

Introduction

In 1864, 28 year old Henrietta U was admitted to England's Ticehurst asylum suffering from alternate periods of depression and great excitement. The case book describes Henrietta as presenting "no obvious signs of intellectual insanity" although it was noted she talked incessantly about a number of trivial occurrences, and her expression and attitude were "exceedingly lascivious". She was also said to be exhibiting an "inappeasable desire for sexual congress" which appeared to be why her conduct was noted as "not in harmony with her previous purity of thought and modest behaviour".¹ This was not the first time Henrietta had experienced some type of trouble, nor was it her first visit to Ticehurst. She was known to have experienced several previous 'attacks' of varying kinds since the age of twenty, and was first sent to the asylum in 1861 following the birth of her first child. Henrietta's husband reported even before their marriage she had been "very excitable"—so much so, her mother urged him to marry Henrietta sooner than they had planned because 'she dreaded what may happen otherwise'.²

Henrietta's most recent admission was the result of a sequence of strange acts and peculiar behaviour that amongst other things, saw her cut off her hair, dress in men's clothes, and on several occasions run away from home. On these excursions Henrietta usually went to London but the last escapade involved a boat trip to Dieppe where she claims to have met a man with whom she remained for four days "sleeping every night with him". Her husband found Henrietta in the sea side town of Brighton, and on hearing the details of her adventures promptly took her to a physician who recommended she be taken to the asylum. On admittance, Henrietta was described as presenting 'a florid

¹ Wellcome Library, MS 6327, Ticehurst Records/Certificates, no.218

² Wellcome Library, MS 6371, Ticehurst Case Book.

complexion, sanguine temperament, weak pulse, light eyes', and was greatly excited "especially on seeing a person of the opposite sex".³ For the attending physicians at the asylum Henrietta's disorder appeared obvious—this was a clear case of nymphomania for it was this which was entered into her case notes under 'supposed cause of insanity'.⁴

This thesis is an historical examination of nymphomania. It is principally concerned with the way this disorder was conceived within nineteenth century British medical discourse. Nymphomania was understood as a disorder of excessive or insatiable erotic desire and not, as many assume, frequent sexual intercourse. This work will explore how such excess was defined, how it constituted a disorder, and how it was able to account for a range of behaviour such as that exhibited by Henrietta U. As a subject of historical inquiry nymphomania invokes a great deal of curiosity. Yet for most people, women's excessive and uncontrollable erotic desire is generally associated with the realm of fantasy and titillation, not hospitals, asylums, and gynaecological examinations. The idea that such excess constituted a specific affliction linked to certain organic causes is generally dismissed as farcical or nonsensical. Yet as a medical term and disorder, nymphomania is not as antiquated and archaic as may be thought. In 1984 the *Longman Dictionary of Psychology and Psychiatry* defined nymphomania as "a female disorder consisting of an excessive or insatiable desire for sexual stimulation and gratification".⁵ While there is no entry for nymphomania in the American Psychiatric Association's revised *Diagnostic and Statistical Manual of Mental Disorder*, (DSM-III-R) it does describe 'Hypoactive Sexual Desire Disorder (HSD)' as marked by persistently or recurrently sexual fantasies and desire for sexual activity in a woman or man.⁶ While

³ Wellcome Library, MS 6371, Ticehurst Case Book..

⁴ Ibid.

⁵ Robert.M.Goldman (ed.), *Longman Dictionary of Psychology and Psychiatry* (London: Longman, 1984) p.502.

⁶ On this see *The Merck Manual of Diagnosis and Therapy* (New Jersey: Rahway, 1992) p.1574.

contemporary connotations of nymphomania will not be the focus of this examination, the idea of excessive sexual desire as in some way an aberration in women continues to have meaning in the medical and wider cultural domain.⁷

By the time Henrietta U was diagnosed as suffering nymphomania, a great deal of medical writing had already been devoted to outlining the causes, characteristics, and treatments for this disorder. Much of this discourse preceded the 1800s. There was a long tradition in medical thought that conceived insatiable erotic desire as a bodily disease with material explanations. In the writings of early second century Greek physician Soranus of Ephesus (A.D.98-138), perhaps Rome's greatest writer on gynaecological matters, we find some of the first references to a pathological state of sexual desire.⁸ *Satyriasis* was the name given to a disease defined by a constant, violent, unquenchable erotic desire affecting both men and women.⁹ A sensation in the genitals was deemed decisive to the affliction. Individuals affected were described as experiencing "intense itching of the genitals together with pain, so that they continually bring their hands to this region. Because of this they develop an irresistible desire for sexual intercourse and a

⁷ The term nymphomania exists in contemporary western culture generally as a pejorative adjective or derogatory slang in reference to a woman's sex drive or sexual activity. This term, as well as 'the nymphomaniac', both figure prominently in many pornographic films titles and story lines. On contemporary cultural meanings of nymphomania see Annalee Newitz, 'Nymphomania', *Bad Subjects: Political Education for Everyday Life* 10 (1993): 1-8.

⁸ On Soranus see Angus McLaren, *A History of Contraception: From Antiquity to the Present Day* (Oxford: Basil Blackwell, 1990) p.47-49; Aline Rouselle, *Porneia: On Desire and the Body in Antiquity*, trans. Felicia Pheasant (New York: Basil Blackwell, 1988) p.64-65.

⁹ For a detailed and chronological analysis of the meaning of satyriasis as it appears in the ancient Greek and Latin texts see, Danielle Gourevitch, 'Women who Suffer from a Man's Disease: The Example of Satyriasis and the Debate on Affections Specific to the Sexes', in R. Hawley, B. Levick (eds.), *Women in Antiquity: New Assessments* (London: Routledge, 1995): 149-165. For an analysis of the ancient myths and concepts surrounding nymphs and nymphomania see, Marianne Maaskant-Kleibrink, 'Nymphomania', in Josine Blok & Peter Mason (eds.), *Sexual Asymmetry: Studies in Ancient Society* (Amsterdam: J.C.Gieben, 1987): 275-289.

certain alienation of mind.”¹⁰ Such insatiability led to a range of disordered behaviour, with women throwing themselves at any man they met, and men suffering nocturnal emissions, while both were constantly forced to touch their sexual organs yet experiencing little respite.¹¹ Soranus’ conception is significant for the role he accords the genitals in an individual’s erotic desire and its disorder. Yet this was not the conception of female erotic disorder that prevailed over the centuries. Not until the seventeenth century was the clitoris acknowledged as playing a decisive role in a woman’s insatiable erotic desire and excessive masturbation. Up to this time, conceptions of women’s excessive desire, like all female afflictions, were largely directed by the Hippocratic and Galenic medical discourse that accorded such disorders to the workings of the womb.

Many of the ancient physicians and natural philosophers beliefs about men and women’s sexual desire were directed by their conceptions of the reproductive process, specifically the production and emission of seed (semen). Ideas about seed were themselves drawn from humoural conceptions of the male and female body.¹² The vast collection of fifth and fourth century (BC) Greek medical texts that constituted the Hippocratic Corpus subscribed to the view that both men and women produced seed, contributed to conception, and experienced sexual pleasure.¹³ This two seed or semence theory was

¹⁰ *Soranus’ Gynaecology, Book III* / trans. Trans. Owsei Temkin (Baltimore: Johns Hopkins Press, 1956) p.148.

¹¹ *Ibid.*, p.64.

¹² Humouralist conceptions conceived of the body according to properties of heat, cold, dry and moist. Heat and moisture were believed to make the body strong and were attributes accorded the male body. According to Aristotle, whose thinking differed considerably from that of the Hippocratics, men were defined by these qualities which made them active and strong. Women were cooler and dry and therefore passive and lacking in strength. On this see Helen King, *Hippocrates’ Woman: Reading the Female Body in Ancient Greece* (New York: Routledge, 1998) p.35; Leslie Dean-Jones, *Women’s Bodies in Classical Greek Science* (Oxford: Clarendon Press, 1994).

¹³ On the Hippocratic conceptions see Iain Lonie, *The Hippocratic Treatises, “On Generation”, “On the Nature of the Child”, “Diseases IV”: a commentary* (New York: de Gruyter, 1981); Angus McLaren, *A*

given further emphasis through the medical discourse of second century Greek physician and attendant of the emperor Marcus Aurelius, Galen of Pergamum (AD 129-99). Galen insisted both women and men emitted active seed that contributed to the constituent material of the fetus.¹⁴ While Galen maintained the view that female seed was cooler and less plentiful than that of males and thus of an inferior quality, his ideas necessitated women's sexual pleasure for the production and emission of their seed.¹⁵ For Galen, the womb was the vital factor in women's sexual pleasure and thus successful reproduction. The act of the womb receiving man's seed and expelling women's own, doubled women's pleasure and gave them heat and strength.

Galenic conceptions of women's excessive erotic desire were also explained by recourse to the functioning of the womb. Essentially, sexual continence, or lack of sexual fulfilment, meant a failure to emit the seed contained within the womb and was posited a source of disorder for women.¹⁶ A retention of seed produced noxious vapors that polluted the body making women susceptible to a variety of pathological states. These included disorders of behaviour and conduct, in particular, an immoderate state of desire for intercourse. In *On the Affected Parts*, Galen warned that widows and "those who previously menstruated regularly, had been pregnant and were eager to have intercourse, but were now deprived of all this" were particularly susceptible to such an affliction.¹⁷

History of Contraception: From Antiquity to the Present day (Oxford: Basil Blackwell, 1990) p.21-23;

Leslie Dean-Jones, *Women's Bodies in Classical Greek Science*; Helen King, *Hippocrates' Woman*.

¹⁴ Angus McLaren, *Reproductive Rituals: The Perception of Fertility in England from the Sixteenth century to the Nineteenth century* (London: Methuen, 1984) p.17.

¹⁵ Leslie Dean-Jones claims such a discourse enabled women to legitimately demand their sexual fulfilment in an era when they were only one of many sexual outlets on offer to Greek men and, without usurping the authority accorded men's erotic initiative. *Women's Bodies in Classical Greek Science*, p.76. In a similar vein, Angus McLaren suggests conceptions of sexual intercourse meant it was one area in which Greek women were "near equals" with men. *A History of Contraception*, p.22.

¹⁶ A. McLaren, *A History of Contraception*, p.48.

¹⁷ Galen, *On the Affected Parts*. Trans. Rudolph Siegal (New York: S.Karger, 1976) p.184.

He recommended a host of regimes including sexual intercourse, as well as rubbing aromatics and scented ointments onto the thighs, the act of which presumably facilitated the necessary orgasm and thus release of the retained matter.¹⁸

Within Galenic medical thinking, a disorder of excess was effectively the physiological consequence of the frustration of a woman's sexual needs. This causal link between failure to fulfil erotic desire and its inordinacy, as well as the conception of such excess as a bodily affliction, is extremely important because of its persistence in the thinking of successive generations of European physicians. From the late eleventh century, Galenic medical discourse was reintroduced into the West when Latin translations of Arabic medical texts were made available and widely circulated throughout Europe.¹⁹ Many of these texts are believed to have been translated by Gerard of Cremona, Michel Scot, and Constantine the African, a drug merchant from Northern Africa who, in 1089, brought a cargo of such works to Salerno in Italy, the site of the first important medical school in Western Europe.²⁰

Galenic medical discourse is especially important to the history of women's excessive erotic desire because of the influence it had on western medical thinking through to the

¹⁸ H.King, *Hippocrates' Woman*, p.232.

¹⁹ On the effects of this on medical thinking about women see Monica Green, 'From 'diseases of women' to 'secrets of women': The Gynaecological literature in the later Middle Ages', *Journal of Medieval and early modern Studies* 30/1 Winter (2000): 5-39.

²⁰ Before the fall of Rome, medieval medical theory was principally derived from the work of Soranus, as well as the Hippocratic and Galenic traditions. Following the collapse of the Empire these different medical traditions, like the Empire itself, became divided with Galenic theories predominating in the East through their absorption into Islamic medical thinking. In the West, Soranus' ideas remained in favour through to the late eleventh century when the Hippocratic and Galenic medical discourse were gradually reintroduced. On this see Monica Green, 'The "De genecia" attributed to Constantine the African', *Speculum* 62 (1987): 299-323; A. McLaren, *A History of Contraception*, p.122; On Salerno see Leslie Matthews, 'The Salerno Regimen and its Influence in England', *Pharmaceutical Historian* 15/3 (1985): 4-6.

late seventeenth century. Of particular interest to this work is the legacy of the Galenic pathologisation of a state of excess, particularly the reproductive aetiology accorded such disorder. Chapter one starts by tracing the Galenic inheritance within the early modern period, a time when disorders arising from excessive erotic desire were believed to affect both men and women, yet were also increasingly considered inherently feminine. It explores how the differences between women's *furor uterinus*, as opposed to men's satyriasis, established the gendered nature of such excess. It also explores the point at which conceptions of women's insatiable desire began to shift, and the importance of this in relation to its connections with women's many other afflictions, especially hysteria. This chapter traces the eventual rejection of the conflation between women's sexual pleasure and successful reproduction and the effects this had on ideas about the source of women's erotic desire. It argues that this shift was decisive to what eventually was understood by the term nymphomania and its status as a distinct disorder.

While a disorder defined by excessive erotic desire has a long history, as a modern concept nymphomania is more closely linked to changes taking place in medical thinking over the long eighteenth century. The shift from vascular to nervous physiology produced a different perception of women's sexual desire and its potential for excess. Chapter two addresses the influence of such changes on the conception and aetiology of excessive erotic desire. It begins with an examination of the first medical treatise devoted entirely to the causes, manifestations, and treatments for nymphomania. This text, whose English translation appeared in 1775, epitomised the way this disorder and women's sexual body were generally conceived in the later eighteenth century. Yet within this and many other texts of this period, conceptions of women's physiology were not the only factor directing ideas about women's excess. Rather, this chapter suggests particular social ideals and expectations about womanhood were having a significant influence on

medical thinking about women's sexuality. Political, philosophical, and social change in the later eighteenth century saw important debate about the position of women that brought to light competing images and ideas about women's sexual subjectivity. This chapter explores a more detailed understanding of this discourse and the ensuing change in public sentiment with regard to women's sexual behaviour. It seeks to understand how and why such change shifted the limits surrounding women's sexual expression, and in turn the meaning of excess.

By the turn of the nineteenth century, men and women's sexual subjectivity were an integral aspect of the emerging identity of Britain's middle class, shaped as it was around a cult of stoic, self-controlled manliness, and demure, maternal femininity. These gendered ideals thus became a crucial trademark of the culture of respectability associated with this increasingly authoritative class. In turn, this saw the gradual hegemony of their particular values and gendered expectations which permeated British society for decades, eventually constituting as they did part of the essential qualities defining the image of 'the Victorians'. Much of the conduct characterising nymphomania was behaviour deemed inappropriate for 'respectable' women which essentially contravened particular bourgeois expectations. While this suggests the construction of nymphomania was an effective means of pathologising those who transgressed societal limits, chapter three illustrates why such an assessment is problematic. This chapter traces the enormous influence of the gynaecological discourse in nineteenth century medical thinking which saw a renewed emphasis on attributing almost all female disorder to the generative system. A woman's excessive sexual desire and its various manifestations were linked to a host of organic lesions and reproductive irregularities, but also women's periodicity and life cycles. Yet the primary role physicians accorded woman's sexual system in nymphomania essentially reduced all women to an unruly and

potentially disordered body. This chapter poses the question that if this was a disorder attributed to what essentially defined woman, then surely all women were potentially prone to nymphomania by way of their very femaleness?

In delineating the contours of the unstable and disordered female body on which the conception of nymphomania rested, nineteenth century physicians attributed a series of inherent defects and potential disorders to the 'normal' female body. Chapter four addresses the incongruities this somatic reductionism raised for physicians. Medical discussion about the use of anaesthesia and the speculum in medical practice, as well as women's sexual continence and masturbation, reveal various anxieties physicians confronted in their conceptions of the pathological female body, especially its potential for erotic disorder. This chapter suggests the concerns many physicians expressed about the 'true' nature of female sexuality hints at the crucial role women's sexual restraint played in guaranteeing various aspects of the gendered social order, especially the notion of man as self-governing and controlled.

By mid-century, much of the medical concern with nymphomania shifted from discussion of the causes of the disorder to its treatment. Chapter five focuses on particular surgical solutions offered up as an effective means of alleviating this distressing affliction. Medical conceptions of nymphomania isolated its 'source' to particular organs, which then directed the way in which physicians sought to treat the disorder. Yet in an era of increasing surgical enthusiasm amongst those treating women, the logic of reducing nymphomania to the ovaries and especially the clitoris, had drastic consequences. While several historians have examined this notorious period of English medicine, particularly the 'clitoridectomy craze', most have been preoccupied with the

immediate events rather than the medical thinking that led to them.²¹ This chapter asks to what extent did clitoridectomy really represent such an anomaly in medical thinking, given the somatic determinism that mid-nineteenth century physicians subscribed to?

While most physicians treating women welcomed advancements in surgical therapeutics, the question of such surgery alleviating nymphomania initiated a period of intense debate. Pursuing this discussion and the divisions that arose between individuals and medical specialties, reveals wider concerns arising within the medical profession towards the later nineteenth century. Chapter six explores the way issues surrounding medical specialisation, surgical authority, as well as the very conception of certain female disorders within the gynaecological discourse, underlay much of the controversy about the surgical treatment of nymphomania. Many of the disparities that arose about treating this disorder are vital to understanding the gradual reassessment that took place in the conception of women's sexual disorder. Yet in their attempts to be more specific about the aetiology of women's sexual excess and its treatment, physicians became increasingly less uniform in their understanding and ideas about female sexuality. While nymphomania was always marked by a woman's loss of control, the way in which medical discourse accounted for such lack became a point of great dissension.

Challenges to the determinism of gynaecological conceptions of women's afflictions destabilised the certainty many physicians held with regard to various disorders. While

²¹ See for instance, J.B. Fleming, 'Clitoridectomy: The disastrous downfall of Isaac Baker Brown (FRCS) 1867', *Journal of Obstetrics and Gynaecology of the British Empire* 67 (1960): 1017-1034; Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (New York: Pantheon, 1985) p.76-78; Andrew Scull and Dianne Favreau, 'The Clitoridectomy Craze', *Social Research* 53/2 (1986): 243-260; Ann Dally, *Women Under the Knife: A History of Surgery* (London: Hutchinsons Radius, 1991) p.162-184; Ornella Moscucci, 'Clitoridectomy, Circumcision, and Sexual Pleasure', in A.H. Miller & J. E. Adams (eds.), *Sexualities in Victorian Britain* (Bloomington: Indiana University Press, 1996): 60-78; H. King, *Hippocrates' Woman*, p.13-19.

woman was always conceived as subject to a potentially pathological corporeality, the role of her brain and nervous organisation, particularly her capacity for effective mental inhibition or self control, decidedly altered the way in which such disorder was conceived. Chapter seven explores these changes, especially in relation to the retreat of nymphomania as a specific diagnostic category from British medical discourse. It focuses on the psychiatric discourse in which conceptions of a woman's excessive erotic desire were redefined, reworked and accorded new explanations, and as such, a new meaning. Yet ideas about the sexually excessive female as disordered did not disappear. Rather, against the backdrop of pervasive fears about degeneration and the decline of the British race, such a figure came to signify a very different form of degradation and a very different threat.

