The Disease of Masturbation: Values and the Concept of Disease Engelhardt, H Tristram Bulletin of the History of Medicine; Summer 1974; 48, 2; ProQuest pg. 234

THE DISEASE OF MASTURBATION: VALUES AND THE CONCEPT OF DISEASE *

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Masturbation in the 18th and especially in the 19th century was widely believed to produce a spectrum of serious signs and symptoms, and was held to be a dangerous disease entity. Explanation of this phenomenon entails a basic reexamination of the concept of disease. It presupposes that one think of disease neither as an objective entity in the world nor as a concept that admits of a single universal definition: there is not, nor need there be, one concept of disease.[1] Rather, one chooses concepts for certain purposes, depending on values and hopes concerning the world.[2] The disease of masturbation is an eloquent example of the value-laden nature of science in general and of medicine in particular. In explaining the world, one judges what is to be significant or insignificant. For example, mathematical formulae are chosen in terms of elegance and simplicity, though elegance and simplicity are not attributes to be found in the world as such. The problem is even more involved in the case of medicine which judges what the human organism should be (i.e., what counts as "health") and is thus involved in the entire range of human values. This paper will sketch the nature of the model of the disease of masturbation in the 19th century, particularly in America, and indicate the scope of this "disease entity" and the therapies it evoked. The goal will be to outline some of the interrelations between evaluation and explanation.

The moral offense of masturbation was transformed into a disease with somatic not just psychological dimensions. Though sexual overindulgence generally was considered debilitating since at least the time of Hippocrates,[3] masturbation was not widely accepted as a disease until a

* Read at the 46th annual meeting of the American Association for the History of Medicine, Cincinnati, Ohio, May 5, 1973. I am grateful for the suggestions of Professor John Duffy, and the kind assistance of Louanna K. Bennett and Robert S. Baxter, Jr.

[1] Alvan R. Feinstein, "Taxonomy and logic in clinical data," *Ann. N. Y. Acad. Sci.*, 1969, *161:* 450-459.

[2] Horacio Fabrega, Jr., "Concepts of disease: logical features and social implications," *Perspect. Biol. Med.*, 1972, *15:* 583-616.

[3] For example, Hippocrates correlated gout with sexual intercourse, *Aphorisms,* VI, 30. Numerous passages in the *Corpus* recommend the avoidance of overindulgence especially during certain illnesses.

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book by the title *Onania* appeared anonymously in Holland in 1700 and met with great success.[4] This success was reinforced by the appearance of S. A. Tissot's book on onanism.[5] Tissot held that all sexual activity was potentially debilitating and that the debilitation was merely more exaggerated in the case of masturbation. The primary basis for the debilitation was, according to Tissot, loss of seminal fluid, one ounce being equivalent to the loss of forty ounces of blood.[6] When this loss of fluid took place in an other than recumbent position (which Tissot held often to be the case with masturbation), this exaggerated the ill effects.[7] In attempting to document his contention, Tissot provided a comprehensive monograph on masturbation, synthesizing and appropriating the views of classical authors who had been suspicious of the effects of sexual overindulgence. He focused these suspicions clearly on masturbation. In this he was very successful, for Tissot's book appears to have widely established the medical opinion that masturbation was associated with serious physical and mental maladies.[8]

There appears to have been some disagreement whether the effect of frequent intercourse was in any respect different from that of masturbation. The presupposition that masturbation was not in accordance with the dictates of nature suggested that it would tend to be more subversive of the constitution than excessive sexual intercourse. Accounts of this

[4] René A. Spitz, "Authority and masturbation. Some remarks on a bibliographical investigation," *Yb. Psychoanal.*, 1953, *9:* 116. Also, Robert H. MacDonald, "The frightful consequences of onanism: notes on the history of a delusion," *J. Hist. Ideas,* 1967, *28:* 423-431.

[5] Simon-André Tissot, *Tentamen de Morbis ex Manustrupatione* (Lausannae: M. M. Bousquet, 1758). An anonymous American translation appeared in the early 19th century: *Onanism* (New York: Collins & Hannay, 1832). Interestingly, the copy of Tissot's book held by the New York Academy of Medicine was given by Austin Flint. Austin Flint in turn was quoted as an authority on the effects of masturbation; see Joseph W. Howe's *Excessive Venery, Masturbation and Continence* (New York: Bermingham, 1884), p. 97. Also the American edition of Tissot's book, to show its concurrence with an American authority, added in a footnote a reference to Benjamin Rush's opinion concerning the pernicious consequences of masturbation. See Tissot, *Onanism,* p. 19, and Benjamin Rush's *Medical Inquiries and Observations Upon the Diseases of the Mind* (Philadelphia: Kimber and Richardson, 1812), pp. 348-349; also Tissot, *Onanism,* p. 21.

