salon) for scientists living in and visiting Madrid, had become the Royal National Academy of Medicine, in charge of supervising the other Academies of Spain. This lent greater legitimacy to medical experts who sometimes intervened in court proceedings to contest ecclesiastical authority.

This was apparent in the questions included in the list sent to the National and Royal Academy of Medicine, as mentioned in the introduction. The first questions were about the nature of sexual impotence (is it incurable and absolute?) and about the wife’s virginity. The others also dealt with these topics, but were much more precise:

“First: Can a physician specializing in illnesses that include impotence, by means of one or several examinations, be certain that a subject who does not present any malformation or deficiency in his genitals is perpetually and incurably impotent, explaining the fundamentals of his argument in a negative or positive way?

Second: Could a given subject afflicted with impotence due to a weakness of the nerves originating in onanism be treated? The approximate duration of treatment until the patient’s recovery should be specified.

Third: Are there any medical cases that seem at first to have had the characteristics of impotence but which turn out to be cases of sterility? Can some of them can be listed?”¹²

Notice the specificity of the questions, revealing the attempt by the ecclesiastical expert who formulated them (probably the promotor of justice) to be up to date with the most current medical knowledge about sexuality. Church officials were clearly aware of the fact that onanism was no longer considered a cause of absolute impotence. Yet the ecclesiastical court still sought the advice of a specialist in this type of illness, admitting thereby its incompetence on these matters.

Even more interesting is the answer given by the Director of the Royal and National Academy of Medicine himself:

“Before considering the heart of this report, we must draw attention to the way in which the aforementioned questions have been formulated, above all the first and the third, where the lack of clarity and precision is most obvious. It makes it

impossible to answer them as categorically as possible, and increases the difficulties proper to this category of forensic issues, which concerns impotence and sterility as causes of marriage annulment.”¹³

The commission of medical experts set up by the Royal and National Academy thereby openly criticizes the ‘lack of clarity’ of the ecclesiastical experts, which prevents the real experts—the physicians—from carrying out their task. They cannot categorically answer a question whose premises are wrong, as is made clear in the answer to the third question:

“Third: To answer this question it is necessary to point out that impotence has nothing to do with sterility. The first refers exclusively to the impossibility of enacting coitus, whereas sterility signifies the impossibility of procreation, therefore this question is based on wrong premises due to the confusion it sets up between two concepts so different as the conditions known by the names of impotence and sterility.”¹⁴

In their replies to the ecclesiastical experts, the members of the Royal Academy clearly suggest that they should abandon their idea of being experts on sexual matters. How could they assume such roles if they approach this issue with ‘wrong premises?’ The Royal Academy is reasserting its own authority on such matters, insisting on knowledge of which the church seems to be ignorant. In the report cited, the medical experts went on to develop an argument about the diagnosis of ‘absolute’ impotence, and another about the presence of hymen in women: could it be considered as a certain proof of virginity? None of these issues directly address the questions posed by the court. Rather, they reproduce debates among the medical community at the end of the 19th century. On all these points, their vocabulary, their insistence on the classification of the illnesses, and their ambition to give certain answers by examination, are proof of the authority they have won since the beginning of the century. As a consequence of this authority, they can take the ecclesiastical experts to task for their lack of knowledge, their confusions, and their outdated representations.

Conclusion

As in the cases previously discussed, the experts eventually reached an agreement. The discussion quickly strayed from the question of the husband’s impotence to that of the wife’s virginity. At the end of the 19th century, the hymen became the new obsession for physicians, specifically those testifying in court (Mortas, 2017), who wanted to use it as proof of women’s virginity in all cases concerning sexual matters. The interests of religion and medicine would

once again coincide, this time specifically at the expense of women. Several of the cases studied here, which took place toward the end of the 19th century, began with the husband being accused of impotence, and ended with an inquiry into the woman's morality, demonstrating how the interests of the church and medicine coincided with those of patriarchy. Such a conflation of discourses did not always occur in these petitions for marriage annulment, which were one of the rare occasions when women were listened to (Darmon, 1979; Behrend-Martínez, 2007), even though courts were not always on their side.