Generations of physicians from the seventeenth through to the nineteenth century subscribed to the view that excessive erotic desire in women constituted a disorder, that the clitoris was especially to blame for such dysfunction, and that the female body lacked control. The central aim of this thesis is to pursue the question why. It seeks to understand how nymphomania constituted a legitimate disorder, particularly the way physicians accounted for such aberration through the dominant medical frameworks that governed their understanding of the female body and female sexual desire. It also explores the issues this disorder raised for physicians, what insights its conception provides on the relationship between medical discourse and dominant ideals about woman, and the anxieties it presented to men's own sexual subjectivity. The remainder of this chapter will address the way the dissertation intends to do this by comparing and contrasting the approach of various historical analyses of nineteenth century medical thinking about women, assessing other examinations of nymphomania, and reviewing dominant historical trends in the study of Victorian women's sexuality. Through this

process some of the key methodological and historiographical issues involved in an investigation of nymphomania will be explored. The approach and structure of this thesis will also become clear, including the historical work which it draws on and that it rejects.

Exploring complexity: The approach

Despite nymphomania's longevity as a diagnostic term and the amount of medical discourse devoted to it, especially during the nineteenth century, it is a subject that has largely gone unnoticed by historians. While there are a few published articles concerned with conceptions of excessive erotic desire before the nineteenth century, there has been very little scholarly attention to nymphomania as it was conceived during the Victorian era.²² There are only two published monographs to date addressing nymphomania in a significant way: neither deals with the British sources, and neither is particularly insightful regarding this disorder. In *Sex, Religion and the Making of Modern Madness*, American historian Ann Goldberg examines nymphomania as part of her wider exploration of a number of disorders she found amongst the 463 patient records from 1815 to 1849 at the Eberbach asylum in the small German state of Nassau.²³ *Nymphomania*, the work of Carol Groneman—also an American historian, examines the legal, medical, and popular perceptions of nymphomania in America from the nineteenth

²² For examinations of nymphomania before the nineteenth century see George. S. Rousseau, 'Nymphomania, Bienville and the Rise of Erotic Sensibility', in P.G Boucé (ed.), *Sexuality in Eighteenth-Century Britain* (Manchester: Manchester University Press, 1982): 95-119; Roy Porter, 'Love, Sex, and Madness in Eighteenth-Century England', *Social Research* 53/2 (1986): 211-242; Mary. D. Sheriff, 'Passionate Spectators: On Enthusiasm, Nymphomania, and the Imagined Tableau', *Huntington Library Quarterly* 60 (1998): 51-84; Mary Peace, 'The Economy of Nymphomania: Luxury, Virtue, Sentiment, and Desire in Mid-Eighteenth Century Medical Discourse', in E.Fude, R.Gilbert & S. Wiseman (eds.), *At the Borders of the Human - Beasts, Bodies and Natural Philosophy in the early modern period*. (Basingstoke: Macmillan, 1999): 239-258.

²³ Ann Goldberg, *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society 1815-1849* (Oxford: Oxford University Press, 1999).

through to the late twentieth century.²⁴ There has been no systematic historical examination of nymphomania as it appears in the British medical literature. Rather, most substantial references to nymphomania can be found amongst examinations of hysteria.²⁵ This appears largely to be the result of historians assuming nymphomania was a symptom or manifestation of hysteria, or even synonymous with the classic female malady.²⁶ This thesis will show such an assumption is quite inaccurate and has left real gaps in the historical record. Historians who conflate nymphomania with hysteria, particularly those examinations dealing with the eighteenth century, fail to address the differences that physicians themselves acknowledged between nymphomania and hysteria. The central role physicians accorded the womb in the aetiology of inordinate desire, *furor uterinus*, uterine fury, mania, melancholy, and hysterical passion, began with the ancients and continued through to the late seventeenth century. There was thus a long period in which the reproductive origins of women's afflictions meant a connection and similarity between them. Yet there is also evidence from the seventeenth century suggesting the beginnings of a more explicit definition and conception of a woman's erotic mania that differentiated it from other disorders, particularly hysteria.

²⁴ Carol Groneman, *Nymphomania: A History* (New York: Norton, 2000).

²⁵ While references to hysteria are far too numerous to list here there are some texts that have made mention of nymphomania. Ilza Veith, *Hysteria: The History of a Disease* (Chicago: University of Chicago Press, 1965); Jan Matlock, *Scenes of Seduction: Prostitution, Hysteria and Reading Difference in Nineteenth-Century France* (New York: Columbia University Press, 1994); Mark Micale, *Approaching Hysteria: Disease and its Interpretation* (Princeton: Princeton University Press, 1995);

²⁶ Some examinations of hysteria have approached nymphomania in manner suggesting or directly asserting they were the same affliction. See for example Ilza Veith, *Hysteria: The History of a Disease*; Christina Mazzoni, *Saint Hysteria: Neurosis, Mysticism and Gender in European Culture* (Ithaca: Cornell University Press, 1996); Elisabeth Bronfen, *The Knotted Subject: Hysteria and its Discontents* (Princeton: Princeton University Press, 1998); Rachel Maines, *The Technology of Orgasm: "Hysteria", the Vibrator, and Women's Sexual Satisfaction* (Baltimore: Johns Hopkins University Press, 1999).

Much of the medical discussion about nymphomania in the nineteenth-century took place within the extensive gynaecological discourse on the female body. Yet even amongst historical examinations of gynaecology and gynaecological conceptions of the female body, very few have addressed the topic of nymphomania in any specific way.²⁷ Much historical analysis tends to be dominated by a more general examination of the pathologisation of the female body and the role this played in legitimising women's subordination.²⁸ Two notable exceptions are the work of Ornella Moscucci and Regina Morantz-Sanchez, both of which introduce a degree of complexity, nuance, and context into the analysis of English and American gynaecological discourse and the intentions of

²⁷ On nineteenth century gynaecology see James V. Ricci, *The Genealogy of Gynaecology: History of the Development of Gynaecology Throughout the Ages* (Philadelphia: The Blackiston Co., 1943); James V. Ricci, *One Hundred Years of Gynaecology 1800-1900* (Philadelphia: The Blackiston Co., 1945); Diana Scully and Pauline Bart, 'A Funny thing happened on the way to the Orifice: Women in Gynaecology Textbooks', *American Journal of Sociology* 78 (1972-1973): 1045-1050; Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England 1800-1929* (Cambridge: Cambridge University Press, 1990); Joan Jacob Brumberg, "'Something happens to girls': Menarche and the emergence of the modern American hygienic imperative', *Journal of the history of sexuality* 4 (1993-1994): 99-127; Terry Kapsalis, *Public/Private: Performing Gynaecology from both ends of the Speculum* (London: Duke University Press, 1997); Deborah Kuhn, *From Midwives to Medicine: The Birth of American Gynaecology* (London: Rutgers University Press, 1998).

²⁸ In varying ways a number of historians have outlined how medical perceptions of the female reproductive system were used to reinforce the view that women were only able to fulfil a limited range of activities. See for instance, Charles Rosenberg and Carroll Smith-Rosenberg, 'The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth century America', *Journal of American History* 60 (1973): 332-356; G.J. Barker Benfield, *The Horrors of the Half Known Life: Male Attitudes towards Women and Sexuality in Nineteenth Century America* (New York: Harper & Row, 1976); Anne Digby 'Women's biological straightjacket', in S. Mendus and J. Rendall (eds.), *Sexuality and Subordination: Interdisciplinary Studies of Gender in the Nineteenth century* (London: Routledge, 1989): 192-220; Carol Smart, 'Disruptive Bodies and Unruly Sex: The regulation of reproduction and sexuality in the nineteenth century', in C. Smart (ed.), *Regulating Womanhood: Historical essays on marriage, motherhood and sexuality* (Routledge: London, 1992): 7-32; Patricia Vertinsky, *The Eternally Wounded Woman: Women, Doctors and Exercise in the Late Nineteenth-century* (Manchester: Manchester University Press, 1994); Julie-Marie Strange, 'Menstrual Fictions: Languages of medicine and menstruation, c.1850-1930', *Women's History Review* 9/3, (2000): 607-628.

physicians.²⁹ Yet neither deal specifically with women's particular afflictions including nymphomania.

There is no denying medical discourse in the nineteenth-century conceived of the female body as unruly, weak, and prone to disorder. Indeed, the self-evident nature of such ideas about the female constitution made certain views about what was and was not appropriate for women inevitable. With nymphomania conceived as a manifestation of the disordered reproductive body, it seems legitimate to suggest it was another means of reinforcing various gender inequalities. Examining the disorder in this context certainly provides yet another demonstration of the medical subjection of women. In many respects an analysis of nymphomania cannot avoid illustrating the way medical conceptions of female sexuality and the sexed female body supported the belief in woman's inherent irrationality and need for regulation and control. However, while we may now view such medical thinking as both oppressive for women and justifying male privilege, can we suggest this was its aim? To do so not only reduces historical examination to the level of conspiracy theory, but actually reinforces a sense of men's historical agency and women's absolute passivity in their compliance with such exclusive discourses.³⁰ Such thinking fails to take account of the social reality of physicians, their patients, and most of all, the epistemological traditions which constituted nineteenth century medical discourse. While many historians may regard medicine's androcentrism as a deliberate attempt to police gender boundaries, this leaves little room to examine the range of ideas within any one discourse, or to really explore

²⁹ See O. Moscucci, *The Science of Woman*; Regina Morantz-Sanchez, *Conduct Unbecoming a Woman: Medicine on Trial in Turn-of-the-century Brooklyn* (Oxford: Oxford University Press, 1999).

³⁰ On this see Nancy Theirot, 'Women's Voices in Nineteenth century Medical Discourse: A step toward deconstructing Science', in *History and Theory: Feminist Research, Debates, Contestations* (Chicago: University of Chicago Press, 1997): 158-172.

the mechanisms by which a certain facticity about the female body was rendered unproblematic.

Many historical and philosophical examinations of medical knowledge have approached the subject in terms of specifically identifying the operation of wider social and prescriptive beliefs in what is presented as 'natural' and 'scientific'.³¹ In his historical analysis of the biomedical sciences, Karl Figlio makes a convincing case for examining science and medicine as human activities whose persuasiveness is based on the assertion that what they demonstrate are natural givens.³² Figlio argues the historian must approach these discourses in a like manner, acknowledging the important role played by the objective and empirical status accorded to such knowledge which works to conceal "its own social roots."³³ A number of feminist historical studies have been particularly drawn to such an approach, arguing dominant ideas and expectations about gender were directly reinforced through medical and scientific conceptions of 'the natural'.³⁴ This has led many feminist historians to suggest medical discourse was simply another form of

³¹ See for instance Thomas. S. Szasz, 'Medical Care as a form of Social Control', in T.S. Szasz.(ed.), *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper & Row, 1961); D. Ingleby, 'The Social Construction of Mental Illness', in Peter Wright and Andrew Teacher (eds.), *The Problem of Medical Knowledge: Examining the Social Construction of Medicine* (Edinburgh: Edinburgh University Press, 1982): 123-143; Brian Easlea, *Science and Sexual Oppression: Patriarchy's Confrontation with Woman and Nature* (London: Weidenfeld & Nicholson, 1981).

³² See Karl. M. Figlio 'The Metaphor of Organization: An Historiographical perspective on the Bio-medical Sciences of the early nineteenth century', *History of Science* xiv (1976): 17-53; p.19

³³ Karl. M. Figlio, 'Chlorosis and Chronic disease in nineteenth century Britain: The Social Constitution of somatic illness in a capitalist society,' *Social History* 3/2 (1978): 167-197; p.170.

³⁴ See Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Madison: University of Wisconsin Press, 1989); Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (London: Harvard University Press, 1990); Helen Longino, *Science as Social Knowledge: Values and Objectivity in Scientific Inquiry* (Princeton: Princeton University Press, 1990); Lorraine Dastob, 'The Naturalized Female Intellect', *Science in Context* 5/2 (1992): 209-235; Londa Schiebinger, *Natures Body: Gender in the Making of Modern Science* (Boston: Beacon Press, 1993).

social control.³⁵ In *The Female Malady* (1985), literary historian Elaine Showalter suggested much of women's behaviour deemed sick or mad by physicians in the nineteenth century was that which contravened dominant expectations of woman. Showalter argued this was particularly true of specific feminist activities and other assertive conduct deemed to be an aberration. For Showalter, labelling such behaviour as sick was a means of repudiating it, controlling women, and reinforcing particular bourgeois expectations.³⁶ In a similar vein, Ann Goldberg's work on nymphomania, mentioned above, argues that in nineteenth century Germany, behaviour deemed nymphomania was an effective means of pathologising conduct that stepped outside societal limits that then worked to reinforce those boundaries. Within the asylum, Goldberg argues, the diagnosis of nymphomania was an attempt by physicians to reassert control in the face of certain female transgressions. In one of the only extensive examinations of nineteenth century conceptions of nymphomania, Goldberg suggests that labelling certain 'deviant' behaviour as nymphomania worked to negate the agency in such acts and the threat they posed to wider ideals.³⁷

³⁵ See for instance, Barbara Ehrenreich and Diedre English, *Complaints and Disorders: The Sexual Politics of Sickness* (New York: Feminist Press, 1973) and *For Her Own Good: 150 Years of Experts' Advice to Women* (London: Pluto Press, 1979); Elizabeth Fee, 'Science and the Woman Problem: Historical Perspectives', in Michael Teitelbaum (ed.), *Sex Differences: Social and Biological Perspectives* (New York: Anchor Press, 1976): 177-233; Jean L'Esperance, 'Doctors and Women in Nineteenth-century Society: Sexuality and Role', in J. Woodward, D. Richards (eds.), *Health Care and Popular Medicine in Nineteenth century England* (London, Croom Helm, 1977):105-127; Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: Toronto University Press, 1991); Cynthia Eagle-Russett, *Sexual Science: The Victorian Construction of Womanhood* (London: Harvard University Press, 1991); Nancy Tuana, *The Less Noble Sex: Scientific, Religious, and Philosophical Conceptions of Woman's Nature* (Bloomington: Indiana University Press, 1993).

³⁶ Showalter claims women who aspired to professional independence and sexual freedom were "denounced as case studies in hysteria". E. Showalter, *The Female Malady*, p.146. For further elaboration of these ideas see Showalter's article 'Victorian Women and Insanity' in A. Scull (ed), *MadHouses, Mad-Doctors and Madmen: The Social History of Psychiatry in the Victorian era* (London: Athlone, 1981): 313-336.

³⁷ Ann Goldberg, *Sex, Religion, and the Making of Modern Madness*, p.96.

Approaching nymphomania as an ideological construction that effectively stigmatised those women who deviated from the norm is also the primary direction of Carol Groneman's broad examination. Tracing understandings of nymphomania in America from the nineteenth through to the late twentieth century, she identifies a range of culturally constructed meanings embedded in and signified by the term. Groneman argues conceptions of this disorder shifted in accordance with changing ideas about what was deemed appropriate behaviour for women at any one time. For Groneman, this supports her conclusion that nymphomania only had meaning in terms of signifying the limits accorded women's sexual expression, and was not a legitimate affliction. While the socially constituted nature of nymphomania is important, the problem with Groneman's thesis is that she does not pursue the inevitability or complexity of this. Rather, nymphomania is simply posited as part of a wider ideological discourse that enabled "medical men" to "legitimate a code of sexual behaviour based on rigid distinctions between feminine and masculine activity".³⁸

Social control analyses of medical diagnoses, practitioners, and institutions, have been largely influenced by the work of French theorist Michel Foucault, particularly *Madness and Civilisation* (1965) and *Discipline and Punish* (1977). Foucault was concerned with examining the control and regulation enacted by medical or scientific knowledge. In *Madness and Civilisation* Foucault accorded enormous responsibility or power to the labels medical authorities applied to certain individuals and their behaviour. He argued designating a person as mad was a form of social control over those who threatened the

³⁸ Carol Groneman, *Nymphomania*, p.xix.

sanctity of ideals about reason and rationality.³⁹ *Discipline and Punish* was ostensibly concerned with the processes of regulation and normalisation inherent in such institutions as schools, prisons, hospitals and asylums. Foucault illustrated the significance to historical enquires of examining the way in which such institutions enacted a form of social control or “disciplinary power” that produced certain subjectivities or “docile bodies”.⁴⁰ For Foucault, this process enacted a form of ‘productive power’ which legitimised different regimes of domination in accordance with the social structure to which such institutions belonged.⁴¹

Theories of social control within historical examinations of medicine certainly make a good case for the idea of it producing, legitimating, and effectively naturalising particular sexual subjectivities that serve the gendered social order. Such an approach has been very influential in advancing the analysis of medicine and science in the past. However, there is a tendency to conflate the power accorded medical discourse with that of its practitioners, suggesting physicians themselves wielded an enormous amount of authority and control. Medical practitioners are often presented as deliberately seeking the oppressive outcomes the historian identifies while patients are portrayed as completely powerless.⁴² While it cannot be denied that through their diagnostic

³⁹ Foucault stated that the doctor “dissipates the reality of the mental illness in the critical concept of madness.” M. Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Pantheon Books, 1965) p.277.

⁴⁰ Foucault argued a body is docile that “may be subjected, used, transformed and improved”. *Discipline and Punish: The Birth of the Prison* (London: Allen Lane, 1977) p.136.

⁴¹ Foucault stated “power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him, belong to this production. Ibid., p.194.