[6] Simon-André Tissot, *Onanism* (New York: Collins & Hannay, 1832), p. 5.

[7] *Ibid.,* p. 50.

[8] E. H. Hare, "Masturbatory insanity: the history of an idea," *J. Mental Sci.,* 1962, *108:* 2-3. It is worth noting that Tissot, as others, at times appears to have grouped together female masturbation and female homosexuality. See Vern L. Bullough and Martha Voght, "Homosexuality and its confusion with the 'secret sin' in pre-Freudian America," *J. Hist. Med. All. Sci.,* 1973, *28:* 143-155.

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difference in terms of the differential effect of the excitation involved are for the most part obscure. It was, though, advanced that "during sexual intercourse the expenditure of nerve force is compensated by the magnetism of the partner." [9] Tissot suggested that a beautiful sexual partner was of particular benefit or was at least less exhausting.[10] In any event, masturbation was held to be potentially more deleterious since it was unnatural, and, therefore, less satisfying and more likely to lead to a disturbance or disordering of nerve tone.

At first, the wide range of illnesses attributed to masturbation is striking. Masturbation was held to be the cause of dyspepsia,[11] constrictions of the urethra,[12] epilepsy,[13] blindness,[14] vertigo, loss of hearing,[15] headache, impotency, loss of memory, "irregular action of the heart," general loss of health and strength,[16] rickets,[17] leucorrhea in women,[18] and chronic catarrhal conjunctivitis.[19] Nymphomania was found to arise from masturbation, occurring more commonly in blonds than in brunettes.[20] Further, changes in the external genitalia were attributed to masturbation: elongation of the clitoris, reddening and congestion of the labia majora, elongation of the labia minora,[21] and a thinning and decrease in size of the penis.[22] Chronic masturbation was held to lead to the

[9] Howe, *op. cit.* (n. 5 above), pp. 76-77.

[10] Tissot, *op. cit.* (n. 6 above), p. 51.

[11] J. A. Mayes, "Spermatorrhoea, treated by the lately invented rings," *Charleston Med. J. & Rev.*, 1854, *9:* 352.

[12] Allen W. Hagenbach, "Masturbation as a cause of insanity," *J. Ner. Ment. Dis.*, 1879, *6:* 609.

[13] Baker Brown, *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* (London: Hardwicke, 1866). Brown phrased the cause discreetly in terms of "peripheral irritation, arising originally in some branches of the pudic nerve, more particularly the incident nerve supplying the clitoris. . . ." (p. 7)

[14] F. A. Burdem, "Self pollution in children," *Mass. Med. J.*, 1896, *16:* 340.

[15] Weber Liel, "The influence of sexual irritation upon the diseases of the ear," *New Orleans Med. & Surg. J.*, 1884, *11:* 786-788.

[16] Joseph Jones, "Diseases of the nervous system," *Trans. La. Med. Soc.* (New Orleans: L. Graham & Son, 1889), p. 170.

[17] Howe, *op. cit.* (n. 9 above), p. 93.

[18] J. Castellanos, "Influence of sewing machines upon the health and morality of the females using them," *South. J. Med. Sci.*, 1866-1867, *1:* 495-496.

[19] Comment, "Masturbation and ophthalmia," *New Orleans Med. & Surg. J.*, 1881-1882, *9:* 67.

[20] Howe, *op. cit.* (n. 5 above), pp. 108-111.

[21] *Ibid.*, pp. 41, 72.

[22] *Ibid.*, p. 68.

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development of a particular type, including enlargement of the superficial veins of the hands and feet, moist and clammy hands, stooped shoulders, pale sallow face with heavy dark circles around the eyes, a "draggy" gait, and acne.[23] Careful case studies were published establishing masturbation as a cause of insanity,[24] and evidence indicated that it was a cause of hereditary insanity as well.[25] Masturbation was held also to cause an hereditary predisposition to consumption.[26] Finally, masturbation was believed to lead to general debility. "From health and vigor, and intelligence and loveliness of character, they became thin and pale and cadaverous; their amiability and loveliness departed, and in their stead irritability, moroseness and anger were prominent characteristics. . . . The child loses its flesh and becomes pale and weak." [27] The natural history was one of progressive loss of vigor, both physical and mental.

