

Chapter Two

Defining Excess in the Age of Restraint: *The Modern Conception of Nymphomania*

“The real sensation of pleasures, added to those the different ideas of which are incessantly filling their imaginations, in a short time renders these wretched sufferers furious, and ungovernable; it is then, that breaking down, without the least remorse, the barriers of modesty, they betray each shocking secret of their lascivious minds ... and soon the excess of their lust having exhausted all their power of contending against it, they throw off the restraining, honourable yoke of delicacy, and, without a blush, openly solicit in the most criminal, and abandoned language, the first-comers to gratify their insatiable desires.” Bienville, *Nymphomania or, A dissertation Concerning the Furor Uterinus*, 1775.¹

“Nothing can be more odious than a furious woman. As our passions are certainly more than a match for our reason, when once they have the rein, they know not where to stop; consequently, it is uniformly to be observed, that female excess is most excessive”. Laetitia Matilda Hawkins, *Letters on the Female Mind*, 1793.²

By the eighteenth century, medical discourse regarded women as innately susceptible to their feelings, emotions, and erotic desire. Perceived as lacking corporeal control, women were prone to heightened states of passion and lust that could lead to disorder, most notably nymphomania. Such ideas continued over the later decades of the eighteenth century; however, against the backdrop of political and social change they assumed a new significance. Important philosophical debate about the position of women brought to light competing images and ideas about women’s sexual subjectivity. This chapter will explore this discussion in terms of the ensuing change in public sentiment with regard to

¹ M.D.T. Bienville, *Nymphomania, Or A Dissertation concerning the Furor Uterinus*, trans. Edward Sloane Wilmot (London: J.Bew, 1775) p.36.

² Laetitia M.Hawkins, *Letters on the Female Mind, vol. I – Its powers and pursuits* (London: Hookham and Carpenter, 1793) p.25-26.

women's sexual behaviour. The intention is to understand how and why such change shifted the limits surrounding women's sexual expression and, as such, the meaning of what constituted excess.

The first medical treatise devoted entirely to an examination of nymphomania was *Nymphomania, or a Dissertation concerning the Furor Uterinus* (1775). This text is important not only in illustrating the extent to which nymphomania constituted a legitimate subject of medical inquiry, but also for the way in which it defined the disorder. As this chapter shows, certain subtle differences can be discerned in this text, especially with regard to whom, or what, the label of nymphomania was applied. These changes will be pursued in detail because they represent a significant shift in the way nymphomania was conceived not only in this text, but in British medical discourse in the early nineteenth century. This is not to suggest this text had any direct influence on British medical thinking about nymphomania. While the work was translated to English, assessing any direct impact it may have had is, as George Rousseau suggests, beyond the grasp of any historian.³ Besides its immediate subject matter, the significance of this treatise lies more with the fact that it is reflective of the way changing expectations and ideals about women influenced medical thinking about women's sexuality.

In wider terms this chapter, like this thesis, is concerned with the complex relationship between certain normative codes and ideals about women, and medical ideas about women's sexual subjectivity and appropriate sexual behaviour. By the turn of the nineteenth century, British society was investing enormous energy into ensuring a particular image of femininity. Examining the influence of this ideal within medical

³ 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.

conceptions of female sexuality illustrates the crucial nexus between Britain's social and cultural order, and the construction of its medical knowledge. It also demonstrates the enormous symbolism women's sexual subjectivity assumed in the emerging identity of Britain's middle class whose authority and influence would be felt throughout the Victorian era.

Traite de Nymphomanie

The year 1775 saw the English translation of the first published work entirely devoted to the subject of nymphomania by French medical author M.D.T. de Bienville. This was not Bienville's first medical work. The Frenchman had written a number of scientific texts including two treatises defending the inoculation for small pox. This was, however, Bienville's first venture into the subject of women's erotic disorder. The original French edition *Traite de Nymphomanie* was published in 1771 and printed by Marc Michel Rey in Amsterdam where Bienville is believed to have resided. The English translation was the work of Edward Sloane Wilmot, an English expatriate residing in Italy whose medical background or relationship to Bienville remains unknown. In fact, like Wilmot, almost nothing is known about Bienville, although both were described by an anonymous reviewer in *The Critical Review* as "wretched smatterers in physic".⁴ In the attempt to examine Bienville's ideas and their influences, this lack of biographical detail means his writings assume even more importance.