⁴² See for instance G. J.Barker Benfield, *The Horrors of the Half-Known Life*, D.English & B.Ehrenreich, *Complaints and Disorders: The Sexual Politics of Sickness* (1973); Ann Douglas Wood, ‘The Fashionable Diseases: Women’s Complaints and their Treatment in Nineteenth century America’, *Journal of Interdisciplinary History* 4/1 (1973): 25-52; Jeffrey M. Mason, *A Dark Science: Women, Sexuality and Psychiatry in the Nineteenth Century* (New York: Farrar, Straus & Giroux, 1986); Jane M. Ussher, *Women’s Madness: Misogyny or Mental Illness?* (Amehurst: University of Massachusetts Press, 1991). For

categories and conceptions of disorder physicians did reinforce a certain view of what was normal and appropriate, they too were equally immersed in and subject to such social views. A social control analysis can incorrectly lead to the perception that physicians were somehow able to extricate themselves from the cultural context in which they existed. Physicians undoubtedly contributed to the codes by which a society perceived sexual conduct, however: they did not create them. It is difficult to completely reject the idea of women's subjugation within nineteenth century medicine, yet, as Figlio states in his assessment of such an analysis, "we cannot justly conclude that the oppression came from a deliberate misapplication of medical 'knowledge' to meet a particular need."⁴³ This examination seeks to move away from notions of male intent or a preoccupation with 'bad' science. As historian Ludmilla Jordanova states, historical analyses proposing such 'abuse' of science inaccurately suggest its original neutral status whereby its moral qualities or implications arise only from its later deployment.⁴⁴ Such an assessment of medical and scientific knowledge is incompatible with a truly historical approach, because, as Jordanova states, "there are no firm boundaries between theory and use".⁴⁵

The problem with historical analysis according so much power or control to physicians is that historical fact and context is conveniently lost, especially the actual position medicine and most medical men occupied within their society. On the whole, medicine

a good critique of such an approach to medical discourse and male physicians see Regina M. Morantz, 'The Lady and her Physician', in Mary S. Hartman and L. Banner (eds.), *Clio's Consciousness Raised: New Perspectives on the History of Women* (New York: Harper and Row, 1974): 1-22.

⁴³ Karl Figlio, 'Chlorosis and Chronic Disease in nineteenth century Britain', p.194.

⁴⁴ Ludmilla Jordanova, *Sexual Visions*, p.16.

⁴⁵ Ibid. For other examples of those who have contested the idea of a distinction between medical ideas and social theory, see various essays in P. Wright & A. Treacher, (eds.), *The Problem of Medical Knowledge: Examining the Social Construction of Medicine*; 'Introduction', R. Barnes & S. Shapin (eds.), *Natural Order: Historical Studies of Scientific Culture* (London: Sage, 1979).

and particularly gynaecology, was not an overwhelmingly prestigious profession in the nineteenth century. Gynaecology struggled to cast off associations with its 'sordid' past, especially beliefs about its practitioners as merely sexual predators.⁴⁶ While a few men did acquire prominence outside their immediate medical circles and a handful were influential in the development of their field, the majority were practitioners whose lives were spent in the unglorified and not very lucrative practices gynaecology entailed. Moreover, the sheer dependency of gynaecological practitioners on their female patient's patronage also raises doubts about the extent to which physicians would deliberately seek to offend women. While gynaecology was oppressive to women in terms of its perception of the female body, it is important to keep in mind that women were eager consumers of gynaecology in the nineteenth century and as such, actively contributed to the growth of this speciality.

That said, it is also acknowledged that much of the criticism levelled at social control analyses by feminist historians has been less directly concerned with the power accorded physicians than with the failure of such an approach to account for women's struggles and resistance against their oppression. Objections have been raised to the way such an approach presents women as merely victims of knowledge regimes and practices that sought their subordination.⁴⁷ Through ideas of resistance and subversion certain feminist historians have sought to chart the way women negotiated and challenged such

⁴⁶ On Gynaecology and man midwifery's sordid reputation see Roy Porter, 'A Touch of Danger: The man-midwife as sexual predator', in G.S.Rousseau and R.Porter (eds.), *Sexual Underworlds of the Enlightenment*. (Manchester: Manchester University Press, 1987): 206-232.

⁴⁷ For various critiques see Ellen Carol DuBois and Linda Gordon, 'Seeking Ecstasy on the Battlefield: Danger and Pleasure in Nineteenth-century Feminist Sexual Thought', *Feminist Studies* 9/1 (1983): 7-25. Carol Vance, 'Pleasure and Danger: Toward a Politics of Sexuality', in C. Vance (ed.), *Pleasure and Danger: Exploring Female Sexuality* (Boston: Routledge, 1984): 1-27; Lyndal Roper, *Oedipus and the Devil: Witchcraft, Sexuality and religion in early modern Europe* (London: Routledge, 1994).

techniques of domination.⁴⁸ In this context those women deemed sick, mad, hysterical or nymphomaniacal in the nineteenth century can be depicted as acting out a form of resistance or protest against the rigidities society imposed on their lives. In many ways Carrol Smith-Rosenberg's work on hysteria published in 1972, pioneered the idea of women's illness as 'femininity in revolt' from which a number of historical approaches followed.⁴⁹ In her examination of hysteria, Smith-Rosenberg offered a sophisticated and original contribution that radically altered the terms in which this disorder was discussed. Positioning her work squarely within the realm of social history, Smith-Rosenberg shifted her focus from the disorder to the meaning of the patient's behaviour. While she acknowledged the female hysteric of the nineteenth century as constituting a legitimate case of neurosis, she also regarded their behaviour as a 'flight into illness'. Smith-Rosenberg argued women's hysteria and "the sick role" were both the result of, and a form of resistance against, the conflicting demands of the dominant gender system. Through a psychoanalytic model she pursued the notion of woman's psychological conflict arising from the disparity between prevailing ideas of woman as delicate and feminine object on the one hand, and as strong and pain bearing mother on the other. For Smith-Rosenberg, women's hysteria was both the result of the prevailing gender system, and a reaction to it, and as such, the female hysteric was both the product of her culture and its antithesis.

⁴⁸ See various essays in *The Sexual Dynamics of History: Men's Power, Women's Resistance* (London: Pluto Press, 1983); Martha Vicinus, 'Sexuality and Power: A review of current work in the history of sexuality', *Feminist Studies*, 8/1 (1982): 133-156. Vicinus argues the history of sexuality is particularly important to "delineating how the discourse on sexuality—and power—has shaped and been shaped by women". Ibid., p.134.

⁴⁹ French feminist and critic Catherine Clements described hysteria as "femininity in revolt", see 'Enslaved/Encave' in Isabelle de Courtivron & Elaine Marks (eds.), *New French Feminisms: An Anthology* (Amherst: University of Massachusetts Press, 1981): 130-136; p.133; Carrol Smith-Rosenberg, 'The Hysterical Woman: Sex role conflict in nineteenth century America', *Social Research* 39/4 (1972): 652-678; see also Phyllis Chesler, *Women and Madness* (New York: Avon Books, 1972); Juliet Mitchell, *Women: The Longest Revolution* (London: Virago, 1984) p.289-290.

In *The Female Malady* Elaine Showalter explored the idea of women's illness in the nineteenth century as both a form of social control as well as an expression of resistance to the claustrophobic and conflicting demands of the feminine role.⁵⁰ She argued some women embraced diagnoses of insanity and illness as a means of resolving such conflict because through it they could explain the 'unfeminine' and 'abnormal' impulses of their body.⁵¹ For Showalter, hysteria, anorexia nervosa, nymphomania, and other complaints, were "passive anti-patriarchal protests" spoken through a language of physical symptoms.⁵² In a similar vein, Joan Jacobs Brumberg's examination of anorexia nervosa in the nineteenth century argued such illness was both a manifestation of women's frustration at the limitations of their lives, and of the contradictory nature of societal expectations.⁵³ For these historical examinations, female behaviour defined as sick can be read as both a controlling mechanism maintaining the gendered social order, and a form of rebellion against it.

The suggestion that women's disorder constituted both a form of social control and a form of resistance also underlies Ann Goldberg's analysis of nymphomania. While Goldberg declares the disorder an ideological construct, she also acknowledges that when accounting for women's experiences, more must necessarily have been involved. She argues that, for women, the "sexually provocative acts and speech" that defined nymphomania were an expression of power, identity, freedom and survival. For Goldberg, the "raving" sexuality of women deemed nymphomaniacal was the

⁵⁰ Showalter argued that for a feminist analysis of women's afflictions "instead of asking if rebellion was mental pathology, we must ask whether mental pathology was suppressed rebellion?" *The Female Malady*, p.147.

⁵¹ Ibid., p.121-144.

⁵² see Mark Micale, *Approaching Hysteria*, p.76.

conglomeration of specific acts and attitudes that combined to form a type of protest against both their socially subordinate position and the confines of the asylum itself.⁵⁴ The fact that there were common patterns of behaviour in this form of protest is, for Goldberg, evidence of “shared socially sanctioned cultural idioms from which patients drew”.⁵⁵ For instance, she regards the social stress on women’s chastity as creating a fairly uniform reaction in those women seeking to defy such expectation.⁵⁶ What came to be defined as nymphomania is, for Goldberg, evidence of women’s ‘manipulation’ of their forbidden sexuality which in constituting an act of deviancy and thus defiance, in turn “fed the construction of the diagnosis”.⁵⁷ Whilst Goldberg seeks to move away from attributing such behaviour to “consciously willed intentions” she also dismisses the view that the actions of such women were unconscious. Rather, in a somewhat vague and unsatisfactory explanation, she likens her understanding to a sociological concept called ‘practical consciousness’ where individuals are said to consciously “adopt” certain conduct but which they are “not able to formulate discursively”.⁵⁸

Ideas of transgression and resistance have captured the imagination of many feminist, gay, and lesbian oriented historical studies because of the avenues for exploration they open up.⁵⁹ This approach enables individuals to be seen as having a voice, which represents an important step towards interpreting certain afflictions and their symptoms, from the point of view of those deemed pathological. Notions of resistance and protest

⁵³ Joan Jacob Brumberg, *Fasting Girls: The emergence of anorexia nervosa as a modern disease* (Cambridge Massachusetts: Harvard University Press, 1988).

⁵⁴ Ann Goldberg, *Sex, Religion, and the Making of Modern Madness*, p.117.

⁵⁵ *Ibid.*, p.10.

⁵⁶ *Ibid.*, p. 187.

⁵⁷ *Ibid.*, p.118.

⁵⁸ Concept of practical consciousness originally proposed by Anthony Giddens, *Ibid.*, p.10.

are significant for asking why people behaved in certain ways. However, they tend to suggest resistance is a matter of conscious choice, and thus that people can extract themselves from the context in which ideas about their subjectivity, sexuality, and corporeality are constituted, made meaningful, and most significantly, accorded the status of fact.⁶⁰ Yet as French theorist Pierre Bourdieu suggests, the embodied laws of society are not of the kind that can be suspended “by a simple effort of will, founded on a liberatory awakening of consciousness.”⁶¹ Rather, acts of resistance are as socially prescribed and governed by dominant ways of thinking as the norms against which individuals are apparently rebelling.⁶² Ultimately, the concept of resistance attributes too much consciousness to people’s actions and can be criticised for projecting contemporary values and desires into the narrative. While seeking to identify women’s agency and autonomy is a valid aim, as historian and theorist Joan Wallach Scott argues, these notions are not ‘an attribute or trait inhering in the will of individuals’ they are themselves a “discursive effect”.⁶³

In their analysis and approach to nymphomania, both Goldberg and Groneman tend to suggest a determinist and uncomplicated relationship between ideology and the construction of this ‘disorder’. Both appear to assume a self-conscious, ideological intent

⁵⁹ See for instance, Brian Heaphy, ‘Medicalisation and Identity Formation: Identity and Strategy in the context of AIDS and HIV’, in Jeffery Weeks & Janet Holland (eds.), *Sexual Cultures: Communities, Values and Intimacy* (Basingstoke: Macmillan, 1996): 139-160.

⁶⁰ For a philosophical treatment of this problematic see Roslyn Diprose, *The Bodies of Women: ethics, embodiment and sexual difference* (London: Routledge, 1994) p.20.

⁶¹ Pierre Bourdieu, *Masculine Domination*, trans. Richard Nice (Stanford: Stanford University Press, 2001) p.39.

⁶² For a good critique of resistance see Judith Butler, ‘Subjection, Resistance, Resignification: Between Freud and Foucault’, in J.Rajchman (ed.), *The Identity in Question* (New York: Routledge, 1995): 229-249.

⁶³ Joan Wallach Scott, *Gender and the Politics of History* (New York: Columbia University Press, 1993) p.4-6.

whereby medical and scientific conceptions serve the interests of well-defined groups. Goldberg states nymphomania, like masturbatory insanity and religious madness, was an “ideological construct” that reflects the operation and encroachment of a rigid patriarchal, middle class culture within conceptions of illness and insanity.⁶⁴ She argues middle class ideologies about femininity “pervaded medical constructions of nymphomania in both theory and practice.”⁶⁵ It is difficult to deny the role played by dominant cultural ideas about sex roles and gender differences in the conception of nymphomania, or for that matter, medical discourse. Charting the relationship between nineteenth century medical knowledge and the dominant social and cultural context in which it existed is a crucial aspect of this examination of nymphomania. Yet if addressing this connection only leads to the suggestion that this disorder was simply a product of a certain class and gendered ideology it served to reinforce, then it is extremely limited in what it reveals. There is a sense within both Goldberg and Groneman’s analysis that nymphomania is little more than a tool for male physicians serving the wider interests of a patriarchal middle class culture. Both historians are less focussed on the issue of nymphomania constituting a legitimate condition and more concerned with stressing its wider social ramifications, particularly the limitations imposed on women’s sexual expression. Yet in viewing this disorder as simply a construct, they ignore the historical information available from its medical conceptualisation, diagnosis and treatment.⁶⁶

⁶⁴ Ann Goldberg, *Sex, Religion, and the Making of Modern Madness*, p.13.

⁶⁵ *Ibid.*, p.96.

⁶⁶ This idea of the information gleaned from the daily drama of diagnosis is raised by Barbara Sicherman in ‘The Uses of a Diagnosis: Doctors, Patients, and Neurasthenia’, *Journal of the History of Medicine and Allied Sciences*, 32 (1977): 33-54; p.37.

In Carol Groneman's assessment, nymphomania is the "metaphor" of all that is forbidden or deemed unacceptable in regards to women's sexual expression and social behaviour.⁶⁷ Yet outside of the idea of nymphomania symbolising the constraints on women's sexuality, Groneman's approach reveals very little, including why excess was understood in particular terms, or why it was conceived as a reproductive disorder for such a long time. In the desire to produce an interpretive narrative that deconstructs this medical entity, Groneman fails to deal with the fact it was considered a real phenomenon explained by dominant and accepted conceptions of the workings of the female body. Negating the reality of nymphomania as a medical disorder dismisses the factors that established its legitimacy and contributed to the influence it had amongst the thinking of nineteenth century physicians, and presumably, their female patients. As Sander Gilman argues in his analysis of historical approaches to medical disorders, the idea of disease as fantasy is, "much easier to understand" yet also far less complex or interesting. Moreover, those who deny the reality of the experience of disease "marginalize and exclude the ill from their own world".⁶⁸ Nancy Theirot also makes this point in her examination of puerperal insanity in nineteenth century medical discourse. She argues for an historical approach that takes account of the conception of the disease, the medical context, and the patient. Theirot argues this context offers "an explanation of both the meaning of symptoms in the lives of patients and the translation of symptoms into disease categories by medical professionals".⁶⁹

In terms of examining nymphomania there is a need to differentiate between the implications of its medical conception, specifically the manner in which it was applied,

⁶⁷ Carol Groneman, *NymphoMania*, p.xxii.

⁶⁸ Sander Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (London: Cornell University Press, 1994) p.9.

⁶⁹ Nancy Theirot, 'Diagnosing Unnatural Motherhood: Nineteenth-century physicians and puerperal insanity', *American Studies*, 26 (1990): 69-88; p.78.

and the terms of its construction. Several historians have suggested the need to make such a differentiation in the historical analysis of medical discourse especially in order to move away from uncomplicated assessments of its meanings. Historian Ludmilla Jordanova argues that rather than seeking to expose the moral or political overtones of medical and scientific thinking, the historian is better served by drawing attention to “the intricate transformations and multiple meanings of fundamental ideas”.⁷⁰ Roger Cooter is another historian who rejects the idea of approaching medical conceptions, particularly of the body, as simply reflecting the social world. Stressing the dialectic relationship between ideological imperatives and medical discourse, he argues knowledge can be conceived as more like an echo in terms of the values, beliefs, and assumptions that feed back into its construction, so that what is ideological within knowledge is extremely “mediated and mystified”.⁷¹

The historical work of Mary Poovey has also been instrumental in problematising the idea of a straightforward connection between the construction of scientific knowledge especially about women in the nineteenth century, and cultural expectations of femininity, especially in relation to the nineteenth century.⁷² In *Uneven Developments* (1988) she argued for attention to the “internal instability and artificiality” within the “apparent coherence and authenticity” of Victorian ideology.⁷³ Through a variety of case studies, Poovey demonstrates the way in which individuals themselves create numerous points of tension through their attempts at negotiating or reconciling wider gendered

⁷⁰ Ludmilla Jordanova, *Sexual Visions*, p.2.

⁷¹ Roger Cooter ‘The Power of the Body: The Early Nineteenth-Century’, in B Barnes & S.Shapin (eds.), *Natural Order: Historical Studies of Scientific Culture*, 73-92; p.81.

⁷² Mary Poovey, *The Proper Lady and the Woman Writer: Ideology as Style in the Works of Mary Wollstonecraft, Mary Shelley, and Jane Austen* (Chicago: University of Chicago Press, 1984); *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (London: Virago,1988); *Making a Social Body: British Cultural Formation 1830-1864* (Chicago: University of Chicago Press, 1995).

⁷³ Mary Poovey, *Uneven Developments*, p.3.

ideals within their thinking and writing. The complexity she identifies is applicable to an examination of nineteenth century ideas about woman and their relation to medical conceptions of nymphomania. Rather than medical thinking simply reinforcing or normalising dominant ideals about womanhood, they actually often conflicted. The way medical beliefs about the biological body challenged rather than supported the gendered social order of the nineteenth century is fundamental to this examination of nymphomania. It situates itself alongside an increasing body of scholarship concerned with emphasising the 'uneven' or discontinuous and contradictory nature of Victorian ideological formations.⁷⁴

This examination is drawn to the idea of a lack of continuity between medical thinking about woman and ideals of femininity in the nineteenth century. This is mainly because of a belief that physicians themselves confronted a distinction between their medical ideas and wider social expectations. This is not to suggest physicians can be separated out from the culture in which they lived. Rather, that medical practitioners did confront a discrepancy between their medical knowledge about woman and wider cultural expectations, which suggests a different perspective on the relationship between medical discourse and gender norms is required. Proceeding chapters will show how the differentiation between certain medical beliefs about female sexuality and dominant models of womanhood in the nineteenth century were a constant source of anxiety and contradiction for many physicians. In this context, an examination of nymphomania demonstrates the tension between wider expectations of woman on the one hand, and a

⁷⁴ For other 'uneven' analyses see Jill Matus, *Unstable Bodies: Victorian Representations of Sexuality and Maternity* (Manchester: Manchester University Press, 1995); Regina Morantz-Sanchez, *Conduct Unbecoming a Woman*; Kelly Hurley, *The Gothic Body: Sexuality, Materialism, and Degeneration at the fin-de-siecle* (Cambridge: Cambridge University Press, 1996); Mary Spongberg, *Feminising Venereal Disease: The Body of the Prostitute in Nineteenth century Medical Discourse*. (Basingstoke: Macmillan, 1997).

set of entrenched ideas about women's corporeality and sexuality on the other. The significance of this 'rupture' lies with the way it suggests the relationship between medical knowledge and dominant gender norms was not as straightforward as has often been suggested.