In short, a broad and heterogeneous class of signs and symptoms were recognized in the 19th century as a part of what was tantamount to a syndrome, if not a disease: masturbation. If one thinks of a syndrome as the concurrence or running together of signs and symptoms into a recognizable pattern, surely masturbation was such a pattern. It was more, though, in that a cause was attributed to the syndrome providing an etiological framework for a disease entity. That is, if one views the development of disease concepts as the progression from the mere collection of signs and symptoms to their interrelation in terms of a recognized causal mechanism, the disease of masturbation was fairly well evolved. A strikingly heterogeneous set of signs and symptoms was unified and comprehended under one causal mechanism. One could thus move from mere observation and description to explanation.

Since the signs and symptoms brought within the concept of masturbation were of a serious order associated with marked debility, it is not unexpected that there would be occasional deaths. The annual reports of the Charity Hospital of Louisiana in New Orleans which show hospitalizations for masturbation over an eighty-six year period indicate that, indeed, two masturbators were recorded as having died in the hospital. In 1872, the reports show that there were two masturbators hospitalized,

[23] *Ibid.*, p. 73.
[24] Hagenbach, *op. cit.* (n. 12 above), pp. 603-612.
[25] Jones, *op. cit.* (n. 16 above), p. 170.
[26] Howe, *op. cit.* (n. 5 above), p. 95.
[27] Burdem, *op. cit.* (n. 14 above), pp. 339, 341.

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one of whom was discharged, the other one having died.[28] The records of 1887 show that of the five masturbators hospitalized that year two improved, two were unimproved, and one died.[29] The records of the hospital give no evidence concerning the patient who died in 1872. The records for 1887, however, name the patient, showing him to have been hospitalized on Tuesday, January 6, 1887, for masturbation. A forty-five year old native of Indiana, a resident of New Orleans for the previous thirty-five years, single, and a laborer, he died in the hospital on April 8, 1887.[30] There is no indication of the course of the illness. It is interesting to note, though, that in 1888 there was a death from anemia associated with masturbation, the cause of death being recorded under anemia. The records indicate that the patient was hospitalized on August 17, 1887, and died on February 11, 1888, was a lifelong resident of New Orleans, and was likewise a laborer and single.[31] His case suggests something concerning the two deaths recorded under masturbation: that they, too, suffered from a debilitating disease whose signs and symptoms were referred to masturbation as the underlying cause. In short, the concept of masturbation as a disease probably acted as a schema for organizing various signs and symptoms which we would now gather under different nosological categories.

As with all diseases, there was a struggle to develop a workable nosology. This is reflected in the reports of the Charity Hospital of Louisiana (in New Orleans) where over the years the disease was placed under various categories and numerous nomenclatures were employed. In 1848, for example, the first entry was given as "masturbation," in 1853 "onanism" was substituted, and in 1857 this was changed to "onanysmus." [32] Later, as the records began to classify the diseases under general headings, a place had to be found for masturbation. Initially in 1874, the disease "masturbation" was placed under the heading "Male Diseases

[28] *Report of the Board of Administrators of the Charity Hospital to the General Assembly of Louisiana* [for 1872] (New Orleans: The Republican Office, 1873), p. 30.

[29] *Report of the Board of Administrators of the Charity Hospital to the General Assembly of Louisiana* [for 1887] (New Orleans: A. W. Hyatt, 1888), p. 53.

[30] Record Archives of the Charity Hospital of Louisiana [in New Orleans] M S, "Admission Book #41 from December 1, 1885 to March 31, 1888 Charity Hospital," p. 198. I am indebted to Mrs. Eddie Cooksy for access to the record archives.

[31] *Ibid.*, p. 287.

[32] This and the following information concerning entries is taken from a review of the *Report of the Board of Administrators of the Charity Hospital,* New Orleans, Louisiana, from 1848 to 1933. The reports were not available for the years 1850-1851, 1854-1855, 1862-1863, and 1865.

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of Generative Organs." In 1877 this was changed to "Diseases of the Nervous System," and finally in 1884 the disease of "onanism" was classified as a "Cerebral-Spinal Disease." In 1890 it was reclassified under the heading "Diseases of the Nervous System," and remained classified as such until 1906 when it was placed as "masturbation" under the title of "Genito-Urinary System, Diseases of (Functional Disturbances of Male Sexual Organs)." It remained classified as a functional disturbance until the last entry in 1933. The vacillation in the use of headings probably indicates hesitation on the part of the recorders as to the nature of the disease. On the one hand, it is understandable why a disease, which was held to have such grossly physical components, would itself be considered to have some variety of physical basis. On the other hand, the recorders appear to have been drawn by the obviously psychological aspects of the phenomenon of masturbation to classify it in the end as a functional disturbance.