Along with the English publication and further French editions, *Traite de Nymphomanie* was translated into Dutch, Italian, and German, suggesting publishers were well aware of the popularity of its subject matter. Whilst still strictly a medical text, Bienville did not

⁴ 'Medical and Chirurgical reviews', *The Critical Review: or Annals of Literature* 39 (1775): 252-253; p.252.

wish for it to be restricted to the medical world. Rather, it was also intended for the “generality of men and women” in order to educate them about the dangers of a disease he felt had been ignored by too many medical authors.⁵ The author of the article within *The Critical Review* was particularly sceptical about such intentions, hinting that amongst the general public the text would likely be used for far less respectable pursuits. Despite “all the professions of a moral intention” the reviewer felt the text would not, as Bienville himself declared, extinguish women’s “firebrand of lubricity”, but rather “increases its rage”.⁶

According to historian George Rousseau, Bienville’s text represents the founding work on the modern concept of nymphomania.⁷ Certainly, it was unique in dedicating its entire content to consideration of this disorder. However, it would be inaccurate to suggest Bienville’s ideas radically departed from other eighteenth century physicians. An examination of the work of Jean Astruc immediately questions the extent of Bienville’s originality. Astruc’s influence is notable throughout Bienville’s text to the extent that one historian has even suggested Bienville simply passed off Astruc’s research as his own.⁸ In many respects, Bienville’s approach to nymphomania and the female body was characteristic of much later eighteenth century medical thinking. Like other physicians and medical authors, Bienville regarded nymphomania as a distinct category of disease intimately linked to the workings of the female body, nervous constitution, and imagination.

⁵ M.D.T.Bienville, *Nymphomania, Or A Dissertation concerning the Furor Uterinus*, p.8.

⁶ *The Critical Review*, p.253.

⁷ G. S. Rousseau, ‘Nymphomania, Bienville and the Rise of Erotic Sensibility’.

⁸ Arnold D. Harvey, *Sex in Georgian England: attitudes and prejudices from the 1720s to the 1820s* (London: Duckworth, 1994) p.45.

As the last chapter outlined, the ascension of neurological paradigms within medical thought brought different ways of conceiving woman's susceptibility to disorder. Bienville's conception of a woman's ardent erotic desire is a telling illustration of the medical fixation with the nerves in explaining all excessive feelings in women. He argued that women's "nervous fibres" are more delicate "on account of their natural conformation".⁹ Yet for Bienville, it was not just the nerves that explained woman's susceptibility to passion and desire. The "delicacy of nervous fibres" of particular organs, namely the genitals and reproductive organs, explained why woman was particularly prone to greater sexual stimulation.¹⁰ The nerves which "sprinkle the vulva, the vagina, and the matrix" were, he argued, responsible for woman's "soft and sweet tinglings", and her "voluptuous thrillings by which she is at once agitated and animated".¹¹ Moreover, it was not just that women's sexual organs were more susceptible to sensation. Rather, the sensations these organs received were considered more "lively" than men's.¹² For Bienville, both a woman's nerves and her reproductive body accounted for her desire, as well as its greater intensity and potential for excess. He declared, "we may absolutely conclude that the organs of women receive much more lively impressions and are of course more liable to inflammations than the organs of men".¹³ This accounted for "the natural vehemence of their constitution", and explained why women were more impelled to satisfy the strong sensations and desires they experienced.¹⁴

Bienville's conception of female sexual desire reflects an ongoing primacy accorded the nerves, sexual organs and significantly, the reproductive system. Some historians suggest

⁹ M.D.T Bienville, *Nymphomania, Or A Dissertation concerning the Furor Uterinus*, p.60.

¹⁰ Ibid., p.59.

¹¹ Ibid., p.55.

¹² Ibid., p.54.

¹³ Ibid., p.53-54.

