

Because It's There: Morals, Medicine and Masturbation in the Nineteenth Century

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"All she said on the way over in the car was, 'Why George? Why?' I said because it's there."

– Jason Alexander as George Constanza in *Seinfeld*

In many ways, the 1992 *Seinfeld* episode, "The Contest," epitomizes modern day conceptions of masturbation. Although no one wants to be caught in the act, everyone does it. Physicians agree that it is a normal and healthy way to reduce stress and relieve sexual tension. Mankind, however, has not always held such "enlightened" views. Doctors in the nineteenth century were at the head of a prominent anti-masturbation movement that grew out of the industrial and scientific revolutions.

Masturbation attracted little medical attention prior to the eighteenth century. The ancients frowned upon sexual excess of any kind but did not specifically classify sexual self-stimulation as a disease or a cause of disease. In his history of epidemics, Hippocrates described the case of a young man who died as a result of fever from overindulgence in wine and women.¹ Although the ancient Greeks assumed that excessive fornication disrupted the delicate balance required for health, they also believed that excessive chastity had the same result. In a treatise on sexuality, Aristotle wrote that "coition lightens the body and removes many ills of the mind [because] semen too long horded turns to poison and produces giddiness and clouding of the sight."² Thus, criticism of masturbation in ancient literature was based on religious and natural principles, not medical ones.

This remained true through the Middle Ages and the Renaissance. Christian objections to masturbation were rooted in the biblical tale of Onan, who was condemned for the act of *coitus interruptus* with his brother's wife.³ Although Onan's hands and genitals never made contact, the act of self-stimulation became known as onanism. In the Middle Ages, the Church began to denounce masturbation because of its prevalence among the celibate clergy. As Robert MacDonald notes however, the sin of Onan was only one in a long list of sexual sins. Adultery and sodomy were seen as equal, if not worse offenses.⁴ The anonymous author of *Hippolytus Redivivus* (1644) even suggested that masturbation was

God's remedy to the "dangerous allurements of Woman."²

In 1710, the common sin of onanism was elevated to a disease of epidemic proportions with the publication of *Onania: or, the Heinous Sin of Self-Pollution and, All its frightful Consequences, in Both Sexes, Considered*. This English pamphlet, distributed gratis by the author, was written for the purpose of promoting his panacea for ills arising from self-pollution. For a mere half sovereign, the entrepreneur provided the patient with "two medicines of great efficacy."⁵ The first promised to cure gonorrhoea, nocturnal effusion, seminal emission, fluor albus, gleet and ouzings, while the second provided relief from infertility and impotence. *Onania* was an instant hit. It went through sixteen editions and grew from sixty pages to one hundred and ninety-four to accommodate the many letters of those brought back from the brink of mortal sin and imminent death.⁶

In keeping with the literature of the time, *Onania* employed a characteristically religious tone. It denounced masturbation as a sin against God and nature: "That the Crime in it self is monstrous and unnatural; in its Practice filthy and odious to Extremity; its Guilt is crying, and its Consequences ruinous; It destroys conjugal Affection, perverts natural Inclination, and tends to extinguish Hopes of Posterity."⁷ Unlike earlier works however, *Onania* described the consequences of masturbation in terms of disease rather than sin. The author listed a variety of medical conditions as symptoms of self-pollution, including stunted growth, gonorrhoea, fainting fits, epilepsies, consumption, infertility, hysteric fits and sterility. Thus, *Onania* was the first work to present the consequences of masturbation as both spiritual and medical.

In 1758, the distinguished French physician, S. A. Tissot, affirmed this pathological model of masturbation and brought it into widespread prominence with the publication of his *Treatise on the Diseases Produced by Onanism*. Tissot theorized that onanistic diseases were caused by the unnatural loss of seminal fluid and the overexertion of the nervous system during orgasm. On the importance of conserving the body's seminal fluid and its difference from other fluids, Tissot writes,