As mentioned, the concept of the disease of masturbation developed on the basis of a general suspicion that sexual activity was debilitating.[33] This development is not really unexpected: if one examines the world with a tacit presupposition of a parallelism between what is good for one's soul and what is good for one's health, then one would expect to find disease correlates for immoral sexual behavior.[34] Also, this was influenced by a concurrent inclination to translate a moral issue into medical terms and relieve it of the associated moral opprobrium in a fashion similar to the translation of alcoholism from a moral into a medical problem.[35] Further, disease as a departure from a state of stability due to excess or under excitation offered the skeleton of a psychosomatic theory of the somatic alterations attributed to the excitation associated with masturbation.[36] The categories of over and under

[33] Even Boerhaave remarked that "an excessive discharge of semen causes fatigue, weakness, decrease in activity, convulsions, emaciation, dehydration, heat and pains in the membranes of the brain, a loss in the acuity of the senses, particularly of vision, *tabes dorsalis,* simplemindedness, and various similar disorders." My translation of Hermanno Boerhaave's *Institutiones Medicae* (Viennae: J. T. Trattner, 1775), p. 315, paragraph 776.

[34] "We have seen that masturbation is more pernicious than excessive intercourse with females. Those who believe in a special providence, account for it by a special ordinance of the Deity to punish this crime." Tissot, *op. cit.* (n. 6 above), p. 45.

[35] ". . . the best remedy was not to tell the poor children that they were damning their souls, but to tell them that they might seriously hurt their bodies, and to explain to them the nature and purport of the functions they were abusing." Lawson Tait, "Masturbation. A clinical lecture," *Med. News,* 1888, *53:* 2.

[36] Though it has not been possible to trace a direct influence by John Brown's system

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excitation suggest cogent, basic categories of medical explanation: over and under excitation, each examples of excess, imply deleterious influences on the stability of the organism. Jonathan Hutchinson succinctly described the etiological mechanism in this fashion, holding that "the habit in question is very injurious to the nerve-tone, and that it frequently originates and keeps up maladies which but for it might have been avoided or cured." [37] This schema of causality presents the signs and symptoms attendant to masturbation as due to "the nerve-shock attending the substitute for the venereal act, or the act itself, which, either in onanism or copulation frequently indulged, breaks men down." [38] "The excitement incident to the habitual and frequent indulgence of the unnatural practice of masturbation leads to the most serious constitutional effects. . . ." [39] The effects were held to be magni-

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of medicine upon the development of accounts of the disease of masturbation, yet a connection is suggestive. Brown had left a mark on the minds of many in the 18th and 19th centuries, and given greater currency to the use of concepts of over and under excitation in the explanation of the etiology of disease. Guenter B. Risse, "The quest for certainty in medicine: John Brown's system of medicine in France," *Bull. Hist. Med.*, 1971, *45:* 1-12.

[37] Jonathan Hutchinson, "On circumcision as preventive of masturbation," *Arch. Surg.*, 1890-1891, *2:* 268.

[38] Theophilus Parvin, "The hygiene of the sexual functions," *New Orleans Med. & Surg. J.*, 1884, *11:* 606.

[39] Jones, *op. cit.* (n. 16 above), p. 170. It is interesting to note that documentation for the constitutional effects of masturbation was sought even from post-mortem examination. A report from Birmingham, England, concerning an autopsy on a dead masturbator, concluded that masturbation ". . . seems to have acted upon the cord in the same manner as repeated small haemorrhages affect the brain, slowly sapping its energies, until it succumbed soon after the last application of the exhausting influence, probably through the instrumentality of an atrophic process previously induced, as evidenced by the diseased state of the minute vessels" ([James] Russell, "Cases illustrating the influence of exhaustion of the spinal cord in inducing paraplegia," *Med. Times & Gaz., Lond.,* 1863, *2:* 456). The examination included microscopic inspection of material to demonstrate pathological changes. Again, the explanation of the phenomena turned on the supposed intense excitement attendant to masturbation. "In this fatal vice the venereal passion is carried at each indulgence to the state of highest tension by the aid of the mind, and on each occasion the cord is subjected to the strongest excitement which sensation and imagination in combination can produce, for we cannot regard the mere secretion of the seminal fluid as constituting the chief drain upon the energies of the cord, but rather as being the exponent of the nervous stimulation by which it has been ejaculated" (*Ibid.*, p. 456). The model was one of mental tension and excitement "exhausting" the nervous system by "excessive functional activity" leading to consequent "weakening" of the nervous system. Baker Brown listed eight stages in the progress of the disease in females: hysteria, spinal irritation, hysterical epilepsy, cataleptic fits, epileptic fits, idiocy, mania and finally death; Brown, *op. cit.* (n. 13 above), p. 7.