¹⁴ Ibid., p.30.

the dominance of the neurological model over the course of the eighteenth century saw the waning of a gynaecological approach to women's afflictions.¹⁵ Certainly, this may have been the case with hysteria, particularly following the work of Thomas Willis and Thomas Sydenham who rejected its uterine origins.¹⁶ However, in terms of women's erotic disorder, the reproductive causality was already largely absent due to the prominence accorded the role of the clitoris. Bienville's work suggests that by the later eighteenth century, physicians were again looking at the generative organs in their attempts to ascertain the causes of women's excessive erotic desire. This is not to suggest Bienville abandoned the role accorded the clitoris. He acknowledged it was "universal opinion" that this organ was "the most exquisite seat of pleasure"¹⁷ and posited its "itching, violent burning and pain" and "swelling" as decisive to producing a state of nymphomania.¹⁸ In this respect his ideas were much like those of Jean Astruc who described a virus that "flows from the groin" in those afflicted by *furor uterinus*, which saw them "continually making a lewd friction on the parts, by the fingers to excite venery".¹⁹ Much of Bienville's work resembles ideas expressed by Jean Astruc.

¹⁵ Mark Micale, *Approaching Hysteria: Disease and its Interpretation* (Princeton: Princeton University Press, 1995) p.21.

¹⁶ Willis's neurological ideas led certain physicians to rethink the gendered nature of particular afflictions previously attributed to the womb amongst whom the most notable was English physician Thomas Sydenham. Ten years after Willis, Sydenham's essay 'Of the Small-pox and hysteric Diseases', proposed that what in women was hysterical "in men we call Hypochondricall" both of which referred to a complex set of nervous ailments and physical symptoms. *The Entire Works of Dr Thomas Sydenham: newly made from English from the originals...* (London: E. Cave, 1742) p.368. On Sydenham see George 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.

¹⁷ M.D.T. Bienville, *Nymphomania, Or A Dissertation concerning the Furor Uterinus*, p.51.

¹⁸ *Ibid.*, p.74-75.

¹⁹ Jean Astruc, *A Treatise on the Diseases of Women. Vol. I.* Translated from the French original (London: printed for J.Nourse, 1762) p.357.

There are however, aspects of Bienville's work which do distinguish his conception of nymphomania from that of Astruc, as well as other eighteenth century physicians. George Rousseau argues Bienville's conception of nymphomania represents the "first scientific approach to sex".²⁰ Much of the originality Rousseau attributes to Bienville lies with the physician's emphasis of the role of the imagination. Bienville argued the imagination was instrumental to nymphomania because it was "almost constantly the principle, or the mother of the greater part of the passions, and of their excesses".²¹ Bienville was writing in the 'era of the imagination' when European medical and scientific thought increasingly conceived of its functioning in strictly mechanical ways rather than in metaphysical and theological terms.²² For Bienville, the force of a woman's sensual impressions on her mind and the ensuing "sensations" in the bodily organs were the "nearest causes" of nymphomania.²³ Produced in the imagination, these impressions were then transmitted and experienced by the body via the nerves. The greater the number of nerves in any part of the body, the greater the degree of sensation. Rousseau suggests the causal significance Bienville attributes to the reproductive organs was primarily directed by this hypothesis. Because Bienville believed the uterus possessed a large cluster of nerve endings, he regarded the sensations at this part as more intense.²⁴ Yet as has already been suggested, the primacy Bienville accords the role of women's reproductive and genital organs cannot, as Rousseau implies, be dismissed as fortuitous. Rather, the workings of the nerves and the sexual organs, as well as the imagination, constructed a composite discourse which, while appearing quite modern in

²⁰ G.S.Rousseau, 'Nymphomania', p.96.

²¹ M.D.T. Bienville, *Nymphomania, Or A Dissertation concerning the Furor Uterinus*, p.157.

²² On this see G. S.Rousseau, 'Science and the Discovery of the Imagination in Enlightened England' *Eighteenth-Century Studies* 3/1 (1969): 108-135.

²³ M.D.T.Bienville, *Nymphomania, Or A Dissertation concerning the Furor Uterinus*, p.55.

²⁴ G.S.Rousseau, 'Nymphomania, Bienville and the Rise of Erotic Sensibility', p.109.

its conception, nonetheless, continued to reinforce an old belief that woman was prone to strong sexual desire by way of her very femaleness.