A robust nurse, who would be destroyed by the loss of a few pounds of blood in a single day, may supply the same quantity of milk to her child, several days in succession, without being sensibly incommoded by it; because of all the fluids, the milk is the least assimilated . . . while the blood is essential. There is another, the seminal fluid, which has so much influence on the strength of the body and on the perfection of digestion which restores it, that physicians of every age have unanimously admitted, that the loss of one ounce of it, enfeebles more than forty ounces of blood.¹

This theory of spermatic economy dates back to the ancients. Hippocrates and Galen believed that semen came from all humors of the body. Aristotle viewed it as the most perfect part of food and Pythagoras called it the “flower of the purest blood.”⁸ The sacredness of sperm as articulated by the Greeks and Tissot became the cornerstone of the nineteenth century physician’s argument against masturbation. In a report for the philanthropic Howard Association in 1858, Dr. George Calhoun presents the dominant hypothesis of seminal fluid at the time:

The production of semen takes place much more slowly than that of any other secretion in the human body. This is owing to the length of the route which the semen has to traverse. If all the seminal canals were extended in one line, it would be about 5208 feet long. This immense length shows that it is not only difficult for the semen to be reproduced, but that its excessive loss must be attended with disastrous consequences on the general organism.

In addition to the loss of semen, orgasms are also accompanied by a convulsive action. Tissot concurred with the ancients’ belief that these violent palpitations were the result of an over-stimulation of the nervous system. Applying Newton’s third law, Tissot theorized that the extreme activity of the nerves during orgasm is necessarily followed by a depression of the same nerves and the bipolar nature of this mechanism causes permanent derangement if it occurs too frequently. The increase in blood flow to the brain during orgasm also “oppresses the nerves,” making the individual more susceptible to apoplexy, paralysis, epilepsy, insanity and other nervous disorders.¹⁰

However, if this theory is correct in describing the injurious effects of orgasm, then sexual excess of any kind would be medically harmful, be it fornication or masturbation. According to Tissot, they are not. His explanation for this anomaly is based on a variation of the nerve force theory. He suggests that a healthy person’s perspiration is infused with a vitality that imparts strength on those who inspire it. During coition, there is an exchange of perspiration. One inspires what the other expires. In solitary sexual activity however, vitality escapes the body through perspiration without this reciprocal benefit. Thus, the unnatural act of masturbation results in a net loss while natural intercourse maintains the status quo. Over one hundred years after Tissot’s *Onanism* was first published, physicians in Europe and North America continued to employ this theory. The prominent American doctor, Joseph Howe, writes in 1887, “[d]uring sexual intercourse the expenditure

of nerve force is compensated by the magnetism of the partner. In all cases, or almost all cases, there is some return of that nature, which prevents injury.”¹² The message that both Howe and Tissot convey is that sexual intercourse for the purpose of procreation is natural and healthy, while masturbation for the purpose of solitary pleasure is unnatural and fraught with disease.

The conditions believed to be attributed to this secret vice were numerous and varied. They affected every part of the body from the groin up. Howe describes the masturbator’s penis as thin and small with an enlarged glans and a shaft decorated by varicose veins. The organ itself is often bent laterally, and the scrotum, housing atrophied testicles, is relaxed and elongated. The individual is plagued by an assortment of sexual dysfunctions from priapism to impotence. One condition that attracted a great deal of medical attention in the late nineteenth century was spermatorrhoea, or the involuntary loss of semen. Although most doctors believed that nocturnal emissions two or three times a month were normal, any discharge in addition to this was unnatural and likely caused by masturbation. Dr. Lionel Beale writes in 1887,

The secretion of the testicle, like that of other glands, must from time to time escape, and when it is formed in undue quantity, and discharged too frequently, it is usually but one of a train of symptoms that may be due to mere exaggerated action of the nerves and nerve centers consequent upon willful excitation, or to peripheral irritation, or to derangement of the general health.¹⁴

In addition to the local irritations of masturbation, many doctors believed this vice produced deformities in a variety of other organs as well. As historian Gail Parsons notes, “[d]octors believed that the healthy body maintained an equitable distribution of [a] static quantity of nerve force . . . Excessive sexual activity attracted this force to the genitals and withdrew it from other areas of the body leaving the depleted portions susceptible to disease.”¹⁵ Thus, the entire body was susceptible to the ills of self-pollution. A number of chronic illnesses, including heart disease, rickets and consumption were attributed to the vile habit. However, the most commonly espoused consequence of onanism was the deterioration of the central nervous system.