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fied during youth when such "shocks" undermined normal development.[40]

Similarly, Freud remarks in a draft of a paper to Wilhelm Fliess dated February 8, 1893, that "Sexual exhaustion can by itself alone provoke neurasthenia. If it fails to achieve this by itself, it has such an effect on the disposition of the nervous system that physical illness, depressive affects and overwork (toxic influences) can no longer be tolerated without [leading to] neurasthenia. . . . *neurasthenia in males* is acquired at puberty and becomes manifest in the patient's twenties. Its source is masturbation, the frequency of which runs completely parallel with the frequency of male neurasthenia." [41] And Freud later stated, "It is the prolonged and intense action of this pernicious sexual satisfaction which is enough on its own account to provoke a neurasthenic neurosis. . . ." [42] Again, it is a model of excessive stimulation of a certain quality leading to specific disabilities. This position of the theoreticians of masturbation in the 19th century is not dissimilar to positions currently held concerning other diseases. For example, the first Diagnostic and Statistical Manual of the American Psychiatric Association says with regard to "psychophysiologic autonomic and visceral disorders" that "The symptoms are due to a chronic and exaggerated state of the normal physiological expression of emotion, with the feeling, or subjective part, repressed. Such long continued visceral states may eventually lead to structural changes." [43] This theoretical formulation is one that would have been compatible with theories concerning masturbation in the 19th century.

Other models of etiology were employed besides those based upon excess stimulation. They, for the most part, accounted for the signs and symptoms on the basis of the guilt associated with the act of masturbation. These more liberal positions developed during a time of reaction against the more drastic therapies such as Baker Brown's use of

[40] "Any shock to this growth and development, and especially that of masturbation, must for a time suspend the process of nutrition; and a succession of such shocks will blast both body and mind, and terminate in perpetual vacuity." Burdem, *op. cit.* (n. 14 above), p. 339. In this regard, not only adolescent but childhood masturbation was the concern of 19th century practitioners; e.g., Russell, *op. cit.* (n. 39 above), p. 456.

[41] Sigmund Freud, *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* I (London: The Hogarth Press, 1971), p. 180.

[42] *Ibid.,* III, "Heredity and the Aetiology of the Neuroses," p. 150.

[43] *Diagnostic and Statistical Manual: Mental Disorders* (Washington, D. C.: American Psychiatric Association, 1952), p. 29.

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clitoridectomy.[44] These alternative models can be distinguished according to whether the guilt was held to be essential or adventitious. Those who held that masturbation was an unnatural act were likely to hold that the associated guilt feelings and anxiety were natural, unavoidable consequences of performing an unnatural act. Though not phrased in the more ethically neutral terms of excess stimulation, still the explanation was in terms of a pathophysiological state involving a departure from biological norms. "The masturbator feels that his act degrades his manhood, while the man who indulges in legitimate intercourse is satisfied that he has fulfilled one of his principal natural functions. There is a healthy instinctive expression of passion in one case, an illegitimate perversion of function in the other." [45] The operative assumption was that when sexual activity failed to produce an "exhilaration of spirits and clearness of intellect" and when associated with anxiety or guilt it would lead to deleterious effects.[46] This analysis suggested that it was guilt, not excitation, which led to the phenomena associated with masturbation. "Now it happens in a large number of cases, that these young masturbators sooner or later become alarmed at their practices, in consequence of some information they receive. Often this latter is of a most mischievous character. Occasionally too, the religious element is predominant, and the mental condition of these young men becomes truly pitiable. . . . The facts are nearly these: Masturbation is not a crime nor a sin, but a vice." [47] Others appreciated the evil and guilt primarily in terms of the solitary and egoistic nature of the act.[48]

Such positions concerning etiology graded over into models in which

[44] "Mr. Baker Brown was not a very accurate observer, nor a logical reasoner. He found that a number of semi-demented epileptics were habitual masturbators, and that the masturbation was, in women, chiefly effected by excitement of the mucous membrane on and around the clitoris. Jumping over two grave omissions in the syllogism, and putting the cart altogether before the horse, he arrived at the conclusion that removal of the clitoris would stop the pernicious habit, and therefore cure the epilepsy." Tait, *op. cit.* (n. 35 above), p. 2.

[45] Howe, *op. cit.* (n. 5 above), p. 77.

[46] *Ibid.*, p. 77.

[47] James Nevins Hyde, "On the masturbation, spermatorrhoea and impotence of adolescence," *Chicago Med. J. & Exam.*, 1879, *38:* 451-452.

[48] "There can be no doubt that the habit is, temporarily at least, morally degrading; but if we bear in mind the selfish, solitary nature of the act, the entire absence in it of aught akin to love or sympathy, the innate repulsiveness of intense selfishness or egoism of any kind, we may see how it may be morally degrading, while its effect on the physical and mental organism is practically nil." A. C. McClanahan, "An investigation into the effects of masturbation," *N. Y. Med. J.*, 1897, *66:* 502.