Rousseau suggests that the causal significance Bienville accorded the imagination was definitive of a new psychosomatic conception of nymphomania.²⁵ Although the role of the imagination altered the way in which many physicians understood the relationship between body and mind, it did not then negate other causal explanations of disorder. In his examination of women's nervous sensibility and the effect of their "violent passions", London physician William Rowley argued great attention must be paid to the state of the imagination.²⁶ Yet Rowley also acknowledged that every physician who sought to treat the disorders of females "with integrity and success", must pay serious attention to "the delicate structure of the female body, the peculiar sensibility of the nervous system; the absence, presence, diminution, increase, or obstruction of the catamenia, the state of the uterus, and the singularities of each individual constitution".²⁷

This work does not seek to negate the importance of the imagination within Bienville's work, or for that matter, in late eighteenth century medical discourse. However, it is possible to overstate the originality of Bienville's medical thinking, given like so many, he continued to accord a dominant role to woman's sexual body in her afflictions. In regards to a disorder such as nymphomania, the imagination seemed to provide further support to the already firm belief about the role of the 'special' female body. Rather than representing a 'new science', Bienville's work reflected a curious medical pluralism where ideas of vital energies, sympathies, nerves, the sexual organs, and the imagination

²⁵ G.S.Rousseau, 'Nymphomania, Bienville and the Rise of Erotic Sensibility', p.96.

²⁶ William Rowley, *A Treatise on female, nervous Hysterical, hypochondrical, bilious, convulsive diseases, apoplexy and Palsy; with thoughts on madness, suicide, etc, in which the principal disorders are explained from anatomical affects* (London: C.Nourse, 1788) p.35.

²⁷ Ibid., p.1.

were utilised in what was often an extremely eclectic discourse. In fact, despite his conception of the role of the imagination, Bienville's thinking about the physiology of women's erotic desire and its connection to the inner workings of her body, held many similarities with a much older medical tradition.

Rousseau is right to suggest *Nymphomania, or a Dissertation Concerning the Furor Uterinus* presented a different and perhaps even more 'modern' conception of nymphomania. Yet there are aspects other than the imagination that can lead to this assessment, in particular, the importance accorded certain non-somatic factors. The implicit role played by wider social preoccupations within Bienville's work, specifically the importance he accorded women's sexual restraint, are particularly important and demands further elucidation. Despite the lack of any attention on this crucial aspect by those historians who have examined Bienville's work, it was decisive not only to his conception of who and what characterised nymphomania, but, as shall be shown, that which permeated the British medical discourse in the early nineteenth century.²⁸

Dishonourable desire

Bienville regarded nymphomania as a disorder of the body, and devoted a large amount of his text to detailing its physiological explanations. Yet his views on how a woman descended to such a state also involved distinctly non-somatic considerations. Examining the terms by which nymphomania constituted a disorder within Bienville's work reveals

²⁸ For other examinations of Bienville see, 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 and S. Wiseman (eds.), *At the Borders of the Human - Beasts, Bodies and Natural Philosophy in the early modern period*. (Basingstoke: Macmillan, 1999): 239-258; Carol Groneman, 'Nymphomania : The Historical Construction of Female Sexuality', *Signs* Winter (1994): 337-367.

it was as much about the challenge excessive erotic desire presented to certain social expectations about women, as it was about a disorder of the female body.

Those who constituted the subject matter of Bienville's text were not simply perceived as overcome by the voracity of their bodily instincts. A crucial element in Bienville's conception of nymphomania was a woman's loss, or failure to maintain her modesty, virtue, and restraint. Without such constraints a woman ran the risk of being overcome by her strong bodily urges that could directly lead to a state of nymphomania. A lack of control was thus the catalyst for a woman's descent into nymphomania. Hence the concern with ensuring women's adherence to those virtues and expectations of their sex that facilitated some measure of restraint. As shall be shown, the more significance women's restraint acquired over the turn of the nineteenth century, the greater the anxiety about ensuring it.

Woman's modesty and virtue were considered both sign and guarantor of her control. Yet these were not naturally inhering traits. Instead, they appeared to require conscious and constant cultivation, and were the means by which a woman could hope to constrain or repress the demands of her unruly body. The loss of such reserve was always a potential threat leading directly to one's descent into all sorts of unbecoming excesses. Bienville argued that a woman's strictest adherence to her modesty and virtue could prevent her slide into excess because these were capable of "fixing a thousand stings within the conscience" and enabled woman to "resist the violence of her desires".²⁹ For this reason Bienville urged all women to adhere to his "virtuous maxim"—"*it is neither permitted nor honourable that I should yield to so shameful a passion*". He warned that women who did not heed such advice "who have neither the resolution, not the power to

²⁹ M.D.T.Bienville, *Nymphomania, Or A Dissertation Concerning the Furor Uterinus*, p.65-66.