Notions of social control, "antipatriarchal protest", and disease as ideological construction are certainly seductive and seem legitimate ways of approaching a subject such as nymphomania, especially given the limitations on women's sexual expression in the nineteenth century. However, they also require enormous amounts of conjecture on behalf of the historian. This thesis tends to agree with the sentiments expressed by Janet Oppenheim in *Shattered Nerves* in which she argues that we can never know for certain what factors contributed to particular behaviour in the past. In her analysis of depression and nervous breakdown in the English nineteenth-century, Oppenheim rejects the idea that any single theory can be used decisively to explain the actions, motivations and particular conduct of physicians or their patients.⁷⁵ Rather, she suggests history is far better served by "the flexibility of an empirical approach to the remaining evidence than by a theoretical rigidity that insists on building explanatory models, even where the foundations are too slight to bear the load".⁷⁶ It is thus the evidence itself especially its limitations, which ultimately directs both the approach and scope of this examination of nymphomania.

It is very difficult to ascertain any substantial documentation on popular understanding or perceptions of nymphomania, and little is known of those deemed to be suffering excessive erotic desire. In terms of the nineteenth century, it is hard to imagine a woman

⁷⁵ Janet Oppenheim, *Shattered Nerves: Doctors, Patients, and Depression in Victorian England* (Oxford: Oxford University Press, 1991) p.11.

⁷⁶ *Ibid.*

from the 'respectable classes' discussing issues of an erotic nature with a male physician, particularly her burning desire for sexual intercourse. Such was the degree of secrecy surrounding so much of women's physical matters physicians themselves often lamented that female patients were exceedingly uneasy and unable to articulate their true concerns. There is a notable lack of female authorship within nineteenth century discussion of women's sexual experiences. Women did not appear to write about their sexual experiences or feelings in the nineteenth century to any significant degree. The only substantial access we appear to have to their experience of their sexuality as 'disordered' is if they sought the advice of a physician. Then of course, we are dealing with a very small sample of women who were able to afford such medical care in the first place. It is also means such evidence is always mediated through the words and views of the particular physician. On the whole, physicians seemed extremely reluctant to impart too much personal information about their patients, choosing instead to abstract the 'facts' they believed important. In the case notes for Henrietta U virtually no attention is given to what might have prompted her actions outside of the 'fact' of her reproductive affliction. Like so many of their contemporaries, Henrietta's attending physicians at the asylum were only concerned with the pathology of her body which, in their view, is the decisive factor in her nymphomania. Yet what physicians have left to the historical record cannot then be taken as evidence of how women themselves interpreted their feelings or bodily symptoms. How can we be sure there was anything remotely sexual about the affliction or symptoms the physician was presented with? Mary Poovey suggests what nineteenth century medical men identified as sexuality in women "is obviously as much a projection of what they feared or felt in themselves as it was what real women actually experienced".⁷⁷ Perhaps then it is more instructive to question what led the physician to that diagnosis.

⁷⁷ M. Poovey, *Uneven Developments*, p.49.

We can never really know what physicians thought about a concept such as nymphomania, or how many ever encountered the affliction. The number of women recorded as diagnosed with the disease appears small. Whilst there were numerous textbooks and periodicals examining the symptoms, characteristic signs, and aetiology of nymphomania, evidence from asylum and hospitals records suggest few physicians actually encountered many cases. Even when physicians did observe symptoms and behaviour included in the theoretical textbook definitions of nymphomania, they did not necessarily label them as evidence of the disorder. The apparent reticence of physicians to diagnose nymphomania, particularly in those institutions catering to a wealthier clientele, is perhaps one explanation for the small numbers of those recorded as suffering this affliction.⁷⁸ Others might suggest it is evidence of physicians' lack of faith in the diagnosis itself. Yet there was an ongoing interest in the theoretical consideration of this disorder with many physicians offering up detailed and complex accounts on the causes, symptoms, and manifestations of a woman's excessive erotic desire.

The wealth of scholarly medical works, original articles, letters, society meetings, and published case notes addressing nymphomania in some way, contradicts the idea of disbelief about this disorder. Constituting as it did such a central part of the nineteenth century medical curriculum and discourse, and an authoritative voice of the medical profession, this material can be examined for the many ways in which nymphomania was understood and the degree of consensus or lack of, amongst various medical authorities. Admittedly, much of this evidence must be understood as reflecting the particular

⁷⁸ On the stigma attached to mental illness and asylums in the nineteenth century, especially amongst the respectable classes see Charlotte Mackenzie, 'Social Factors in the Admission, Discharge, and Continuing Stay of Patients at Ticehurst Asylum, 1845-1917', in W.F.Bynum, R.Porter, M.Shepherd (eds.), *The Anatomy of Madness: Essays in the History of Psychiatry, Vol II* (London: Tavistock, 1985): 147-174.

community in which it appeared and to which it addressed. This is not to suggest however, that medical thinking and discussion does not have meaning in relation to the wider culture. Rather, it is a difficult task to trace exactly how exclusive nineteenth-century medical discourse was, or how far the connotations of its ideas penetrated public understanding. In this sense, this approach to conceptions of nymphomania is particularly focused on the insights it provides on the nineteenth century medical world. However, physicians did not exist in a vacuum and such medical discussion can be seen as a reflection of particular attitudes and beliefs, as well as representing an important body of knowledge about female sexuality. In the absence of satisfactory asylum or hospital records, or personal correspondence, a textual approach to nymphomania means it deals more in the abstract. Indeed, there are very few detailed case studies and scant attention to how a woman's social class or personal circumstances may have contributed to her disorder. While admittedly this means this examination tells us little about women's experiences, exploring the theoretical constitution of nymphomania does provide a great deal of information on the scientific construction of this disorder, on conceptions of women's erotic desire and sexual body, and on physicians' attitudes to female sexuality.

The medical discussion of nymphomania provided a legitimate and acceptable context in which the nature of women's erotic desire, the workings of their sexual body and their sexual pleasure, were able to be openly debated. Outlining the variety of signs and symptoms of this disorder including the point at which a woman's desire could be defined as excessive, enabled a discussion of female sexuality outside of dominant ideals about woman, particularly her lack of desire.⁷⁹ In this sense, the nymphomania discourse facilitated the representation and discussion of the often unspeakable and inexplicable.

⁷⁹ For other analyses of the hyper-sexual or aberrant sexual body facilitating discussion about sexuality without nullifying certain ideals see Alice Domurat Dreger, *Hermaphrodites and the Medical Invention of Sex* (London: Harvard University Press, 1998).

This is not to suggest discussion of nymphomania constituted a type of pornographic literature.⁸⁰ Nor is it the intention of this thesis to propose that the Victorians only perceived female sexuality in rigidly dichotomous ways. Studies of female sexuality in the nineteenth century, especially the historical fascination with prostitution, often perpetuate the view that women were either, chaste and respectable or sexually debauched.⁸¹ While the ideas physicians' expressed about female sexuality within their discussions on nymphomania oppose the now dated stereotype of the Victorian woman as innately less sexual, this should not then lead to the substitution of an equally unrealistic archetype. The move to dispel the myth of the absolute prudery of the Victorians really began with Steven Marcus' text, *The Other Victorians: A Study of Sexuality and Pornography in Mid Nineteenth-century England* (1966) that initiated a wealth of interesting scholarship.⁸² However, amongst this revisioning there was also a tendency to simply equate this era with prostitution, pornography, and paedophilia, and

⁸⁰ This is an argument put forward by Vernon Rosario who suggests the diffusion of medical discourse on sex within the general public means these discourses were themselves "liminal narratives, situated in the shady boundary between scientific documents and licentious popular literature". *The Erotic Imagination: French histories of perversity* (Oxford: Oxford University Press, 1997) p.10. Lesley Hall also argues that when sexually oriented medical literature was sold cheaply to the general public it entered the domain of the obscene. *Hidden Anxieties: Male Sexuality, 1900-1950* (Cambridge: Polity Press, 1991) p.56.

⁸¹ See for instance, Kellow Chesney, *The Victorian Underworld* (London: Temple Smith, 1970): 307-365; Michael Pearson, *The Age of Consent: Victorian Prostitution and its Enemies* (London: Newton Abbot, 1972); Peter T. Cominos, 'Innocent Femina Sensualis in Unconscious Conflict', in M. Vicinus (ed.), *Suffer and be Still: Women in the Victorian Age* (Bloomington: Indiana University Press, 1972): 155-172; Eric Trudgill, *Madonnas and Magdalens: The origins and development of Victorian Sexual Attitudes* (London: Heinemann, 1976). Lesley Hall makes a good case against the monolithic and stereotypical portrayals of Victorian attitudes to sex and sexuality. She argues that opinions, particularly about female sexuality, varied, were conflicting, ambiguous in the extreme, and strongly inflected by class. *The Other in the Mirror: Sex, Victorians and Historians*, published online October 1998, 1-10, <<http://homespages.primes.co.uk/lhall>>, accessed 20 Nov. 2002.

⁸² Steven Marcus, *The Other Victorians: A Study of Sexuality in Mid Nineteenth-century England* (London: Weidenfeld & Nicholson, 1966).

thus the Victorians with the perverse.⁸³ While such criticism does not apply to a lot of more recent historical work, particularly following Foucault's *History of Sexuality* (1976), there still remains a need for greater complexity and nuance in our approach to ideas about sexuality amongst 'the Victorians'.⁸⁴ One intention of this examination is to explore the legitimacy accorded more than one idea about female sexuality, not only to illustrate the plurality within medical thinking, but also the contradictions and inconsistencies. As proceeding chapters of this work show, the discourse on nymphomania offers the historian access into a complex discussion on female sexuality in the nineteenth century medical world. While such incongruity limits the extent to which the historian can offer absolutes, it is perhaps a far more accurate reflection of attitudes to women's sexuality in the Victorian era.

While this thesis involves a detailed examination of the medical constitution of nymphomania, in wider terms it seeks to show the complexity and contradictions medical

⁸³ See for instance Richard Pearsall, *The Worm in the Bud: The World of Victorian Sexuality* (London: Penguin, 1969); Fraser Harrison, *The Dark Angel: Aspects of Victorian Sexuality* (London: Sheldon Press, 1977); Ian Gibson, *The English Vice: Beating, Sex and Shame in Victorian England and After* (London: Ducksworth, 1978); Anthony Wohl, 'Sex and the Single Room: Incest Among the Victorian Working Classes' in Anthony Wohl (ed.), *The Victorian Family: Structure and Stresses* (New York: St Martin's, 1978).

⁸⁴ In volume one of *The History of Sexuality* Foucault explored the productive nature of power and the way in which the modern individual is both object and subject of knowledge. He illustrated how the sexual body and sexuality was constituted, made meaningful, and regulated through discussion of such things. Michel Foucault, *The History of Sexuality: An Introduction*, vol.1, (New York: Vintage Books, 1980). For recent examples of scholarship that move away from limited binary images of the nineteenth century see, Francoise Barret-Ducrocq, *Love in the Time of Victoria: Sexuality and Gender in Nineteenth century London*, trans. John Howe (London: Verso, 1991); Judith Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late Victorian London* (Chicago: Chicago University Press, 1992); Michael Mason, *The Making of Victorian Sexuality* (Oxford: Oxford University Press, 1994); Lucy Bland, *Banishing the Beast: English Feminism and Sexual Morality, 1885-1914* (England: Penguin, 1995); Alice Domurat Dreger, *Hermaphrodites and the Medical Invention of Sex*; Lisa Z. Sigel, *Governing Pleasures: Pornography and Social Change in England, 1815-1914* (London: Rutgers University Press, 2002).

discourse, and its practitioners, negotiated and oscillated between with regard to women's sexual nature. What little historical analysis there is of nymphomania tends to leave the reader with the view that this disorder was the instrument of ideology, and thus a fabrication. This examination will show more is required by the historical analysis, particularly in accounting for the place and effect of social norms within medical thinking. One of the fundamental differences with this approach to nymphomania in comparison to that preceding it, is that it does not assume or seek to find consensus in terms of the motivations of physicians, the actions of those deemed afflicted by nymphomania, or in the thinking about woman. Such an assessment simply appears to lack validity with regard to the evidence available.

This history of nymphomania is essentially a story about the desire for women's behaviour to exhibit control, coupled with beliefs in their natural disorder. As such, it is about the contradictions and inconsistencies surrounding conceptions of womanhood and medical discourse on female sexuality. It is a story of how, rather than enacting control or offering consensus with regard to ideological ideals of femininity, medical conceptions of nymphomania actually created unresolvable incongruities for physicians. This work is not intended as an exercise in proving whether nymphomania was socially constructed or real. It takes as given the historicity of medical diagnosis, and the conception of nymphomania as constituting a real affliction in the minds of nineteenth century physicians. Instead, it explores further the contexts in which nymphomania existed as a legitimate disorder. It does this with a view to pursuing the wider significance and ramifications of this disorder to the development of medical discourse, to knowledge of women's sexual desire, and to gender norms in nineteenth century English society. There have been many approaches to analysing women's disorders and female sexuality in the nineteenth century, specifically within a medical context. This

approach to the medical conceptions of nymphomania offers greater insight into a disorder that warrants closer attention. In so doing, it seeks to further our understanding of the complex conceptual systems that directed the way physicians understood, negotiated, and sought to contain, the sexual body of woman.

Chapter One

Female Excess: *Early Medical Conceptions of Women's Erotic Desire*

“(F)ollowing the warmth of the remedies and raising from the touch of the genital organs required by the treatment, there followed twitchings accompanied at the same time by pain and pleasure after which she emitted turbid and abundant sperm. From that time on she was free of all the evil she felt”. Galen, *On the Affected Parts*, ca. 129-200.¹

“But by a false, unnecessary, & unnaturall refinement some would deny that there is any lust in modest women and virgins, whereas every woman during certain seasons and a certain period of life is incited to lust and would gladly suffer the Venereal commerce with the other sex, unless there is something uncommon in her constitution”. Robert Wallace, *Of Venery, or of the commerce of the two sexes*, 1761.²

“her every propensity was pure, and, when reflection came to her aid, her conduct was as exemplary as her wishes. But the ardour of her imagination, acted upon by every passing idea, shook her judgment from its yet unsteady seat, and left her at the mercy of wayward sensibility – that delicate, but irregular power, which now impels to all that is most disinterested for others, now forgets all mankind, to watch the pulsations of its own fancies”. Frances Burney, *Camilla: or, A Picture of Youth, in five volume*, 1796.³

For centuries medical ideas about women's sexual pleasure and erotic desire largely reflected a tradition of knowledge originally assembled from the writings of antiquity. Reworked by successive generations of physicians, the texts of the Hippocratic Corpus, Aristotle, Soranus, and Galen all contributed to an authorised body of knowledge about women's sexuality. The legacy of this medical discourse established a degree of continuity in conceptions of the female body and its disorder that continued for centuries. This chapter shows the persistence of such medical thinking in the early modern period, especially the conception of women's excessive erotic desire as a somatic disorder,

¹ Galen, *On the Affected Parts*, trans. Rudolph Siegal, (New York: S. Karger, 1976) Bk.6, 2:39.

² Robert Wallace, ‘Of Venery, or Of the Commerce of the Two Sexes’ (1761), ed. Norah Smith, *Texas Studies / Literature and Language* 15 (1973): 429-444; p.434.

³ Frances Burney, *Camilla: or, A Picture of Youth, in five volumes* (London: T. Payne, 1796) vol.4, p.398.

principally of the womb. This is not to suggest medical discourse was simply an historical constant replicated through the ages. While there was an ongoing subscription to Galenic and Hippocratic principles, medical knowledge was also always deeply embedded within the culture in which it was constituted and applied. By the eighteenth century, shifts in medical thinking were challenging much of the accepted wisdom of the ancients, which saw significant differences emerge in attitudes towards women's sexual pleasure and fulfilment. As this chapter shows, new ideas about reproduction, anatomy, and the workings of the nerves altered certain beliefs about the female body, women's sexuality, and in particular, the purpose woman's erotic desire served. While erotic excess continued to be considered an affliction, such changes shifted the way in which it was conceived.

Other historical analyses have explored much of the primary material used in this chapter. Yet outside the context of hysteria, it has not been approached from the perspective of tracing the history of medical thinking about women's excessive erotic desire. Such an examination is thus not only long overdue, but crucial to the history of what came to be understood by the term nymphomania and in particular, its distinct identity. This chapter is not seeking to negate the fact that for a long time many physicians considered hysteria an erotic disorder. The role accorded the womb in a woman's sexual desire and pleasure resulted in an erotic content or nature ascribed to a number of women's afflictions believed to originate from this organ, including hysteria. Yet as certain physicians began to reassess the role of the womb in women's sexual desire, thinking about women's erotic disorder changed. This chapter addresses some of the key medical ideas that contributed to a belief in a distinct category of disorder defined by excessive erotic desire. It suggests one of the crucial factors in the eventual

differentiation of this disorder from women's many afflictions was the responsibility accorded the clitoris.

The feminine coding of erotic excess

Belief in men and women's differing capacity for corporeal control can be discerned in the way medical texts in the early modern period conceived of their excessive lust, lovesickness, or 'love melancholy'. Both men and women's erotic desire could become excessive to the point where all control and reason was lost. A great deal of early modern English medical writing, along with poetry, drama, art and music, was preoccupied with the aetiology and extent of such disorder.⁴ Yet the explanations offered for men's erotic excess were very different to those for women. A man's insatiable erotic desire was accorded to extrinsic factors such as excessive drinking and eating. In Thomas Newton's translation of Dutch physician Levinus Lemnius (1505-1568) medical treatise *The Touchstone of Complexions* (1576), it was noted that an excessive indulgence in wine and food saw men "reject and cast away the brydle of reason ... whereby it happeneth, that when any lewde devyse or wilful thoughte aryse in the minde of man, he is prone to runne into dissolute riot, libidinous lust, filthy and shameful pleasures".⁵ While man's excess was the product of his loss of reason, itself arising from his inordinate indulgence, it was nonetheless the outcome of conscious action that could be rectified through strict adherence to self-control. In contrast, a woman's excessive erotic desire was accorded to her physiology, specifically the workings of the womb. Such a conception reflects the way early modern physiology subscribed to classical Galenic paradigms. Ancient

⁴ On this see Mary F. Wack, *Lovesickness in the Middle Ages: The Viaticum and Its Commentaries* (Philadelphia: University of Pennsylvania Press, 1990); Margaret Healy, 'Bodily Regimen and Fear of the Beast', in E. Fudge, R. Gilbert and S. Wiseman (eds.), *At the Borders of the Human - Beasts, Bodies and Natural Philosophy in the early modern period* (Basingstoke: Macmillan, 1999): 47-63.