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masturbation's untoward signs and symptoms were viewed as merely the result of guilt and anxiety felt because of particular cultural norms, which norms had no essential basis in biology. "Whatever may be abnormal, there is nothing unnatural." [49] In short, there was also a model of interpretation which saw the phenomena associated with masturbation as mere adventitious, as due to a particular culture's condemnation of the act. This last interpretation implied that no more was required than to realize that there was nothing essentially wrong with masturbation. "Our wisest course is to recognize the inevitableness of the vice of masturbation under the perpetual restraints of civilized life, and, while avoiding any attitude of indifference, to avoid also an attitude of excessive horror, for that would only lead to the facts being effectually veiled from our sight, and serve to manufacture artificially a greater evil than that which we seek to combat." [50] This last point of view appears to have gained prominence in the development of thought concerning masturbation as reflected in the shift from the employment of mechanical and surgical therapy in the late 19th century to the use of more progressive means (i.e., including education that guilt and anxiety were merely relative to certain cultural norms) by the end of the century and the first half of the 20th century.[51]

To recapitulate, 19th-century reflection on the etiology of masturbation led to the development of an authentic disease of masturbation: excessive sexual stimulation was seen to produce particular and discrete pathophysiological changes.[52] First, there were strict approaches in terms of disordered nerve-tone due to excess and/or unnatural sexual excitation. Over-excitation was seen to lead to significant and serious physical alterations in the patient, and in this vein a somewhat refined causal model of the disease was developed. Second, there were those who saw the signs and symptoms as arising from the unavoidable guilt and anxiety associated with the performance of an unnatural act. Third, there were a few who appreciated masturbation's sequelae as merely the response of a person in a culture which condemned the activity.

Those who held the disease of masturbation to be more than a culturally

[49] *Ibid.*, p. 500.

[50] Augustin J. Himel, "Some minor studies in psychology, with special reference to masturbation," *New Orleans Med. & Surg. J.*, 1907, *60:* 452.

[51] Spitz, *op. cit.* (n. 4 above), esp. p. 119.

[52] That is, masturbation as a disease was more than a mere collection of signs and symptoms usually "running together" in a syndrome. It became a legitimate disease entity, a causally related set of signs and symptoms.

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dependent phenomenon often employed somewhat drastic therapies. Restraining devices were devised,[53] infibulation or placing a ring in the prepuce was used to make masturbation painful,[54] and no one less than Jonathan Hutchinson held that circumcision acted as a preventive.[55] Acid burns or thermoelectrocautery [56] were utilized to make masturbation painful and, therefore, to discourage it. The alleged seriousness of this disease in females led, as Professor John Duffy has shown, to the employment of the rather radical treatment of clitoridectomy.[57] The classic monograph recommending clitoridectomy, written by the British surgeon Baker Brown, advocated the procedure to terminate the "long continued peripheral excitement, causing frequent and increasing losses of nerve force, . . ." [58] Brown recommended that "the patient having been placed completely under the influence of chloroform, the clitoris [be] freely excised either by scissors or knife—I always prefer the scissors." [59] The supposed sequelae of female masturbation, such as sterility, paresis, hysteria, dysmenorrhea, idiocy, and insanity, were also held to be remedied by the operation.

Male masturbation was likewise treated by means of surgical procedures. Some recommended vasectomy [60] while others found this procedure ineffective and employed castration.[61] One illustrative case involved the castration of a physician who had been confined as insane for seven years and who subsequently was able to return to practice.[62] Another case involved the castration of a twenty-two year old epileptic "at the request of the county judge, and with the consent of his father . . . the father saying he would be perfectly satisfied if the masturbation

[53] C. D. W. Colby, "Mechanical restraint of masturbation in a young girl," *Med. Record in N. Y.*, 1897, *52:* 206.

[54] Louis Bauer, "Infibulation as a remedy for epilepsy and seminal losses," *St. Louis Clin. Reçord,* 1879, *6:* 163-165. See also Gerhart S. Schwarz, "Infibulation, population control, and the medical profession," *Bull. N. Y. Acad. Med.,* 1970, *46:* 979, 990.

[55] Hutchinson, *op. cit.* (n. 37 above), pp. 267-269.

[56] William J. Robinson, "Masturbation and its treatment," *Am. J. Clin. Med.,* 1907, *14:* 349.

[57] John Duffy, "Masturbation and clitoridectomy. A nineteenth-century view," *J.A.M.A.*, 1963, *186:* 246-248.