turn back” will “fall insensibly, and almost without any perception of their conduct, into these excesses which, having wounded their reputation, conclude by depriving them of life.”³⁰

The idea of a woman’s lack of sexual control arising from her lack of virtue is not the only notable element in Bienville’s conception of who was liable to excessive erotic desire. The degree of consciousness he attributed to such lack, and the sense of pathology accorded that deficiency also introduced a new element in the conception and application of nymphomania. Bienville argued the woman descending to the depths of nymphomania “enjoys without disquiet, and without remorse”, and “thinks it equally difficult and distressful to remain always in arms against the pleasures of the senses”.³¹ He described how during her downfall there is a point at which a woman “weighs the advantages of an entirely voluptuous life against those of a discreet and decent conduct”. In rejecting the latter, “her virtue perishes, a luxurious inclination, and all the lascivious images which accompany it, stifle remorse and seize upon her whole mind. To complete the shameful victory, impudence assumes the place of modesty”.³² He regarded the mania arising from a woman’s abandonment of her virtue as most acute once she arrived at the point at which she was perfectly reconciled with her aberrant behaviour.³³ He claimed that in this “deplorable state” a woman “no longer feels a difficulty in persuading herself that she is at length permitted to obey her passions, and that she may utter, and commit every extravagance, to which so shameful an error can reduce her”.³⁴

³⁰ M.D.T.Bienville, *Nymphomania, Or A Dissertation Concerning the Furor Uterinus*, p.33-34.

³¹ emphasis added, *Ibid.*, p.67, p.78.

³² *Ibid.*,p.78.

³³ *Ibid.*

³⁴ M.D.T.Bienville, *Nymphomania, Or A Dissertation Concerning the Furor Uterinus*, p.79.

For Bienville, a woman *choosing* to give herself up to all her desires was such a contravention of social expectation it had to be deemed a disorder. While he acknowledged the consciousness of such an act, he could not accept it as rational behaviour. Rather, the very act of a woman seeking to fulfil her erotic desires without any sense of shame or guilt was as much a disorder as her insatiability. In this context, the very idea of what constituted disorder takes on new meaning. The limits Bienville suggests or expects women to adhere to directly influences exactly what constitutes an aberration in their sexual expression. Bienville was not simply concerned with aberrant bodies, but socially aberrant individuals.

Bienville's ideas about women's need to restrain from indulging their erotic desires reflects an emerging attitude in the later eighteenth century that, in turn, altered the medical perception of what was normal or healthy for women. For Bienville, normal female sexual behaviour was defined by a woman's ability to enact or impose restraint. The significance accorded a woman's adherence to specific social conventions and the pathologisation of a failure to meet such expectation, decidedly altered the conception of what constituted disorder. In effect, a particular attitude about women's appropriate and socially acceptable behaviour was reinforced, whilst stigmatising those who challenged or offended such expectations. Given this, it seems reasonable to suggest Bienville's conception of nymphomania sought only to pathologise those who deviated from the norm. Yet such an assessment is problematised by his ideas about the workings of the female body and women's sexual desire. Social pre-occupations and expectations directed Bienville's views about what was appropriate sexual behaviour. Yet this should not be seen as suggesting he believed women could not experience strong sexual desire. He declared there was "no constitution without a germ of this natural and generative

fire”.³⁵ Rather than reinforcing a view of woman as naturally passive, Bienville’s physiological conception of female sexual desire essentially conflicted with such an ideal. In fact, he argued the conflict between expectations of women’s restraint and their natural ardency, actually provided the explanation for many women’s disorder.

Bienville argued a woman’s lack of constraint over her erotic desires was a sign of disorder. Yet he also openly admitted men and women’s desire for each other was “natural” and thus “difficult to suppress.”³⁶ Bienville actually posited the restraint expected from women as having the potential to cause their desires to become inflamed and, once ignited, lead to a state of excess descending to nymphomania. He described the way expectations of young ladies “frequently are capable of irritating their passions, of causing a revolution, and disorder in the physical system of their nature.”³⁷ Bienville’s ideas are contradictory and effectively suggest all women were inevitably doomed. Yet such incongruence is reflective of the situation many physicians faced in negotiating beliefs about woman’s sexual nature with wider social expectation about women. This disparity is not only one of the more significant aspects of Bienville’s conception of nymphomania, but of much nineteenth century medical discussion of the disorder. As subsequent chapters will show, the discrepancy between beliefs about the female body and wider societal ideals about femininity permeated the English medical discussion of nymphomania. While women from England’s respectable classes were increasingly exalted as models of virtue and modesty, at the same time, medical discourse continued to believe they were governed by a body potentially prone to conduct the very opposite of such qualities. Ultimately, this incongruence reveals how, rather than simply effecting women’s sexual control, physicians constantly grappled with physiological conceptions

³⁵ M.D.T.Bienville, *Nymphomania, Or A Dissertation Concerning the Furor Uterinus*, p.160.