⁵ M. Healy, 'Bodily Regimen and Fear of the Beast', p.59.

gynaecological texts reintroduced into European medical thinking from the early sixteenth century were crucial to the persistence of such ideas.

In 1525 the entire Hippocratic corpus was translated into Latin, meaning texts such as *Diseases of Women* and *On the Diseases of Virgins* were made available in full for the first time since antiquity.⁶ These gynaecological treatises were immediately reproduced into smaller and cheaper editions thus gaining widespread circulation.⁷ Helen King argues the reintroduction into the West of these Hippocratic texts, along with that of eleventh century Persian medical authority Avicenna and another translated Arabic medical handbook, the *Viaticum*, was extremely influential on those writing on the subject of disorders of desire.⁸ Both the *Viaticum* and Avicenna's work are believed to have influenced over four centuries of medical thinking, resulting in an ongoing conception of excessive erotic desire as a recognised medical condition.⁹ The *Viaticum* contained an entire chapter on the subject of excessive passionate love detailing how such a disorder bred sickness of the body and mind.¹⁰ The disorder was termed *amor hereos* and was treated as an autonomous disease category defined by an "irresistible desire...to obtain possession of a loved object or being... it betrays therefore, in one who experiences it a deficiency, a want".¹¹ Yet neither Avicenna nor the *Viaticum* directly

⁶ Translated by Marco Fabio Calvi (d.1527), on this see Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (New York: Routledge, 1998) p.12.

⁷ Ibid., p.13. See also Monica Green, 'Obstetrical and Gynaecological texts in Middle England', *Studies in the Age of Chaucer* 14 (1992): 53-88.

⁸ H. King, *Hippocrates' Woman*, p.196.

⁹ Like the work of Avicenna, the influence of *Viaticum* is believed to have been extensive with evidence of its existence in certain medieval texts, the writings of the Montpellier physicians, and in Cambridge medical texts dating to the fourteenth century. On the *Viaticum* see M. Wack, *Lovesickness in the Middle Ages*; Michael R. McVaugh, *Medicine before the Plague: Practitioners and their Patients in the crown of Argon, 1288-1345* (Cambridge: Cambridge University Press, 1993).

¹⁰ M. Wack, *Lovesickness in the Middle Ages*, p.35.

¹¹ Ibid.

addressed women's excess in any distinct way. Rather, as Mary Wack suggests, the specific nature of women's lovesickness evident from the later Renaissance can be directly attributed to the availability of the Hippocratic texts. The influence of this literature, especially its gynaecological focus, saw a new emphasis accorded the separate medical treatment of women and their specific illnesses, including the pathological nature of their erotic desire.¹² The Hippocratic warning against 'treating women as if they were men' began to direct a number of texts devoted to women's diseases.¹³ Through the ongoing reproduction and penetration of this gynaecological discourse, women's reproductive body came to the fore in early modern medical conceptions and accounts of their lack of corporeal control. This not only meant woman was effectively considered a slave to her body, but also accorded a 'reproductive' aetiology to a number of her afflictions including her insatiability.

Galenic medical thinking propounded a number of views about the nexus between the womb and women's sexual desire. A woman's sexual orgasm was regarded as necessary for the expulsion of their seed from the womb and thus successful conception. In turn, the act of the womb receiving man's seed and expelling women's own was said to double women's pleasure and give them heat and thus strength.¹⁴ Similarly, in the Hippocratic texts *On Generation/ Nature of the Child*, man's seed was said to moisten the womb and

¹² M. Wack, *Lovesickness in the Middle Ages*, p.175.

¹³ One such text was *Gynaecaea* (1566), a massive encyclopedia of gynecology edited by Hans Kaspar Wolf, Gaspard Bauhin and Israel Spachiu, which included many of the writings from antiquity, the Middle Ages, as well as a number of French, Italian and Spanish contemporaries. The text reproduced much of the Hippocratic and Galenic approach to women's specific disorders and was a major influence on the medical discourse on woman in the later sixteenth and early seventeenth century. On *Gynaecaea* see Ian Maclean, *The Renaissance Notion of Woman: A Study in the Fortunes of Scholasticism and Medical Science in European Intellectual Life* (Cambridge: Cambridge University Press, 1980) p.102.

¹⁴ On Galen's ideas about the womb and women's sexual desire and pleasure see Lesley Dean Jones, *Women's Bodies in Classical Greek Science* (Oxford: Clarendon Press, 1994); H. King, *Hippocrates' Woman*.

heat a woman's blood enabling the easier flow of the menses.¹⁵ Such ideas contributed to beliefs about the benefits of sexual intercourse for women and the necessity of their sexual pleasure. It also accorded primary causality to the womb in accounting for women's sexual afflictions. Yet curiously, as some historians have suggested, the ancients were well aware of the function of the clitoris.¹⁶ Indeed, the "touch of the genitals" was the therapeutic advice offered by Galen to alleviate disorder arising from a woman's continence. Despite this, it appears the clitoris was not regarded as the primary site of a woman's excessive desire. Rather, a woman's failure to expel her seed and thus conceive was believed to subject her to a series of essentially uterine pathologies including an insatiable and furious want for sexual intercourse. While the clitoris served to relieve such disorder by aiding in the expulsion of the prurient seed, the womb was ultimately the source of such excess. The legacy of this emphasis on the role of the womb continued throughout the early modern period with the organ accorded primary causality for a woman's sexual feelings and disorder. Such thinking not only established women's insatiable erotic desire as a pathology of her reproductive body, but also reinforced the gendered nature of such excess.

By the seventeenth century, both men and women's erotic desire continued to be deemed susceptible to excess leading to an addiction or compulsion to venery. In *The Anatomy of Melancholy* (1621) Englishman and educated layman Robert Burton (1517-1640), described how, during a state of such excess, both sexes could experience fainting, irregular pulse, bad dreams, and a perverted appetite.¹⁷ Yet where a man was urged to prevent such an affliction through recourse to self-discipline, the gynaecological

¹⁵ Leslie Dean Jones, *Women's Bodies in Classical Greek Science*, p.127.

¹⁶ See for instance A. McLaren, *A History of Contraception: From Antiquity to the Present Day* (Oxford: Basil Blackwell, 1990) p.49.

¹⁷ Robert Burton, *The Anatomy of Melancholy*, ed. Holbrook Jackson (London: J.M.Dent, 1932) p.414.

determinism underlying views about woman meant she was thought to not only lack such a capacity, but was innately prone to such disorder. Burton described how woman's love melancholy "much differs from that which commonly befalls men" because its one cause was "proper to women alone."¹⁸ Such was the gendered association with regard to a lack of control over the erotic feelings, Burton declared a man suffering such melancholy to be one in "woman's apparel".¹⁹ For Burton, a man's loss of self-control challenged the immutability of his reason on which his superiority depended, and he was thus literally effeminised by such a state.²⁰

Burton's gendered ideas about men and women's control extended to descriptions of their sexual nature. A man's sexual desire was a willed activity directed by his reason. Man's ability to moderate passion and desire through his reason accorded him greater freedom and constituted one of the principle features that distinguished him from other animals. In contrast, a woman's erotic desire was directed by her bodily drives and needs, specifically those of her 'voracious womb', and thus lacked an essential element of will, reason, and control. The causal link posited between woman's erotic desire and the womb meant both were perceived as instinctive and capable of overwhelming her. Burton described how women could be "violently carried away" by a "torrent of inward humours" and while they may be "very modest of themselves" nonetheless they "cannot make resistance."²¹ Instinctive by nature and lacking control, woman's erotic feelings were deemed far more debased or even animalistic than man's and thus inherently prone to excess. Ascribing such a disorder to an inherent quality of the female body established

¹⁸ R. Burton, *The Anatomy of Melancholy*, p.414.

¹⁹ R. Burton, 'preface: Democritus to the Reader', *The Anatomy of Melancholy*, Ibid., p.21.

²⁰ On anxieties about men's immoderate lust and effeminacy see Mark Breitenberg, *Anxious Masculinity in Early Modern England* (Cambridge: Cambridge University Press, 1996); Allan Bray, *Homosexuality in Renaissance England* (London: Gay Men's Press, 1988).

²¹ R. Burton, *The Anatomy of Melancholy*, p.365.

the gendered coding of erotic excess and explains why such excess in man was conceived in very different ways. As proceeding chapters will show, this thinking would be replicated over the centuries, and in many ways explains the lack of medical discussion about men's satyriasis.

Over the course of the seventeenth century, the idea of woman's desire as an instinctive, physical urge contributed to medical views about the disorder that could ensue if such drives were left unfulfilled. While a man's sexual self-control was something on which his superiority rested, such continence for a woman was itself posited as a cause of affliction and derangement. William Harvey (1578-1657) the famous discoverer of the circulation of the blood, warned that women who "continue too long unwedded" would be "seized with serious symptoms".²² Harvey likened such women to animals on heat who, like all animals, "grow savage ... and unless they are suffered to enjoy one another, become changed in disposition".²³ Dutch professor of anatomy Nicholaas Fontanus (d.1654) declared sex "exceedingly wholesome" for women and especially recommended for a number of afflictions, particularly those arising from its lack.²⁴ Fontanus described how women unable to ejaculate their seed could acquire "a spirit of salacity, and feelee within themselves a frequent titillation their seed being hot and prurient".²⁵ For this reason he believed wives were more healthy than widows or virgins because "they are refreshed with the man's seed, and ejaculate their own, which being excluded the cause of the evill is taken away".²⁶

²² G. S. Rousseau, "'A Strange Pathology': Hysteria in the early Modern World 1500-1800", in S. Gilman (ed.), *Hysteria Before Freud* (Berkeley: University of California Press, 1993): 91-221; p.133.

²³ Ibid.

²⁴ Fontanus was also known as Nicholas Fonteyn. Fontanus, *The Woman's Doctor Or, An exact and distinct explanation of all such diseases as are peculiar to that sex* (London: printed for John Blague & S.Howes, 1652) p.6.

²⁵ Ibid.

²⁶ Ibid., p.4.

The legacy of the Galenic tradition is easily identifiable in the ideas early modern physicians expressed about the potential for woman's erotic desire to become disordered, particularly when women's needs were unfulfilled. Yet such thinking was also very much in keeping with the dominant Protestant discourse of this period which explicitly and repeatedly glorified marriage and connubial sexual relations and rejected the idealisation of celibacy and asceticism.²⁷ According to Angus McLaren, Protestantism not only legitimised marital sexuality, but saw an acceptance of women's sexual needs as natural.²⁸ Such thinking can be seen in the 'erotic' nature of afflictions besetting virgins and widows whose sexual needs were, theoretically at least, denied. Yet although a married woman's sexual activities may have been sanctioned, female sexuality itself was still considered imperfect and prone to disorder. In this context, women who remained unwed simply compounded the problems they faced by failing to submit to their marriage and reproductive destiny. Such thinking not only reinforced the benefits of marriage for women and as such woman's physical dependency on a man, but the pathological potential of all female sexuality if not directed towards appropriate ends.

The ongoing subscription to the 'gynaecological' orientation of the Galenic and Hippocratic discourse in the sixteenth and seventeenth century medical world meant discussion of woman's erotic disorder took place in those texts addressing a range of afflictions linked to the workings of the womb. This not only continued the idea of women's erotic desire as tied to the functioning of this organ, but also reinforced the view of excessive erotic desire as one of many afflictions of the reproductive body.

²⁷ On medical discourse and Protestant ideology see, Joanna Levin, 'Lady Macbeth and the Daemonologie of Hysteria', *ELH* 69/1 (2002): 21-55.

²⁸ Angus McLaren, *Reproductive Rituals: The perception of fertility in England from the sixteenth to the nineteenth century* (London: Methuen, 1984) p.15.

Those, such as French surgeon to the King Ambrose Pare (1517-1590), and English physician and prominent member of the London College of Physicians Edward Jorden (1578-1632), considered excessive erotic desire—or what they referred to as *furor uterinus*—as caused by actions of the womb. Pare attributed *furor uterinus* to the putrefaction of woman's accumulated seed, itself a result of woman's sexual abstinence. For those afflicted Pare recommended either marriage or “wanton copulation with their husbands.”²⁹ In *A Briefe Discourse of a Disease called the Suffocation of the Mother* (1603), Jorden described woman's sexual abstinence as wreaking havoc on them because it induced various pathological states and “perturbations of the minde” including those of an erotic nature.³⁰ For Jorden, *furor uterinus* was a central part of *hysterica passio* (hysteria) of the unmarried or widowed. He attributed this to the inflamed womb of such women, which, in overthrowing their will, caused their desires to become disordered.³¹

The central role Jorden and Pare accorded the womb in *furor uterinus* goes some way toward explaining the connection certain historians suggest between conceptions of excessive erotic desire and hysteria in the seventeenth century.³² Many examinations of hysteria appear to assume or certainly suggest excessive erotic desire was a definitive symptom or manifestation of the disorder. Tracing the conception of hysteria from antiquity through to the Renaissance, Rachel Maines argues that a central aspect to this

²⁹ Ambroise Pare, *The works of the famous chirurgion Ambrose Parey* ... trans. Thomas Johnson (London: John Clarke, 1649) p. 639.

³⁰ Edward Jorden's work is considered to be the fullest and most systematic account of hysteria up to that time. On this see Michael MacDonald, 'Introduction', Edward Jorden, *A Briefe Discourse of a Disease called the Suffocation of the Mother* (1603) ed. Michael Macdonald (London: Routledge, 1990); Mark Micale *Approaching Hysteria: Disease and its Interpretation* (Princeton: Princeton University Press, 1995) p.48-49.

³¹ Edward Jorden, *A Briefe Discourse of a Disease called the Suffocation of the Mother*, p.15.

³² Laurinda Dixon, *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine* (Ithaca: Cornell University Press, 1995) p.44-50; J. Levin, 'Lady Macbeth and the Daemonologie of Hysteria'.

disorder was a woman's excessive or irrational erotic desire constantly explained by the dysfunctional uterus.³³ Yet as Helen King so convincingly demonstrates, the idea of hysteria as a fixed disease entity with a clearly defined set of symptoms reproduced over two millennia, is erroneous.³⁴ Rather, as Jorden's own work suggests, hysteria was not a single disease but a condition which embraced many diseases or symptoms. Jorden acknowledged the many names for womb disorder, and suggested all referred to "an affect of the mother or wombe wherein the principal parts of the bodie by consent do suffer diversely according to the diversitie of the causes and diseases wherewith the matrix is offended".³⁵ In her assessment of seventeenth century medical discourse, Laurinda Dixon claims *furor uterinus*, like green sickness, uterine suffocation, hysterical passion and many other terms, "were applied to the set of symptoms and associations that connoted a disordered womb."³⁶ Given the role of the womb in all of these conditions it is difficult to argue the case for either hysteria or *furor uterinus* constituting distinctive, separate diagnostic entities. Rather, the only really certain point in medical discussion up to the early seventeenth century is that the womb was accorded causal responsibility for a number of afflictions and symptoms, including excessive erotic desire—a fact that was to shift over the proceeding decades.

From the first half of the seventeenth century it is evident certain physicians were beginning to explore the idea of aetiological distinctions between a woman's various disorders. Of particular concern to this discussion is the way inordinate lust was regarded by some as differing to other disorder ascribed to the womb. As early as 1623, French

³³ Rachael Maines, *The Technology of Orgasm: "Hysteria", the Vibrator, and Women's Sexual Satisfaction* (Baltimore: Johns Hopkins University Press, 1999) p.21-32.

³⁴ H. King, *Hippocrates' Woman*, p.64.

³⁵ Lord Bain, 'The Concept of Hysteria in the Time of William Harvey', *Proceedings of the Royal Society of Medicine* 56 (1963): 317-324; p.318.

³⁶ L. Dixon, *Perilous Chastity*, p.14.

physician Jacques Ferrand's *De la maladie d'amour ou melancholie erotique*— '*A Treatise on Lovesickness*' —specifically sought to explore whether there was a distinct aetiology for a woman's erotic mania. While Ferrand's conclusions were not decisive, the way he attempted to establish a distinction in the conception of women's excessive erotic desire, specifically the role accorded the clitoris, was enormously significant to the future conception of excessive erotic desire as a distinct disorder.

Burning with desire

The first English edition of Jacques Ferrand's examination of lovesickness was published in 1640 under the curious title *Erotomania* by Lichfield of Oxford, who was also the first editor of Robert Burton's *The Anatomy of Melancholy*. *Erotomania* was actually a translation of the second French edition which was extensively reworked following the banning of the first by the ecclesiastical authorities of Toulouse where it was published in 1610.³⁷ Like Burton's text, Ferrand's was an eclectic full-length study that attempted to integrate numerous ideas within a single medical treatise. The text was indebted to particular Arabic works transported to southern Europe in the late eleventh century that specifically addressed the subject of diseases and disorders of excessive desire or passionate love. It was also influenced by Italian philosophical writings on the dangers of love, and the popular neoplatonic tradition that subscribed to the view of love as either divine and celestial, or earthly and unchaste.³⁸ Although he drew on a range of ideas, Ferrand was undeniably seeking to propound a medical and secular conception of the afflictions of erotic desire. Surrounded by a wealth of mystical, occult, supernatural, philosophical and deeply religious discourses on love, Ferrand's intention was to present

³⁷ The original was entitled *Traite de l'essence et guerison de l'amour ou melancholie erotique* (1610). For background on Ferrand's text see Winifred Schleiner, review of *A Treatise on Lovesickness*, trans., ed., Donald Beecher and Massimo Ciavolla, *Renaissance Quarterly* 44/4 (1991): 865-867.

³⁸ Jacques Ferrand, *A Treatise on Lovesickness*, trans., ed., Donald Beecher and Massimo Ciavolla (Syracuse: Syracuse University Press, 1990) p.10-11.

a complete medical account on the physiology of desire. He believed the earthly carnal appetites led to fixation and thus disease and his text sought to identify the material causes of such disorder, and in so doing, facilitate the authority of the physician.³⁹

Ferrand examined the nature of the erotic drives in minute detail arriving at the conclusion they were pathological forces whose effects could be isolated to certain areas of the body and subject to a precise regimen for their cure.⁴⁰ Ferrand sought to establish the exact nature of erotic disorder because he believed many physicians appeared ignorant of “precisely the cause and seat of this malady”. He argued their mistake was in treating it as like any other melancholy or madness.⁴¹ He attributed much of this confusion to the legacy of the ancient medical authorities who, Ferrand claimed, “often confound mania with melancholy, failing to note the varying degrees of difference between them”.⁴² Such was his preoccupation with physicians’ properly identifying the disorders of erotic love, Ferrand devoted seven chapters of his treatise to their symptomatology and diagnostics.