[58] Brown, *op. cit.* (n. 13 above), p. 11.

[59] *Ibid.*, p. 17.

[60] Timothy Haynes, "Surgical treatment of hopeless cases of masturbation and nocturnal emissions," *Boston Med. & Surg. J.*, 1883, *109:* 130.

[61] J. H. Marshall, "Insanity cured by castration," *Med. & Surg. Reptr.*, 1865, *13:* 363-364.

[62] "The patient soon evinced marked evidences of being a changed man, becoming quiet, kind, and docile." *Ibid.*, p. 363.

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could be stopped, so that he could take him home, without having his family continually humiliated and disgusted by his loathsome habit." [63] The patient was described as facing the operation morosely, "like a coon in a hollow." [64] Following the operation, masturbation ceased and the frequency of fits decreased. An editor of the *Texas Medical Practitioner,* J. B. Shelmire, added a remark to the article: "Were this procedure oftener adopted for the cure of these desperate cases, many, who are sent to insane asylums, soon to succumb to the effects of this habit, would live to become useful citizens." [65] Though such approaches met with ridicule from some quarters,[66] still various novel treatments were devised in order to remedy the alleged sequelae of chronic masturbation such as spermatorrhea and impotency. These included acupuncture of the prostate in which "needles from two to three inches in length are passed through the perineum into the prostate gland and the neck of the bladder. . . . Some surgeons recommend the introduction of needles into the testicles and spermatic cord for the same purpose." [67] Insertion of electrodes into the bladder and rectum and cauterization of the prostatic urethra were also utilized.[68] Thus, a wide range of rather heroic methods were devised to treat masturbation and a near fascination developed on the part of some for the employment of mechanical and electrical means of restoring "health."

There were, though, more tolerant approaches, ranging from hard work and simple diet [69] to suggestions that "If the masturbator is totally continent, sexual intercourse is advisable." [70] This latter approach to therapy led some physicians to recommend that masturbators cure their disease by frequenting houses of prostitution,[71] or acquiring a mistress.[72] Though these treatments would appear ad hoc, more theoretically sound proposals were made by many physicians in terms of the model of excitability. They suggested that the disease and its sequelae could be

[63] R. D. Potts, "Castration for masturbation, with report of a case," *Texas Med. Practitioner,* 1898, *11:* 8.

[64] *Ibid.,* p. 8.

[65] *Ibid.,* p. 9.

[66] Editorial. "Castration for the relief of epilepsy," *Boston Med. & Surg. J.,* 1859, *60:* 163.

[67] Howe, *op. cit.* (n. 5 above), p. 260.

[68] *Ibid.,* pp. 254-255, 258-260.

[69] Editorial, "Review of European legislation for the control of prostitution," *New Orleans Med. & Surg. J.,* 1854-1855, *11:* 704.

[70] Robinson, *op. cit.* (n. 56 above), p. 350.

[71] Parvin, *op. cit.* (n. 38 above), p. 606.

[72] Mayes, *op. cit.* (n. 11 above), p. 352.

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adequately controlled by treating the excitation and debility consequent upon masturbation. Towards this end, "active tonics" and the use of cold baths at night just before bedtime were suggested.[73] Much more in a "Brownian" mode was the proposal that treatment with opium would be effective. An initial treatment with $\frac{1}{12}$ of a grain of morphine sulfate daily by injection was followed after ten days by a dose of $\frac{1}{16}$ of a grain. This dose was continued for three weeks and gradually diminished to $\frac{1}{30}$ of a grain a day. At the end of a month the patient was dismissed from treatment "the picture of health, having fattened very much, and lost every trace of anaemia and mental imbecility." [74] The author, after his researches with opium and masturbation, concluded, *"We may find in opium a new and important aid in the treatment of the victims of the habit of masturbation by means of which their moral and physical forces may be so increased that they may be enabled to enter the true physiological path."* [75] This last example eloquently collects the elements of the concept of the disease of masturbation as a pathophysiological entity: excitation leads to physical debilitation requiring a physical remedy. Masturbation as a pathophysiological entity was thus incorporated within an acceptable medical model of diagnosis and therapy.

In summary, in the 19th century, biomedical scientists attempted to correlate a vast number of signs and symptoms with a disapproved activity found in many patients afflicted with various maladies. Given an inviting theoretical framework, it was very conducive to think of this range of signs and symptoms as having one cause. The theoretical framework, though, as has been indicated, was not value free but structured by the values and expectations of the times. In the 19th century, one was pleased to think that not "one bride in a hundred, of delicate, educated, sensitive women, accepts matrimony from any desire of sexual gratification: when she thinks of this at all, it is with shrinking, or even with horror, rather than with desire." [76] In contrast, in the 20th century, articles are published for the instruction of women in the use of masturbation to overcome the disease of frigidity or orgasmic dysfunc-

[73] Haynes, *op. cit.* (n. 60 above), p. 130.