³⁶ *Ibid.*, p.161.

³⁷ *Ibid.*, p.160-161.

of desire as a bodily instinct or drive on the one hand, and the need to contain it within socially acceptable limits on the other.

The physiological effects Bienville accords societal expectations of women begs the question as to why he places so much emphasis on adherence to them. Centrally important in answering this question are his ideas about the purpose women's sexual restraint served. Bienville identified a significant point of tension between the needs or instincts of women's body and the laws and needs of society. Such laws or "public wants" established the "privileges and limits suitable to each sex" and importantly, maintained order.³⁸ Bienville argued that to ensure the proper regulation of society it was necessary to "sacrifice several particular wants".³⁹ Despite the dangers posed to her bodily constitution, woman's sexual control, secured through her modesty and virtue, was one sacrifice that had to be made in order to maintain social order. These impositions were, Bienville argued, "requisite to devise, in order to repair the real evils which might destroy, or trouble the advantageous, and even necessary order which exists".⁴⁰

The importance Bienville attributes to women's sexual restraint and moral conduct plays a decisive role in his conception of nymphomania, especially the range of anti-social conduct that defines the disorder. This aspect separates his work from much which preceded it, and places it amongst a growing number of medical texts concerned with ensuring women's sexual control. Bienville was quite explicit about his conscious concern with instilling a particular moral agenda amongst women, believing it to be the foundation of society. At the conclusion of his text he acknowledged this intention:

Mine will be the glory of having placed the first stone of an edifice which, by

³⁸ emphasis added, *Ibid.*, p.160.

³⁹ *Ibid.*

⁴⁰ *Ibid.*

saving the honour of more families than one, must prove an honour to society! Mine will be the honour of having prevailed on others to extinguish the most tormenting miseries which can debase, afflict, and as it were unhumanize the first and loveliest part of creation.⁴¹

Bienville was not alone in according such a degree of social significance to women's sexual behaviour. Rather, his work can be situated at the beginning of a decisive transition in thinking about women's status, role, and sexual subjectivity. Contemporary debates about women's political and social rights prompted by leading political women writers in both England and France, were central to this change.⁴² New ideas about women's sexual subjectivity were part of this discourse, and saw a rejection of woman as excessive sexual creature, as well as the assertion of women's sexual rights.⁴³ As discussion about the social functions of the sexes extended beyond feminist circles, so new ideas about women's sexual subjectivity acquired a very different political significance and interpretation. Bienville's work, and that of many others, can be situated

⁴¹ Ibid., p.186.

⁴² On late Eighteenth-century feminist thought see, Gary Kelly, *Women, Writing and Revolution 1790-1827* (Oxford: Clarendon Press, 1993); Jane Rendall, *The Origins of Modern Feminism: Women in Britain, France and the United States 1780-1860* (Basingstoke: Macmillan, 1985); Barbara Caine, *English Feminism, 1780-1980* (Cambridge: Cambridge University Press, 1997).

⁴³ Leading feminist writers such as Mary Hays and Mary Wollstonecraft presented these different images of women's sexual subjectivity for which they were both ridiculed and derided. In *Memoirs of Emma Courtney* (1796) Hays presented a complex critique of women's unequal position with regard to their sexual subjectivity and desire. In Wollstonecraft's *Wrongs of Woman, Or Maria* (1798) and *Vindication of the Rights of Woman* (1792), contemporary marriage and women's place in society were depicted as reducing women to little more than man's sexual plaything ensuring their complete subjugation. On the sexual discourse and complexities of these women and their texts see G. Kelly, *Women, Writing and Revolution 1790-1827* esp. Chapter 3; see also Gary Kelly, *Revolutionary Feminism: The Mind and Career of Mary Wollstonecraft* (London: Macmillan, 1992); 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).

at the beginning of the conservative reaction to demands for women's sexual and political rights that produced a heightened sense of anxiety about women's restraint.⁴⁴