Like other physicians of the time, Ferrand argued an intensive erotic desire caused the natural humours of the body to burn. This then produced a noxious vapor that circulated throughout the body and into the head polluting the imagination and distorting judgment,

³⁹ Ferrand claimed there are two kinds of love “the one divine, and the other common and vulgar”. The cure and discourse of the latter was the domain of the physician and his remedies. *Erotomania or, A Treatise Discoursing of the Essence, Causes, Symptoms, Diagnostics and Cure of Love or Erotique Melancholy* (Oxford: L.Lichfield, 1640) p.3.

⁴⁰ Beecher and Ciavolla describe Ferrand’s text as “an expression of faith in the capacities of the medical profession”. ‘Introduction’, *A Treatise on Lovesickness*, p. 10.

⁴¹ *A Treatise on Lovesickness*, p.119.

⁴² *Ibid.*, p.116.

leading to either an erotic melancholy or erotic mania.⁴³ Ferrand believed women to be “farre more subject to this passion and more cruelly tormented with it than men are”.⁴⁴ He attributed a woman’s intense erotic desire to a number of factors including a retention of seed from incontinence, a bilious constitution, as well as a variety of external causes such as spicy food, strong wine, erotic books, and hot climates.⁴⁵ Such desire caused the overheating of the body that then produced a “prurient tickling in the matrix”, as well as a “distended clitoris.”⁴⁶ Ferrand claimed that the clitoris could become so enflamed with the heat of love it “resembled a man’s yard”.⁴⁷ Such an analogy was not uncommon.

‘Discovered’ in the sixteenth century, the clitoris was gradually established and referred to in anatomical thinking as the functional equivalent of the penis.⁴⁸ It was increasingly posited as the organ responsible not only for a woman’s sexual fulfilment but also her desire. One of the earliest known descriptions of the clitoris appears in 1546 in the anatomical text of Parisian Charles Estienne (1504-1564) who, while describing the organ as part of a woman’s “shameful member”, limited his discussion to its function in urination.⁴⁹ By 1559 anatomist Realdo Colombo (1515-1559) in *De re anatomica*, identified the clitoris as the “principal seat of women’s enjoyment in intercourse” which

⁴³ Jacques Ferrand, *Erotomania or; A Treatise Discoursing of the Essence, Causes, Symptoms, Diagnostics and Cure of Love or Erotique Melancholy*, p.67.

⁴⁴ Jacques Ferrand, *Erotomania or; A Treatise Discoursing of the Essence, Causes, Symptoms, Diagnostics and Cure of Love or Erotique Melancholy*, p.11.

⁴⁵ Jacques Ferrand, *A Treatise on Lovesickness*, p.434.

⁴⁶ *Ibid.*, p.54-57.

⁴⁷ Jacques Ferrand, *Erotomania or; A Treatise Dicoursing of the Essence, Causes, Symptoms, Diagnostics and Cure of Love or Erotique Melancholy*, p.15.

⁴⁸ ‘Discovered’ meaning that the clitoris was given a name and as such came into existence in the medical lexicon as a functional organ and a site of women’s erotic desire. This is not to suggest it was not already the chief seat of women’s pleasure or that women were unaware of the organ and its capabilities.

⁴⁹ Katherine Park, ‘The Rediscovery of the Clitoris: French Medicine and the Tribade, 1570-1620’, in D.Hillman and C. Mazzio (eds.), *The Body in Parts: Fantasies of Corporeality in Early Modern Europe* (New York: Routledge, 1997): 170-193; p.177.

was so highly sensitive that even if touched “with your little finger” pleasure could be experienced “causing their seed to flow forth in all directions”.⁵⁰ Columbo also noted that without sufficient attention to this organ a woman would neither conceive nor desire to, because “it alone governs the expulsion of her seed”.⁵¹ By the early seventeenth century, while still a controversial object of inquiry, the clitoris was accepted by some as directly related to women’s sexual pleasure and arousal as well as extremely susceptible to sensation. It was increasingly common parlance to refer to the organ as ‘women’s yard’ and liken it to the penis which English anatomist Helkiah Crookes (1576-1635) claimed in his *Mikrokosmographia: A description of the Body of Man* (1615), it “agrees in situation, substance and composition”.⁵² Acknowledgment of the role of the clitoris as the source of both a woman’s erotic desire and orgasm was extremely important to a changing conception of female excessive erotic desire. Up to this time conceptions of such disorder remained rooted to Galenic ideas about the functioning of the womb seeming to rarely consider the causal role of the clitoris. Yet for Ferrand, the tickling and itching generated in a woman’s ‘private parts’ by the intense heat of her erotic desire was crucial in accounting for the ‘satyriasis in women’ or as he also referred to it, the ‘*furor uterinus*’.⁵³

An intense sensation or pain in the genitals was the crucial factor in Ferrand’s distinction between his conception of *furor uterinus* and other disorders such as uterine fury. Both uterine fury and *furor uterinus* constituted part of Ferrand’s scheme of erotic disorders. Both were also said to affect the brain. Similarly, he described the physiological

⁵⁰ Ibid.

⁵¹ Katherine Park, ‘The Rediscovery of the Clitoris’, p.178.

⁵² Helkiah Crookes, *Mikrokosmographia: A Description of the Body of Man* (London: William Jaggard, 1615) p.238.

⁵³ Jacques Ferrand, *Erotomania or; A Treatise Discoursing of the Essence, Causes, Symptoms, Diagnostics and Cure of Love or Erotique Melancholy*, p.98.

manifestations of both as a mania.⁵⁴ Uterine fury was “a raging or madness that comes from an excessive burning desire in the womb”, and although those afflicted experience “strong prurient sensations in the genitals”, it was without pain.⁵⁵ *Furor uterinus* was an affliction of the genitals also marked by such sensations. Yet with this disorder the sensations were accompanied by pain that caused those afflicted to touch themselves. Ferrand argued the action of touching oneself was evidence that the *furor uterinus* was obviously accompanied by some sort of damage in the brain because “no healthy mind would permit” such behaviour.⁵⁶ Although the difference he identified may appear slight, his concern with attempting to distinguish between disorders is important. Moreover, the fact he identified touching the genitals as a sign itself of disorder and of the *furor uterinus* is especially significant given the importance masturbation acquired in future definitions and diagnoses of excessive erotic desire.

Ferrand’s work was undeniably committed to the medicalisation and pathologisation of erotic desire, and to establishing the authority of the physician in treating afflictions linked to its excess. Much of his attention to the specificities of erotic disorders can be attributed to his desire to establish a complete medical account of the erotic afflictions that would facilitate their medical, and in his view, proper and rational, treatment. Donald Beecher and Massimo Ciavolla argue that despite Ferrand’s preoccupation with the exact aetiology of erotic mania, it remains uncertain to what extent he truly established it as a distinct disorder.⁵⁷ While at times Ferrand appears confused as to its unique differences, it is significant he sought to distinguish between women’s many disorders, specifically addressing the question “in what way does this disease (satyriasis

⁵⁴ Jacques Ferrand. *A Treatise on Lovesickness*, p.264.

⁵⁵ Jacques Ferrand. *A Treatise on Lovesickness*, p.264.

⁵⁶ *Ibid.*, p.263.

⁵⁷ *Ibid.*, p.121.

in women) differ from uterine fury?”⁵⁸ Despite his limited conclusions, Ferrand’s approach seems especially important because of the fact that following his work a number of seventeenth century physicians approach excessive erotic desire as a separate category of disease. Just as significant was the role they accorded the clitoris, as opposed to the womb, in their conception of this distinct disorder.

In his directory for midwives, English medical popularizer and herbalist Nicholas Culpeper (1616-1654) described the ‘The Frenzie of the Womb’ or ‘Womb Furie’, as “an immoderate desire of venery” that saw women become “mad for lust”.⁵⁹ He identified a host of “outward causes” including strong wine and hot meats, as well as the heat of the blood and womb, all of which affected the clitoris—“the seat of venery”—which “grows hot and swells”.⁶⁰ For Culpepper, this disorder was not simply attributable to an abundance of seed. Rather, the presence of such seed, along with the heat of the genital parts, were the two decisive factors which, not only defined womb furie, but also differentiated it from ‘fits of the mother’. Culpepper recommended a ‘rubbing of the parts’ by “the hand of a skilfull midwife” to release women’s abounding seed and alleviate the disorder.⁶¹ In her midwifery text *The Midwives Book Or the Whole Art of Midwifery Discovered* (1671), Jane Sharp described how the clitoris “will stand and fall as the yard doth, and makes women lustfull and take delight in copulation”.⁶² Such was its importance in women’s desire that Sharp declared “were it not for this” they “would have no desire nor delight, nor would they ever conceive”.⁶³ For certain afflictions Sharp

⁵⁸ Ibid., p.263.

⁵⁹ Nicholas Culpeper, *A Directory for Midwives: or, A guide for women, in their conception, bearing and suckling of children* (London: J. Streater, 1655) p.115.

⁶⁰ Ibid., p.116.

⁶¹ Ibid., p.6.

⁶² Jane Sharp, *The Mid-Wives Book. Or the Whole Art of Midwifery Discovered* (London: Simon Miller, 1671) p.42.

⁶³ Ibid., p.43-44.

also prescribed rubbing the clitoris in order to “causeth the vessels to cast out that seed that lyeth deep in the body.”⁶⁴ Similarly in the posthumous translation of Montpellier professor of medicine Lazarus Riverius (1589-1655) *Praxis Medicinae*, a disease of “vehement and unbridled desire of carnal embracement” that “dethrones the rational faculty” was described.⁶⁵ This “eroticus affectus” defined by an “immoderate appetite for carnal conjunction”, was attributed to an abundance of seed that causes the “parts of generation” to be “vehemently stirred up and inflamed with lustful desires”. Such agitation led to the production of noxious vapours that then ascended to the brain. The ensuing effect was said to cause a woman, “to utter wanton and lascivious speeches in all places, and companies, and having cast off all modesty, madly seeks after carnal copulation, and invites men to have to do with her in that way”.⁶⁶ The presence of these distinctly erotic symptoms accounted for the distinction made in this work between womb furie and that of ‘Mother-Fits or Womb sickness’ which was also referred to as ‘Hysterik passion’ and examined elsewhere in the text.

By the early eighteenth century, the conception of *furor uterinus* as a distinct disorder defined by an excessive erotic desire seemed firmly entrenched within the English medical lexicon. In 1702 *The Physical Dictionary* described ‘*furor uterinus*’ as “an unseemly distemper” that saw women “throw off the veil of modesty and decency and delight only in lascivious, obscene discourses.” Those afflicted were known to “covet a man greedily and even furiously, and omit no inviting temptations that may induce them to satisfie their desires.”⁶⁷ The cause was attributed to “the seminal juices, which being

⁶⁴ Ibid., p.45.

⁶⁵ The translation was actually undertaken by many physicians including Nicholas Culpepper. Lazarus Riverius, *The practice of the physick in seventeen several books* (London: printed by John Streater, 1672) p.417.

⁶⁶ Ibid.

⁶⁷ Stephen Blacard, *The Physical Dictionary* (London: Sam Crouch, 1702) p.143.

exalted to the highest degree of maturity drives the maid into a kind of fury”.⁶⁸ *Hysterico passio* was defined as “fits of the mother” and described as a convulsion.⁶⁹ Similarly in *A New Medical Dictionary* (1749), *furor uterinus* was described as “proceeding from an inordinate desire of coition” while *hysterica* was “affections or diseases of the uterus”.⁷⁰ Over the course of the eighteenth century a number of English medical and general dictionaries reproduced the same definition of *furor uterinus* as well as the distinction between it and hysteria. We also see a reference to nymphomania appearing in some of these texts for the first time.

The few historians who have examined nymphomania pinpoint the emergence of this medical term to the later eighteenth century. George Rousseau argues that despite physicians’ obvious familiarity with the word it is not until 1769 in the work of Edinburgh physician William Cullen (1710-1790), when the “first printed appearance” can be found.⁷¹ Yet evidence actually reveals a much earlier appearance of the word. As early as 1706 in *The New World of Words* there is what is perhaps (one of) the earliest surviving entry for nymphomania in an English dictionary where it is simply described as “a disease in women, the same with *furor uterinus*”.⁷² *Furor uterinus* was itself defined as “a strange distemper which provokes women to transgress the rules of common modesty” while satyriasis was “an immoderate desire of venery”.⁷³ Similarly, *A General*

⁶⁸ Ibid.

⁶⁹ Ibid., p.167.

⁷⁰ John Barrow, *Dictionarium medicum universale: or, A New Medical Dictionary* (London: Longman, 1749).

⁷¹ George. S. Rousseau, ‘Nymphomania, Bienville and the Rise of Erotic Sensibility’ in P.G.Bouc   (ed.), *Sexuality in Eighteenth-Century Britain* (Manchester: Manchester University Press, 1982): 95-119; p.96. Ann Goldberg claims nymphomania was used interchangeably with uterine fury. *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society 1815-1849* (Oxford: Oxford University Press, 1999) p.205 n.9.

⁷² Edward Phillips, *The New World of Words; or, universal English dictionary* (London: J.Phillips, 1706).

⁷³ Ibid.

English Dictionary (1708) contains references for nymphomania, *furor uterinus*, and satyriasis while also listing descriptions of Uterine Fury as “a disease in the womb”, and Hysteric Passio as “fits of the mother”, suggesting a conception of these as separate disorders.⁷⁴ By 1738 in Chambers *Cyclopedia*, the entry for nymphomania refers to it as the “same with *furor uterinus*” which was described as “a species of madness peculiar to women exciting them to a vehement desire of venery, and rendering them insatiate therewith”.⁷⁵

The connection between *furor uterinus* and nymphomania, and the distinction made between the affliction these terms referred to and that of the hysteric passion, is extremely important to the history of these disorders. Several historians appear to assume that ‘*furor uterinus*’ was an overarching concept that referred to all disorders attributed to the womb, including hysteria and nymphomania.⁷⁶ In her examination of women’s love sickness, Laurinda Dixon suggests the *furor uterinus* was a broad, descriptive term that included “all the organic disorders of the uterus” and which she herself regards as a “pre-Freudian type of uterine hysteria”.⁷⁷ As has been suggested, the conflation between hysteria and excessive erotic desire can be attributed to the legacy of the Galenic tradition that for a long time meant physicians accorded the causality of both to the reproductive body of woman. Given the evidence up to the early seventeenth century, such an assumption is understandable. Yet after a certain point, for historians to continue to suggest that hysteria and *furor uterinus* were one and the same reflects an inaccurate reading of the evidence available. *Furor uterinus* could not be a general term embracing

⁷⁴ John Kersey, *Dictionarium Anglo-Britannicum; or, A General English Dictionary* (London: J. Wilder, 1708).

⁷⁵ E. Chambers *Cyclopedia* (London: Longman et al, 1738).

⁷⁶ L. Dixon, *Perilous Chastity*; R. Maines, *The Technology of Orgasm*.

⁷⁷ L. Dixon, *Perilous Chastity*, p.15.

all disorders of the uterus for the very fact that it was regarded as a distinct disorder whose specific aetiology was increasingly attributed to the role of the clitoris.

In the 1762 English translation of Montpellier graduate and physician to the French court Jean Astruc's (1684-1766) treatise on women, the disease of '*furor uterinus*' was described as an "excessive inclination to coition".⁷⁸ In referring to the various names given to the disease, such as satyriasis and *furor uterinus*, Astruc included nymphomania, which he defined as the "mania of the clitoris", noting that the term was "not received into common use".⁷⁹ Astruc identified the clitoris as the "seat of the most exquisite pleasure" which, along with the vagina, constituted the organs of "the venereal stimulus".⁸⁰ He described how venereal desire was aroused within these organs through the experience of friction or gentle motions causing titillation and pleasing stimulation that in some women could become excessive. For Astruc, the defining feature of nymphomania was unsatisfied desire and a continual and insatiable want for copulation. He claimed it affected virgins "ripe for the embraces of men", married women "who are coupled with impotent, or old men", and young widows "who are deprived of able and vigorous husbands to whom they had been accustomed".⁸¹ He argued these women all suffered "intense, strong, frequent, and even continual lustful thoughts".⁸² Significantly, Astruc approaches hysteria as a separate affliction. In fact he acknowledges hysteria as less a specific disorder. In 'Book Two' of *A Treatise on the diseases of women*, Astruc claims that the hysteric passion or 'uterine suffocation' "is not so properly one disease as

⁷⁸ Jean Astruc, *A Treatise on the Diseases of Women. Vol. I.* Translated from the French original. (London: printed for J.Nourse, 1762) p.346.

⁷⁹ Ibid.

⁸⁰ Ibid., p.346.

⁸¹ Ibid., p.342.

⁸² emphasis added, Ibid., p.342.

a complication of several different diseases”.⁸³ Similarly, in *A Treatise on Female Diseases* (1775) English man-midwife Henry Manning declared that although the *furor uterinus* “so rarely occurs in practice that some authors have been led to question its reality” there was still reason to “admitting a general account of it among the diseases of women”. Manning proceeds to describe the disorder as “a morbid disposition of the genital parts as strongly inclines them to venery” which was both caused and identified by “too great a turgency” of the clitoris and vagina.⁸⁴ Yet in detailing the hysteric passion in a separate section, Manning declared it “so various and complex as scarce to be comprehended by any precise and definite limitation”.⁸⁵

Over the course of the eighteenth century, for reasons unknown the term nymphomania increasingly came to the fore in discussions of women’s excessive erotic desire. By the mid-1770s, a French physician M.D.T de Bienville, devoted an entire text to the subject entitled *Traite De Nymphomanie* whose English translation *A Treatise on Nymphomania* was published in 1775. Bienville acknowledged *furor uterinus* and nymphomania as referring to the same disorder but stated that unlike many he would confine himself to using the latter term.⁸⁶ By the time Bienville was writing it appears the differentiation between nymphomania and hysteria was entrenched in the minds of many physicians. In 1769 in the first authoritative medical nosology compiled by William Cullen, nymphomania was conceptualised as separate and distinct from hysteria. While Cullen’s main concern lay with the role played by the nervous system in physiology and pathology which meant yet another way of conceiving these disorders—a point to which this work will return—it is significant that he approached them as separate afflictions.