During the 18th century and at the beginning of the 19th century, when the obsession with onanism spread, men were more suspected of engaging in this sinful practice than women. But as knowledge about sexuality became more scientific with the discoveries of the 19th century, the classification of indecent sexual practices became more sophisticated, with gender distinctions listed among the 'perverted' practices (Mazaleigue, 2014). At the end of the century, onanism was no longer regarded as a cause only of male impotence, and it was thought that it could also affect women, producing pathologies such as 'hysteria'. The word 'masturbation' began to be used, including in ecclesiastical archives. This vocabulary transfer demonstrates the increase of medical authority and legitimacy. But at the same time, the fact that such cases remained under the authority of the church until the Second Republic (and afterwards, during Franco's regime) preserved the primacy of Catholic sexual morality the language and translations used to describe bodies and sexuality in Spain even in the 20th century.

This paper has outlined the process of transition from one lexicon to another, with the development of medical science about sexuality during the 19th century, and the attempt of religion, and later of medicine, to monopolize the vocabulary of sexual practices—and therefore the conception of sexuality. It has also demonstrated how these two lexicons coincided when it came to condemning 'immoral' sexual practices, whose categorization changed throughout the 19th century, but which always returned to the normalization of established gender identities. However, these attempts to impose a 'reductionist' way of interpreting sexual dysfunctions (Haraway, 1988), met with some resistance from petitioners themselves, who used their own vocabulary and refused to divulge every detail of their sexual lives.

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¹ «Falta de claridad» y «premisas falsas», «Nulidad de matrimonio a instancia de D^a Elisa Villanueva y García con su esposo D. Luis Díaz y Sánchez», Pieza segunda, AHDM, Judicial, caja núm. 15982, 1896.

² *ibid.*, 04/07/1897.

³ Our study is based on 55 impotence-related queries for marriage annulment tried by the Ecclesiastical Courts of Madrid and Saragossa between 1777 and 1919.

⁴ The ironic expression “«gess whose?»”, which is very characteristic of tHraway’s writing style, refers to the general topic of the article, about the androcentric and misogynist bias existing in the construction of Scientific knowledge.

⁵ In Canon Law, The "diriment impediments" designate, all the situations in which a marriage could be considered void. Along with sexual impotence, they concern include cases of consanguinity, insanity, rape, bigamy or a difference of religion.

⁶ “Demanda de nulidad puesta por el señor Don Benito Orozco, Márquez de Mortara, a la Excelentísima señora Dominga Catala, su muger”, Archivo Histórico Diocesano de Madrid-Alcalá, caja nº 1876, exp. 1, 1788.

⁷ Blas de la Vega in the name of Benito Osorio Márquez de Mortara, *ibid.*, 20th of May of 1788, fº31.

⁸ “Expediente de nulidad de matrimonio de D^a Miguela Ferragut y Morera contra Dn Pedro Esquerdo Sáez”, AHDM, Judicial, caja núm. 16239, exp. 5 (7 piezas), 1918.

⁹ “En 4 de Mayo de 1825 Pedimento à nombre de Doña Lucia García Pizarro con su marido Don Ventura María de Ripa sobre nulidad de Matrimonio”, AHDM, Judicial, caja 2132, 1825.

¹⁰ “Demanda sobre nulidad del matrimonio contrahido por los señores Marqueses de Torrenueva”, AHDM, Judicial, Caja 1790, exp. 24, 1780.

¹¹ “Nulidad de matrimonio a instancia de D^a Elisa Villanueva y García con su esposo D. Luis Diaz y Sánchez”, *op. cit.*, 1896.

¹² “Escrito del Provisorato y Vicaria Eclesiástica del obispado de Madrid-Alcalá sobre autos que sigue D^a Elisa Villanueva contra su esposo Dn Luis Díaz y Sánchez sobre nulidad de matrimonio por impotencia del varón”, RANM, leg. 185, doc. 9631, I. Comunicado del Provisorato y Vicaria General de Madrid–Alcalá, 20/10/1897.

¹³ *ibid.*

¹⁴ *ibid.*