[74] B. A. Pope, "Opium as a tonic and alternative; with remarks upon the hypodermic use of the sulfate of morphia, and its use in the debility and amorosis consequent upon onanism," *New Orleans Med. & Surg. J.*, 1879, *6:* 725.

[75] *Ibid.*, p. 727.

[76] Parvin, *op. cit.* (n. 38 above), p. 607.

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tion.[77] In both cases, expectations concerning what should be significant structure the appreciation of reality by medicine. The variations are not due to mere fallacies of scientific method,[78] but involve a basic dependence of the logic of scientific discovery and explanation upon prior evaluations of reality.[79] A sought-for coincidence of morality and nature gives goals to explanation and therapy.[80] Values influence the purpose and direction of investigations and treatment. Moreover, the disease of masturbation has other analogues. In the 19th century, there were such diseases in the South as "Drapetomania, the disease causing slaves to run away," and the disease "Dysaesthesia Aethiopis or hebetude of mind and obtuse sensibility of body—a disease peculiar to negroes—called by overseers 'rascality'." [81] In Europe, there was the disease of *morbus democritus*.[82] Some would hold that current analogues exist in diseases such as alcoholism and drug abuse.[83] In short, the disease of masturbation indicates that evaluations play a role in the development of explanatory models and that this may not be an isolated phenomenon.

This analysis, then, suggests the following conclusion: although vice and virtue are not equivalent to disease and health, they bear a direct relation to these concepts. Insofar as a vice is taken to be a deviation from an ideal of human perfection, or "well-being," it can be translated into disease language. In shifting to disease language, one no longer speaks in moralistic terms (e.g., "You are evil"), but one speaks in terms

[77] Joseph LoPiccolo and W. Charles Lobitz, "The role of masturbation in the treatment of orgasmic dysfunction," *Arch. Sexual Behavior,* 1972, *2:* 163-171.

[78] E. Hare, *op. cit.* (n. 8 above), pp. 15-19.

[79] Norwood Hanson, *Patterns of Discovery* (London: Cambridge University Press, 1965).

[80] Tissot, *op. cit.* (n. 6 above), p. 45. As Immanuel Kant, a contemporary of S.-A. Tissot remarked, "Also, in all probability, it was through this moral interest [in the moral law governing the world] that attentiveness to beauty and the ends of nature was first aroused." (*Kants Werke,* Vol. 5, *Kritik der Urtheilskraft* [Berlin: Walter de Gruyter & Co., 1968], p. 459, A 439. My translation.) That is, moral values influence the search for goals in nature, and direct attention to what will be considered natural, normal, and non-deviant. This would also imply a relationship between the aesthetic, especially what was judged to be naturally beautiful, and what was held to be the goals of nature.

[81] Samuel A. Cartwright, "Report on the diseases and physical peculiarities of the negro race," *New Orleans Med. & Surg. J.,* 1850-1851, *7:* 707-709. An interesting examination of these diseases is given by Thomas S. Szasz, "The sane slave," *Am. J. Psychoth.,* 1971, *25:* 228-239.

[82] Heinz Hartmann, "Towards a concept of mental health," *Brit. J. Med. Psychol.,* 1960, *33:* 248.

[83] Thomas S. Szasz, "Bad habits are not diseases: a refutation of the claim that alcoholism is a disease," *Lancet,* 1972, *2:* 83-84; and Szasz, "The ethics of addiction," *Am. J. Psychiatry,* 1971. *128:* 541-546.

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of a deviation from a norm which implies a degree of imperfection (e.g., "You are a deviant"). The shift is from an explicitly ethical language to a language of natural teleology. To be ill is to fail to realize the perfection of an ideal type; to be sick is to be defective rather than to be evil. The concern is no longer with what is naturally, morally good, but what is naturally beautiful. Medicine turns to what has been judged to be naturally ugly or deviant, and then develops etiological accounts in order to explain and treat in a coherent fashion a manifold of displeasing signs and symptoms. The notion of the "deviant" structures the concept of disease providing a purpose and direction for explanation and for action, that is, for diagnosis and prognosis, and for therapy. A "disease entity" operates as a conceptual form organizing phenomena in a fashion deemed useful for certain goals. The goals, though, involve choice by man and are not objective facts, data "given" by nature. They are ideals imputed to nature. The disease of masturbation is an eloquent example of the role of evaluation in explanation and the structure values give to our picture of reality.

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