⁸³ Ibid., p.245.

⁸⁴ Henry Manning, *A Treatise on Female Diseases* (London: Baldwin, 1775) p.259.

⁸⁵ Ibid., p.193.

⁸⁶ M.D.T. Bienville, *Nymphomania, Or A Dissertation concerning the Furor uterinus*, trans. Edward Sloane Wilmot (London: J.Bew, 1775) p.44.

In William Cullen's classificatory system, nymphomania was specifically defined as "an unbounded desire of venery in women" and was a genus of *Dysorexia* which included those diseases of an erroneous or defective appetite.⁸⁷ *Dysorexia* was located within the *Locales* class which was defined as "a disorder of part and not of the whole body".⁸⁸ In contrast, hysteria was located within the class of *Neuroses* under the order of *Spasm* referring to "those diseases of irregular motions of the muscles or muscular fibers".⁸⁹ Historical examinations suggesting nymphomania was a manifestation of hysteria have tended to ignore this distinction and chosen to focus on Cullen's later description of *hysteria libidinosa* a form of hysteria first described in the 1760s in the nosology of Pierre-Augustin Boissier de Sauvages (1710-1795).⁹⁰ In *First Lines of the Practice of Physic* (1791) Cullen did describe this disorder as a variety of hysteria and as Mark Micale suggests, likened it to the diagnosis of nymphomania.⁹¹ Cullen described how a distinctive sign of those afflicted with *hysteria libidinosa* was the engorgement of their genitalia such that urination was entirely suppressed.⁹² Yet while the symptomatology of this form of hysteria was similar to that defining nymphomania, Cullen's observation that those most susceptible were also those women "liable to the nymphomania" suggests he did not regard them as the same disorder.⁹³ If, as Micale claims, hysteria underwent a 're-

⁸⁷ William Cullen, *A Methodological System of Nosology*. trans. E. Lewis (London: Stockbridge, 1807) p.181.

⁸⁸ *Ibid.*, p.179-181.

⁸⁹ *Ibid.*, p.138.

⁹⁰ Ilza Veith, *Hysteria: The History of a disease* (Chicago: University of Chicago Press, 1965) p.171; R. Maines, *The Technology of Orgasm*, p. 33; M. Micale, *Approaching Hysteria*, p.23.

⁹¹ M. Micale, *Approaching Hysteria*, p.23.

⁹² William Cullen, *First Lines of the Practice of Physic* (Edinburgh: Bell & Bradfute, 1791) 4: 96-115.

⁹³ *Ibid.*, p.110.

eroticization' over the late 1700s, it did not appear to alter the status of nymphomania as a separate disease entity.⁹⁴

So far it has been shown that over the course of the sixteenth and seventeenth century the view that woman's sexual desire, like her sexual body, was by nature inherently unruly, was firmly entrenched within medical discourse. Such thinking, directed by an essentially Galenic medical tradition, established woman's inordinate erotic desire as a distinct affliction of the reproductive body. While men could also suffer a disorder of inordinate desire, they were not considered inherently susceptible to such an affliction by way of their corporeality. Discussion of such disorder in men was thus far less frequent and in no way connected to the inherent pathology of the male body. In contrast, the link between the womb and women's excessive erotic desire accorded an erotic nature to many afflictions linked to the workings of the female body, and a reproductive aetiology to *furor uterinus*. Yet over the course of the seventeenth and early eighteenth century, evidence suggests a woman's excessive erotic desire, referred to as either the *furor uterinus* or nymphomania, was increasingly understood in distinction to the many disorders linked to the workings of the womb. The acknowledgment of clitoral pleasure and its role in inciting women's erotic desire established a specific anatomical and physiological causality for its excess and was crucial to the status of nymphomania as a distinct disorder. While such thinking about women's erotic desire and its excess continued throughout the eighteenth century and beyond, the way in which physicians explained their ideas did shift.

⁹⁴ M. Micale, *Approaching Hysteria*, p.23. In regards to the eroticisation of hysteria, in a lecture on hysteria delivered in 1788 physician to the Edinburgh Infirmary James Gregory, acknowledged that a prevailing notion among physicians was that hysteria "was somehow" associated with "venereal appetite" which he noted it may sometimes be "yet it is not always the case". Rather, Gregory acknowledged the influential role played by many emotions and "different passions" including grief, anger, fear". See John Gregory,

Over the later seventeenth and early eighteenth century, developments occurring in scientific and medical thought radically altered views about the female body, reproduction, and women's sexual pleasure. As historians of science have demonstrated, this period saw enormous change to the fundamental paradigms in medical and scientific institutions.⁹⁵ As the century moved from revolution to Enlightenment, there was a shift from the qualitative, subjective system of the ancient natural philosophers to a quantitative and objective system based on empiricism. Amongst many things, this saw Galenic understandings of the body and disease coming under review, especially if they failed to agree with observation and reason. Physicians were using new ideas and techniques proposed by anatomists, chemists and natural philosophers that created a new system of medicine.⁹⁶ Of particular interest to this discussion is the way some of the fundamental changes taking place in medical and scientific thought shifted the meaning and perception of woman's sexual desire, and as such, its disorder.

The emergence of woman's dysfunctional desire

Over the course of the later seventeenth century, along with changes to anatomical thinking, developments in reproductive physiology were instrumental in challenging long held assumptions about the functions of women's sexual desire, the production of seed,

"Hysteria" in Guenter Risse, 'Hysteria at the Edinburgh Infirmary', *Medical History* 32 (1988): 1-22, Appendix I, p.19.

⁹⁵ Thomas Hankins, *Science and the Enlightenment* (Cambridge: Cambridge University Press, 1985); Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Wisconsin: University of Wisconsin Press, 1989); Roy Porter, *Enlightenment: Britain and the Creation of the Modern World* (England: Penguin, 2000).

⁹⁶ see Harold Cook, *The Decline of the Old medical regime in Stuart London* (Ithaca: Cornell University Press, 1986) p.109.

and a 'one sex model' of sexual difference.⁹⁷ In the 'two sex' model that emerged, the male and female body were understood as constituted by completely different parts. As Thomas Laqueur argued, this 'biology of incommensurability' meant new understandings of sexual difference that established a belief in woman's absolute alterity.⁹⁸ The significance of the two sex model to conceptions of nymphomania lies with the changes that occurred to ideas about women's sexual pleasure and erotic desire. The conception of the female body as different and other meant previous ideas about woman's 'testes,' and the link between her arousal and the production of seed, were untenable. This contributed to new theories of conception which, in declaring women's orgasm as having no legitimate function, dramatically altered medical ideas about woman's sexual pleasure, fulfilment, and the functioning of the clitoris.

The development of scientific embryology from the late seventeenth century, itself influenced by the introduction of the microscope, was critical to changes in medical ideas about conception and, as such, women's sexual pleasure.⁹⁹ 'Preformation theories' that gathered support over the first half of the eighteenth century, eroded the very idea of a 'creation' of a child through sexual intercourse. Rather, the notion of a preformed embryo 'in waiting' came to be the dominant view on conception. In this theory,

⁹⁷ Within Galen's 'one sex' conception, sexual difference was simply a matter of exterior and interior organs in which a lack of heat explained the female body as an inverted version of the male. In this system, the cervix was understood as the female scrotum, the ovaries were understood as the female testes, and the vagina was an inversion of the penis. On this see Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (London: Harvard University Press, 1990) p.4.

⁹⁸ Thomas Laqueur, *Making Sex*. On the two sex conception see also Dror Wahrman, 'Gender in Translation: How the English wrote their Juvenal, 1644-1815', *Representations* (1999): 1-31. While now increasingly subject to enormous amounts of critique it is still worth acknowledging how groundbreaking Thomas Laqueur's work on the emergence of the two sex model was, and the amount of scholarship it has inspired, especially in regards to historical work on the female body and women's sexuality.

⁹⁹ On this see Angus McLaren, *Reproductive Rituals: The Perception of Fertility in England from the sixteenth to the Nineteenth century* (London: Methuen, 1984); Carla Pinto-Correia, *The Ovary of Eve: Egg, Sperm and Preformation* (Chicago: University of Chicago Press, 1997).

conception was simply a process of enlarging what already existed.¹⁰⁰ Two rival theories sought to account for the location of the embryo. One school of thought the so-called ovists, posited the location in the mother's egg. The other, the animalculists, placed it in the spermatozoa.¹⁰¹ Despite their differences, both theories established a belief in the idea of "a mono parental embryo" which did not require the necessity of women's orgasm for its inception.¹⁰² While such rudimentary theories were eventually disproved, what is important in terms of ideas about women's sexuality is the fact that they initiated a permanent break with the Galenic conflation of procreation and women's sexual pleasure. Such conceptions of reproduction actually returned woman to a passive and inert role much like that conceived by Aristotle.¹⁰³ As Angus McLaren argues, where previously women's role in conception meant she "had to be aroused and delighted" it was now believed that woman's active involvement "was minimal", inevitably dismissing such biological pre-requisites.¹⁰⁴

New theories on sexual intercourse, reproduction, and the parts of generation that negated the necessity of women's sexual pleasure influenced medical attitudes about the clitoris. With no apparent biological 'purpose', women's arousal began to disappear from medical discussion suggesting sexual pleasure and fulfilment were now a male prerogative. Medical discourse shifted from woman's clitoral stimulation designed to increase her pleasure in copulation and expel the abounding seed, to an emphasis on vaginal, penetrative, sex. In 1690, in its section for midwives, the popular *Aristotle's*

¹⁰⁰ A. McLaren, *Reproductive Rituals*, p.23.

¹⁰¹ Ibid.

¹⁰² A. McLaren, *Reproductive Rituals*, p.23.

¹⁰³ Aristotle regarded man's seed as a type of 'soul substance' that when mixed with woman's menstrual blood produced the living child. For Aristotle, woman's incapacity to produce seed accounted for her limited contribution to reproduction and as such, she was perceived as little more than a vessel for the child. On this see A. McLaren, *A History of Contraception*, p.19-20.

¹⁰⁴ A. McLaren, *Reproductive Rituals*, p.25.

Master-piece—an anonymously authored quasi-medical treatise on generation reproduced in several editions—declared that a description of the clitoris was “absolutely necessary to be known”.¹⁰⁵ In direct contrast, by 1794, in his introductory midwifery text, physician Thomas Denman (1733-1815), claimed attention to the clitoris would not be given because it was “irrelevant” to his subject.¹⁰⁶ While this is evidence of the distinction physicians were making between orgasm and procreation, it equally reflects how that differentiation resulted in the dismissal of the function of the clitoris, and as such, women’s sexual fulfilment. Yet as McLaren argues, just because women were no longer believed to contribute seed should not have automatically led to a rejection of their clitoral pleasure.¹⁰⁷ This begs the question: what purpose did negation of the clitoris serve?

Along with the rejection of the homology between the male and female body, changing conceptions of women’s sexual functioning altered the way in which the clitoris was described and the context in which it was discussed. While there were still numerous accounts likening the clitoris to the penis, these were generally contained within sections on the structural abnormalities of the clitoris. Such dysfunction was the only terms by which midwifery physician Thomas Denman referred to the organ, stating it could “sometimes be elongated and enlarged in a manner as to equal the size of the penis”.¹⁰⁸

References to the functioning of the clitoris in the context of disorder can also be found in discussion of women’s sexual deviation. This was nowhere more apparent than in the

¹⁰⁵ *Aristotle’s Master-piece: or the secrets of generation displayed in all the parts thereof* (London: J.How, 1690) p. 98. On this and for other such texts of the time see Lesley Hall and Roy Porter, *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650-1950* (London: Yale University Press, 1995): 33-64.

¹⁰⁶ Thomas Denman, *An Introduction to the Practice of Midwifery* I (London: Johnson, 1794) p.73-74.

¹⁰⁷ A. McLaren, *Reproductive Rituals*, p.28.

¹⁰⁸ Thomas Denman, *An Introduction to the Practice of Midwifery*, p.70.

attitudes and ideas on tribadism (female homosexuality) and tribades. Defined by their enlarged or 'monstrous' clitoris, tribades were women said to be able to not only gratify their own sexual urges, but significantly, those of other women through using their clitoris like a penis.¹⁰⁹ Such ideas about the deviant capacity of enlarged female genitals were not new to the eighteenth century. In fact, during the seventeenth century, the tribade was a figure of much medical attention and interest. Seventeenth century anatomical texts described the tribade also known as 'rubster' or 'confricatrice', by their genital morphology and orientation towards clitoral pleasure.¹¹⁰ While discussion on the tribade in the seventeenth century depicts such a figure and her enlarged genitals as unnatural, it is not her inclination for clitoral pleasure that defines her abnormality. Rather, the excess or abuse of this source of stimulation characterises the tribade, which as Valerie Traub argues, established her as the symbol of the potential of uncontained clitoral pleasure.¹¹¹ Discussion of the tribade existed within the uneasy nexus between physicians' acknowledgment of all women's clitoral pleasure and its necessary function in women's health, and the fear of women's unbridled pursuit of such stimulation. Thus by depicting in certain ways those who abused this source of pleasure, the limits of its 'normal' use were reinforced while the threat its excess posed was contained. Much of the concern with necessitating the 'proper' use of clitoral pleasure appears to have been integrally linked to the challenge its abuse presented to men's sexual roles. Such anxiety

¹⁰⁹ On tribadism see Theo Van Der Meer, 'Tribades on Trial: Female Same Sex Offenders in Late Eighteenth Century Amsterdam', *Journal of the History of Sexuality* 1/3 (1991): 424-445. For discussion on attitudes to women with enlarged clitorises see Randolph Trumbach, 'London's Sapphists: From Three Sexes to Four Genders in the making of Modern Culture', in Julia Epstein and Kristina Straub (eds.), *Body Guards: The Cultural Politics of Gender Ambiguity* (London: Routledge, 1991): 112-141.

¹¹⁰ On this see, Theresa Braunschneider, 'The macroclitoride, the tribade and the woman: configuring gender and sexuality in English anatomical discourse', *Textual Practice* 13/3 (1999): 509-532; Katherine Park, 'The Rediscovery of the Clitoris: French Medicine and the Tribade, 1570-1620'.

¹¹¹ Valerie Traub, 'The Psychomorphology of the Clitoris', *Gay and Lesbian Quarterly* 2 (1995): 81-113; p.90.

about the threat posed by women's clitoral pleasure continued in the eighteenth century. Yet the sense of aberration associated with the tribade shifted from a concern simply with her excess to the inherent deviancy accorded all sexual pleasure that deviated from the penetrative (hetero)sexual norm.

In 1766, in his infamous tract on masturbation, Swiss physician Samuel Tissot (1728-1797) suggested that along with this practice there was "another kind of pollution" amongst women which he called "clitoral".¹¹² Tissot argued this disorder could be found in those women whose clitoris was of a "supernatural size" and which enabled them to "love girls with as much fondness as ever did the most passionate of men".¹¹³ Yet the transgression accorded such women was not so much their desire for women. Rather, it was her ability to usurp the dominant norm of conjugal relations in which man was the active penetrating partner and woman the passive receiver. Tissot argued this enlarged clitoris gave some women a "semi-resemblance to man" which enabled them to experience "the functions of virility".¹¹⁴ Sexual aggression and an ability to penetrate were exclusive to the masculine characterisation of virility, yet could be sabotaged by some women through their clitoris. The ability for penetration with this penis-like organ meant those women in possession of it were not only seen as capable of acting as men, they threatened the sanctity of the very qualities defining men's superior sexual subjectivity. Yet it was not just an enlarged clitoris that posed such a threat or was conceived as an aberration in the eighteenth century. In an era in which the clitoris itself lacked a 'legitimate' purpose, all clitoral stimulation was deemed antithetical to the norm of penetrative vaginal sex. Tissot admitted that the "danger" of an enlarged clitoris was

¹¹² Samuel. A. Tissot, *Onanism or, A Treatise upon the Disorders produced by Masturbation* (London: sold by J.Pridden, 1766) p.45.

¹¹³ *Ibid.*, p.47

¹¹⁴ *Ibid.*, p.46.

no less than a woman's masturbation. The effects of both were "equally shocking".¹¹⁵ By the eighteenth century, a woman's clitoral pleasure was no longer acknowledged as a part of her healthy sexual practice. Instead, like the clitoris itself, it was constituted as a 'mepris des hommes' threatening men's sexual superiority and the priority accorded their sexual fulfilment.¹¹⁶

The sense of aberration attributed to women's clitoral stimulation—indeed the clitoris itself—is extremely significant to the conception of erotic disorder. Over the course of the eighteenth and nineteenth century, stimulated or irritated genitals generally, were considered a definitive sign of a woman's masturbation and a cause of nymphomania. Thomas Denman wrote that "itching of the genital parts" was a complaint all women were liable to. He stated that if such irritation becomes excessive "it is said to terminate in the *furor uterinus*".¹¹⁷ Where once physicians recommended masturbation for the relief of women's excessive erotic desire, such an action became itself the cause of excess. Much of the medical concern about women's masturbation will be addressed in later chapters. It is important at this point to acknowledge the attitudinal change that took place in regards to the function of the clitoris in women's sexual pleasure. While positing the clitoris as the site of woman's erotic desire was not new, the idea that clitoral arousal was abnormal—if not pathological—certainly was, and dramatically altered the terms by which a woman's erotic disorder was defined.

¹¹⁵ Ibid.

¹¹⁶ 'mepris des hommes' was a slang term for the clitoris in the eighteenth century which hints at a particular perception of this organ. On this see Mary Sheriff, 'Passionate Spectators: On Enthusiasm, Nymphomania, and the Imagined Tableau', *Huntington Library Quarterly* 60 (1998): 51-84; p.74.

¹¹⁷ Thomas Denman, *An Introduction to the Practice of Midwifery* I, p.73.

Changing conceptions of reproductive physiology were not the only discourse to directly alter views about the female body and women's sexuality. From the late seventeenth century the shift to empiricism within medical thinking saw the ascension of a vitalist approach to issues of health and disease that directed attention away from the role of the vascular system to that of the nerves.¹¹⁸ Such changes were extremely important to new understandings about the female body, its afflictions, and its inherent lack of control.

Woman's nervous susceptibility

The physician most identified by historians as initiating the shift from vascular to nervous physiology in eighteenth century medical thinking is Robert Whytt (1711-1766).¹¹⁹ A prominent member of the Edinburgh medical school and a leading player in the Scottish Enlightenment, Whytt described the nerves as "instruments of sensation" and proposed that they played a determining role in the effects of the emotions and passions on the body. He conceived that the nerves received stimuli from the external environment which were then transmitted in the form of sensations to the mind.¹²⁰ Whytt believed the sensibility of the nerves varied with their physical state itself dependent on the sex, age, and disposition of an individual as well as the condition of the external environment. He wrote that an "unusual delicacy" or "unnatural state of the nerves" could produce a wealth of nervous disorder from causes that "in people of sound constitution", would

¹¹⁸ On this see Christopher Lawrence, 'The Nervous System and Society in the Scottish Enlightenment' in B. Barnes and S. Shapin (eds.), *Natural Order: Historical Studies of Scientific Culture* (London: Sage, 1979): 19-40.