In his book, *Excessive Venery Masturbation and Continence*, Joseph Howe illustrates the connection between masturbation and epilepsy:

It was noticed many years ago, that patients suffering from epilepsy were in the habit of gratifying the venereal sense in many curious ways. Their erotic tendencies were developed without regard to time, place or circumstances. And it was believed that epilepsy [was] the prime factor in disordering the sexual functions. Further investigation, however, showed that the sexual vagaries of the patient existed long before convulsions appeared, preceding them by many years, and that the epilepsy of such patients was due to over-excitation of the nervous system by the secret vice.¹⁶

If the over-excitation continued, the ultimate result was a total collapse of mental capacity ending in insanity and idiocy. Citing statistics compiled by Dr. Eberle of Paris, Tissot asserts that "insanity from this cause occurs in . . . one out of every fifty-eight women . . . and one out of every fifty-one men."¹⁷

Although male masturbation remained the primary focus of physicians, female masturbation did not entirely escape the scrutiny of the medical profession. Onanism was often seen as the cause of many disorders that plagued nineteenth century women. Dr. Nicholas Francis Cooke writes in 1876,

It is often very difficult – almost impossible, in fact – for the physician to ascertain the origin of many of the diseases of unmarried women which he is called upon to treat, and if the cause be perpetually in operation, he will prescribe with fruitless results. The broken health, the prostration, the great debility, the remarkable derangements of the gastric and uterine functions, for which the physician is consulted, too often have this origin, and when the cause is investigated the subject alleges great exertions, intense trouble, unhappiness, etc., but is silent as to the real cause, which, perhaps, after all, she does not herself associate with her maladies.¹⁸

Thus, women with any unexplained ailment could potentially be accused of onanism. Hysteria, in particular, was believed to be a consequence of over-stimulation from masturbation. Physicians believed that women were more prone to this and other nervous disorders like insanity because their constitutions were naturally weaker. Furthermore, girls who practiced this vice and did not succumb to physical debilitation inevitably became sex addicts. As historian Alex Comfort writes, "the bogy here was not the asylum or the grave but the brothel – such little girls were in danger of becoming nymphomaniacs."¹⁹

Nineteenth century physicians recommended a variety of treatments for onanism. Some doctors advocated fornication as a "lesser evil than the risk of disease in masturbation."²⁰ Most however, preferred to prescribe a strict regimen of chastity and healthy living including fresh air, nutritious food, adequate sleep, daily exercise, cold baths and abstention from all sexual activity.²¹ Only when these methods failed to produce satisfactory results, did some physicians endorse more extreme and invasive procedures. J. H. Kellogg, of Corn Flakes fame, advocated circumcision of small boys, sutures to prevent erection, application of carbolic acid to the clitoris and electroshock therapy.²² Other common practices included cauterization, leeching, acupuncture, blistering, chemical injections and for the most stubborn cases, castration or clitoridectomy.

Given this shopping list of horrors, it is easy to conclude that nineteenth century doctors were sadistic and cruel, but such an assessment would be anachronistic. Although some of the methods used to cure masturbation were undoubtedly excessive, the campaign against onanism itself was quite logical. Unlike the anti-masturbation hysteria of the Victorian era, this was clearly a medical

and not a social campaign. The pathological theory of onanism adhered to centuries-old conceptions of humors and nerve force as well as deep-rooted religious and spiritual beliefs. It was not the result of a paradigm shift in medical science but rather, reflective of the changing roles of doctors and patients in western society. With industrialization and the accompanying scientific revolution, people were increasingly turning to medicine to cure their aches and pains. Physicians, ill-equipped to deal with ailments such as tuberculosis or epilepsy, used masturbation as a way to bridge the vacuum of knowledge. They prescribed a sensible regimen of healthy living and in the end, the patient either recovered (and the doctor congratulated himself) or died (and the doctor lamented that the case was too far gone). Either way, the physician's conscience was clear.

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