¹¹⁹ On Robert Whytt see Christopher Lawrence, 'The nervous system and society in Scottish Enlightenment'; Roy Porter, *Mind Forged Manacles: A History of madness in England from the Restoration to the Regency* (London: Athlone Press, 1987).

¹²⁰ Whytt's text "*On the vital and other involuntary motions of animals*" (begun in 1744 and published in 1751) provided an explanation of the basic mechanism of spinal reflexes in vertebrates linking reflex action to the cerebellum via the spinal cord, and is considered the first extensive treatise devoted exclusively to the consideration of reflex responses. On this see Edward Reed, *From Soul to Mind: The Emergence of Psychology from Erasmus Darwin to William James* (New Haven: Yale University Press, 1997) p.8.

have no such effect.¹²¹ Whytt's ideas played a significant role in the increasing interest with the nerves of his successors including John Gregory, Alexander Munro, and most notably, William Cullen, who in fact is credited with introducing the term 'neurosis', and who greatly expanded the conception of nervous complaints.¹²² Whytt also reinforced the idea of different nervous constitutions which was an idea already taking hold, not just amongst the medical fraternity, but also amongst the general population.

In what historians have come to refer to as a 'cult of sensibility', sections of early Georgian society embraced the idea of the particular nervous susceptibility of certain individuals.¹²³ In an era that witnessed the exaltation of sentiment, sense experience, and the displacement of reason by refined feelings, nervous afflictions became the sign of such qualities and importantly, a measure of one's class. To be a man or woman of feeling was, as Anita Guerrini suggests, "to set oneself apart from the laboring population and their coarser emotions."¹²⁴ Within this mentality, nervous afflictions such as hypersensitivity, excitation, hypochondria, fainting spells, lethargy, and delicacy assumed the status of fashion, reflecting as they did position, privilege, sensitivity,

¹²¹ Alan Beveridge, 'On the Origins of Psychiatric Thought: The contribution of Edinburgh, 1730-1850', in H.Freemans and G.E.Berrios (eds.), *150 Years of British Psychiatry Volume II: the Aftermath*. (London: Athlone Press, 1996): 339-366; p.343.

¹²² On William Cullen's influential work on the nerves and nervous system see, Edward McGirr, 'Changing theories in eighteenth century medicine: the inheritance and legacy of William Cullen', *Scottish Medical Journal* 36 (1991): 23-26; A.Doing, *et al.*, (eds.), *William Cullen and the Eighteenth century Medical World* (Edinburgh: Edinburgh University Press, 1993).

¹²³ On this see Jean Hagstrum, *Sex and Sensibility: Ideal and Erotic Love from Milton to Mozart* (Chicago: University of Chicago Press, 1980); ; G.J Barker Benfield, *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (Chicago: University of Chicago Press, 1992); Markham Ellis, *The Politics of Sensibility: Race, Gender, and Commerce in the Sentimental Novel* (Cambridge: Cambridge University Press, 1996).

¹²⁴ Anita Guerrini, *Obesity and Depression in the Enlightenment: The Life and Times of George Cheyne* (Norman: University of Oklahoma Press, 2000) p.105.

intelligence, and participation in the emerging consumer society.¹²⁵ Such thinking became increasingly popular following the publication of prominent physician and socialite George Cheyne's (1673-1743) *The English Malady* in 1733 which reached its sixth edition within two years of publication.¹²⁶ Cheyne's text established the idea of nervous diseases as the domain of the wealthier classes. Descriptions of "Young Ladies of honourable and Opulent families" and "Gentlemen of Fortune" ranked amongst the many afflicted who wrote to Cheyne, which in turn, affirmed the appeal and symbolic status of such afflictions to the many who read the text.¹²⁷

While nervous disorders could afflict both sexes, gendered conceptions of the nerves meant women were conceived as more sensitive, impressionable, and susceptible to disorder. This idea of woman's different nerves not only established their greater delicacy and sensitivity, but their inherent weakness and potential for disorder. Such thinking supported contemporary perceptions of the dual female nature – innately disordered on the one hand, fragile and more sensitive on the other. Such an observation was not lost on the author of *The Ladies Dispensatory: or, Every Woman her own Physician*, (1739). The text notes, "the delicate texture of a Woman's Constitution, as on the one hand it renders her the most amiable Object in the universe, so on the other it subjects her to an infinite Number of maladies, to which man is an utter stranger".¹²⁸

¹²⁵ On this see David Shuttleton, 'Pamela's Library': Samuel Richardson and Dr Cheyne's "universal cure", *Eighteenth-century Life* 23/1 (1999): 59-79.

¹²⁶ Roy Porter, 'Introduction', George Cheyne, *The English Malady (1733)* ed. Roy Porter (London: Routledge, 1991).

¹²⁷ Anita Guerrini, 'The Hungry Soul: George Cheyne and the construction of femininity', *Eighteenth-century Life* 23/3 (1999): 279-291; p.284.

¹²⁸ *The Ladies Dispensatory: or, Every Woman her own Physician* (London: J.Hodges, 1739).

Just as the Galenic medical discourse established woman's inherent inferiority to man, ideas about the nerves and nervous system were integral to conceptions of sexual difference within the eighteenth century. Some historians argue the cult of sensibility reflected a feminization of culture in which certain traits previously considered the exclusive domain of women became fashionable for some men.¹²⁹ Yet the appropriation of formerly feminine gender traits were only valued in so far as they were recoded masculine. Amongst certain men sensibility was a sign of privilege, superior intelligence and feeling, yet in regard to women it was proof of their natural disorder and inferiority.¹³⁰ Surgeon to London's Royal Infirmary, William Nisbet (1759-1822) claimed the constitutional difference of the female habit from that of the male "consisted in a certain lax state of the simple solid, with an increased irritability of the nervous system". He suggested this increased irritability could be seen in "the temper of mind characterising the sex, as well as the diseases to which they are subjected".¹³¹

Eighteenth century medical practitioners increasingly warned that because of the state of their nerves, especially their heightened reaction to any form of stimulation, a woman's lifestyle could make her particularly susceptible to disorder. English man-midwife John Leake (1729-1792) argued that unlike men, women were "much more subject to nervous disorders, both from their natural delicacy of frame, and a more recluse manner of living,

¹²⁹ Henry Mackenzie's enormously popular *The Man of Feeling* (1771) epitomised the elevation of sentiment amongst men. On this see Janet Todd, *Sensibility. An Introduction* (London: Methuen, 1986). On the feminisation of culture during the cult of sensibility see Terry Castle, 'The Female Thermometer', *Representations*, 17 (1987): 1-27; Claudia Johnson, *Equivocal Beings: Politics, Gender, and Sentimentality in the 1790s* (Chicago: University of Chicago Press, 1995).

¹³⁰ G.J.Barker Benfield, *The Culture of Sensibility*, p.15; Anita Guerrini 'A Hungry Soul', p.283.

¹³¹ William Nisbet, *The Clinical Guide, or A Concise view of the Leading facts on the History, Nature and Treatment of the Various Diseases that form the subject of midwifery* (Edinburgh: Johnson, 1800) p.2-3.

which deprives them of the benefit of exercise and fresh air".¹³² Medical regimens urged stricter measures with regard to women's diet and exercise because these determined the health of their nervous system and thus their mind. Control and management was also encouraged in terms of various external influences. Women were told to avoid exotic, rich or spicy food, red meat, and "indulging themselves in generous wines and Delicacies" which were regarded as "a stimulus to venery".¹³³ In an era of increasing consumerism that saw a wealth of luxury goods becoming widely available, women were also advised to avoid anything that might excite and thus heighten their feelings and passions.¹³⁴ Women whose lives became absorbed by fashion, entertainment, and even gambling, were said to run the risk of being seduced and overrun by the overpowering desires such things aroused in them. 'Lascivious novel reading' came in for particular attack in this regard.

In an era that witnessed women's increasing rates of literacy, the potentially political and subversive act of women's reading, along with the issue of whether the novel was instructive or debauching for them, was a topic of endless debate.¹³⁵ A certain type of sentimental and romantic novel that acquired great popularity amongst many women able to afford them, was believed by some social and medical commentators to act like an

¹³² John Leake, *Medical Instructions towards the Prevention and Cure of Chronic Diseases peculiar to Women, vol. one*. (London: Baldwin and Murray, 1787) p.247.

¹³³ Robert James, *A Medicinal Dictionary* (London: T. Osborne, 1743) p.126. This restriction of a woman's diet to contain her excesses and arousal has a long historical legacy that can be found in the Hippocratic recommendations for certain afflictions such as green sickness or 'virgins disease', on this see H. King, *Hippocrates' Woman*, p.202.

¹³⁴ On consumption and its effects see various essays in Helen Clifford and Maxine Berg (eds.), *Consumers and Luxury: Consumer Culture in Europe 1650-1850* (Manchester: Manchester University Press, 1999).

¹³⁵ R. Porter, *Enlightenment: Britain and the Creation of the Modern World*, p.288. On the rise of the female reader in England and women's consumption of novels see Ian Watt, *The Rise of the Novel* (Berkeley: University of California Press, 1957) p.43-47.

erotic stimulant and constitute a form of illegitimate sexual pleasure for women.¹³⁶ 'Inflamed reading' became a source of real anxiety amongst sections of society who regarded it as corrupting the minds, and as such, the bodies, of young women.¹³⁷ Prominent novelist and bookseller Samuel Richardson declared that in his own work he sought to counteract the dangers to women by installing "meanings and purposes, in order to decry Novels and Romances, as have a tendency to inflame and corrupt".¹³⁸ The idea of a woman's reading causing her to experience an unquenchable desire for venery, and thus a somatic disorder, can be discerned in the description of *furor uterinus* in Chambers *Cyclopedia*. It was suggested that the disorder was "occasioned by a hot, lustful temperament, the conversation of debauched persons, or the reading of wanton books".¹³⁹ Yet the suggestion that reading novels was a dangerous sexual experience for women was not attributable to the content of the novel as much as it was to the nature of woman herself, especially her nerves, and in particular, her imagination. The strength of the imagined fancies produced through the act of reading, coupled with a woman's delicate nervous constitution, could see her unable to bring such illusions and the feelings they generated under control, thereby reducing her to a state of insatiable longing.

Over the course of the eighteenth century physicians and physiologists increasingly attributed a variety of disorder to the specific and almost autonomous influence of the imagination. As early as 1724 English physician John Maubray (d.1732) described it as "the strongest and most efficacious of all the senses, for the vivacity of all the others in

¹³⁶ On this aspect of women's reading see Markham Ellis, *The Politics of Sensibility: Race, Gender, and Commerce in the Sentimental Novel*; Jan Matlock, *Scenes of Seduction: Prostitution, Hysteria and Reading Difference in Nineteenth-Century France* (New York: Columbia University Press, 1994).

¹³⁷ Samuel Johnson viewed the reading of fiction as dangerous for "the young, the ignorant, and the idle" who were "open to every false suggestion and partial account". R. Porter, *Enlightenment*, p.560 n.47.

¹³⁸ David Shuttleton, 'Pamela's Library', p.71.

¹³⁹ Ephraim Chambers, *Cyclopedia, Or an Universal Dictionary of Arts and Science ...* (London: printed for James and John Knapton et al., 1738) listed under entry for 'Uterine'.

some measure depend upon it". For Maubray the imagination influenced "the very soul as well as the body of man, moving the powers of all the passions of the mind".¹⁴⁰ In *A Dissertation Concerning the Imagination* (1728) the "strong and vehement imagination" was said to destroy the "moral capacities of the mind" because it "heightens and magnifies" the sensual appetites and passions making everything appear "far greater and more considerable than they really are". In cases of insatiable sexual desire and the disordered conduct accompanying such an affliction, the imagination was accorded blame because "it is the tool and instrument of our viscous Appetites and Inclinations, and is by no means a competent Judge of what is fitting and proper".¹⁴¹

The workings of the imagination were conceived in a manner that established its potential to overcome a person's reason, sound judgement, and control. If the imagination was not properly exercised but rather left to its own devices, it impaired the judgement leaving an individual (especially a woman), prey to its impulses. Such thinking was not limited to the medical world, but was explored in women's fiction at the time. Frances Burney's novel *Camilla* is a particularly good illustration of the portrayal of the imagination as the faculty causing women to yield to passions they cannot resist and thus deviate from the path of propriety.¹⁴² Camilla, the main protagonist, is a woman characterised and punished for her emotional excess, impulsiveness, and passionate feelings. Burney calls this tendency 'imagination', and it is this which necessitates Camilla's enforced self-repression. Only through the 'power of self-conquest', her father informs her, will she "curb those unguarded moments which lay you open to the

¹⁴⁰ John Maubray, *The Female Physician, containing all the diseases incident to that sex* (London: James Holland, 1724) p.57.

¹⁴¹ Zachary Mayne, *Two Dissertations concerning sense and the imagination* (London: J. Thomson 1728) p.89.

strictures of others".¹⁴³ Some suggest Burney's conception of the imagination, like others of the time, had sexual implications and it was this aspect of women's status that she sought to denounce.¹⁴⁴

By the late eighteenth century, the imagination assumed an increasingly significant role in discussion of a woman's excessive erotic desire, especially her susceptibility and potential for disorder. While the clitoris was absent from much of this discussion there is no denying it was integral to the anxiety about the female imagination and women's reading.¹⁴⁵ Indeed, what drove much of the concern about women's reading was its effect on their ungovernable imagination and the role this played in woman's masturbation which was itself considered nymphomania's ultimate cause. Samuel Tissot stressed that a woman's masturbation did not arise from need or nurture, but by imagination.¹⁴⁶ The strength of the imagination was such that it could dominate a woman's thoughts leading her to involuntarily give herself up to all its longings and fantasies which then caused her self-abuse. Lacking the strength over her imaginative faculties a woman was unable to think of anything else and descended to a *furor uterinus*. Tissot claimed such a state put women "upon a level with the most lascivious brutes".¹⁴⁷ "Nothing so powerfully affects them as the obscene thoughts with which their minds are pre-engaged" wrote French

¹⁴² For analysis of *Camilla* see Margaret Anne Doody, *Frances Burney: The Life in the Works* (New Brunswick: Rutgers University Press, 1988); Katherine Rogers, *Frances Burney: The world of 'female difficulties'* (London: Harvester, 1990).

¹⁴³ Frances Burney, *Camilla: or, A Picture of Youth, in five volumes* (London: T. Payne, 1796) vol.4, p.358-359.

¹⁴⁴ K Rogers, *Frances Burney: The world of 'female difficulties'*, p.117.

¹⁴⁵ In the first book of his *Confessions* (1782) Jean-Jacques Rousseau depicts this sexualisation of female reading when he refers to pornography as "dangerous books which a fine lady finds inconvenient because they can only be read with one hand." Stephan Schindler, 'The Critic as Pornographer: Male Fantasies of Female Reading in Eighteenth-Century Germany', *Eighteenth-Century Life* 20/3 (1996): 66-80; p.75.

¹⁴⁶ Samuel A. Tissot, *Onanism or, A treatise upon the Disorders produced by Masturbation*, p.79.

¹⁴⁷ *Ibid.*, p.42.

physician Bienville in his treatise on nymphomania, “for these they lose hunger, thirst, and sleep, and scarcely pay the slightest attention to their natural wants”.¹⁴⁸ Such imaginings were believed to necessitate—indeed demand—woman’s masturbatory practices, which simply fuelled the insatiability of her desire and its inability to be quelled. Moreover, as Tissot warned in his treatise, it saw her turn further and further from real men and “lawful pleasure of the Hymen”.¹⁴⁹ Within this scheme, both a woman’s reading and masturbation were regarded as equally dangerous pursuits, not only because of their heightening effect on a woman’s desire, but their solitary, secretive nature that allowed a woman to carry out her degraded and disordering sexual practices without anyone’s knowledge. As proceeding chapters show, such anxieties permeated discussion of women’s masturbation.

By the eighteenth century, the fixation with the role of the nerves saw woman’s greater nervous susceptibility and weaker nervous constitution accounting for her delicacy, irrationality, and potential for excess. Conceptions of the ‘feminine imagination’ further emphasised the degree to which woman was a slave to the dictates of her mind, body, and desires. Together they established women as sensitive, fragile creatures, whose susceptibility to their desires and feelings made them prone to dreaming, melancholy, and great passion. These qualities were also said to make women capricious, deceitful and especially more lustful. The discourse on women’s nervous constitution and imagination represented a fairly radical departure from the Galenic medical tradition, yet both effectively established that woman, by virtue of her corporeality, was innately prone to a wide array of disorder. Much like the role accorded the womb, the imagination and nerves worked to construct a view and fear of woman as inherently lacking control. Such

¹⁴⁸ M.D.T de Bienville, *Nymphomania Or A Dissertation concerning the Furor uterinus*, p.75.

¹⁴⁹ S. A. Tissot, *Onanism or, A treatise upon the Disorders produced by Masturbation*, p.43.

thinking not only denied woman a sense of erotic agency, but also established the need for her constant surveillance. As the next chapter will show, wider social change in the late eighteenth century, coupled with an ongoing concern about women's potential for disorder, saw an even greater emphasis and anxiety about the need for such control.

Medical conceptions of excessive erotic desire constantly altered over successive periods of social and cultural change and medical thought. Yet from the evidence examined in this chapter, it seems despite varying social expectations with regard to women and enormous changes in medical conceptions of the female body, almost all medical writing on female desire accepted woman's potential for unbridled lust. Whether woman's susceptibility to the demands of her erotic desire was conceived in reference to the workings of her womb, clitoris, nerves or imagination, what was always made manifest was the view she was weak, lacked control, and innately prone to disorder. The relationship between the state of a woman's mind and the condition of her body, as well as the vulnerability of woman to her desires, were ancient concepts absorbed into the conventional wisdom of successive generations of physicians. By the eighteenth century, changing ideas about reproduction and sexual difference fundamentally altered medical thinking about the role accorded women's sexual fulfilment. Yet the idea of woman's sexual desire as potentially unruly did not disappear. Rather, new ways of conceiving woman's physical vulnerability continued to present the inherent susceptibility of women's erotic desire to become excessive. While the following chapters are largely concerned with tracing the medical thinking about nymphomania over the nineteenth century, what will also be seen is that throughout such discussion, the idea of female sexuality as instinctive, biologically determined, and prone to excess, continued fairly unchanged.