Nymphomania was not the only medical text of the later eighteenth century concerned with ensuring women's moral behaviour. In France, the work of Montpellier physician Pierre Roussel (1742-1802) also advocated such views.⁴⁵ In his *Système physique et moral de la femme* (1775), one of the eighteenth century's more famous treatises on women, Roussel argued the female physiology meant women were inconstant, capricious, and dominated by sweet and affectionate sentiments. For Roussel, these aspects of the female constitution necessitated a different moral character and social role for women which, he believed, medicine could help them achieve. As he saw it, the task of medicine went beyond simply healing the sick. Rather, it was to teach and instil a way of life in women based on *bonne morale*.⁴⁶ Similarly in England, such concerns directed a great deal of medical discussion about women's sexual expression. In his discourse on love and the passions, English physician Alexander Crichton (1763-1856) stressed that for women, "the early habits of restraint" must be "strongly inculcated" in order to "diminish all the impressions of loose desire, and preserve the honor of the sex." He warned of the "immorality, danger, and state of degradation" that would arise if such a judicious education were not ensured.⁴⁷ These shifts in medical thinking will be dealt

⁴⁴ This conservative view was most forcefully expressed in the work of Jean Jacques Rousseau whose ideas about the necessity of women's social, political, and sexual control were enormously influential in both France and England. On this see Barbara Corrado Pope, 'The Influence of Rousseau's Ideology of Domesticity', in Jean Quataert and Marilyn Boxer (eds.), *Connecting Spheres: Women in the Western World, 1500 to the Present* (New York: Oxford University Press, 1987): 136-145; Barbara Caine, *English Feminism*, p.15-19.

⁴⁵ Katherine Wellman, 'Physicians and Philosophies: Physiology and Sexual Morality in the French Enlightenment', *Eighteenth Century Studies* 35/2 (2002):259- 272; p.267.

⁴⁶ *Ibid.*, p.269.

⁴⁷ Alexander Crichton, *An Inquiry into the Nature and Origins of Mental Derangement*, 2 vols., (London: T.Cadell & Davis, 1798) p.302.

with in far more detail. At this point it is important to recognise the role changing social expectations played in late eighteenth century medical conceptions of women's appropriate conduct, which, in turn, culminated in a new conception of what constituted an aberration. In this context, the sense in which Bienville's conception of nymphomania can be described as 'modern' arises from the way it is reflective of such change.

Many historians have addressed the debates surrounding the position of women in both France and England in the late eighteenth century, and the intense preoccupation with women's expression of their 'good morals'.⁴⁸ Historian Randolph Trumbach argues the stress in Britain at this time on women's moral, virtuous, and maternal image can be attributed to emerging concepts of romantic love.⁴⁹ Yet the political and social backlash that occurred in the wake of events in Revolutionary France, especially those directed at revolutionary feminism and its advocates, can be considered as far more decisive in the renewed emphasis on this image of woman. Turning to an exploration of this change in sentiment and its eventual hegemony, the question pursued is why such a high premium was placed on women's lack of overt sexual desire and what purpose it served.

The age of restraint

From as early as mid-century, anxiety about women's sexual identity was part of a wider concern about the state of English society, especially the detrimental effects of the ruling or court class on the morality of the nation. This was an era when those constituting England's burgeoning 'middling ranks' began increasingly to repudiate the activities and

⁴⁸ Lynne Hunt, *The Family Romance of the French Revolution* (Berkeley: University of California Press, 1992); Margaret R. Hunt, *The Middling Sort: Commerce, Gender, and the Family in England, 1680-1780* (Los Angeles: University of California Press, 1996).

⁴⁹ Randolph Trumbach, *Sex and the Gender Revolution, Volume One: Heterosexuality and the Third Gender in Enlightenment London* (Chicago: Chicago University Press, 1998) p.424.

lifestyles of those in power, and demanded a reassessment of who should and could rule the nation.⁵⁰ The excesses of consumerism and the unbridled pursuit of erotic pleasure for which the aristocracy had become notorious, were just some of the many things deemed sordid and unsavoury by those 'free born Englishmen' who occupied the expanding middling sections of English society.⁵¹ Erotic desire itself was increasingly conceived as a mere physical appetite, which "seemed to chime ill with strivings towards a more ethereal sensibility".⁵² A rejection of the image of woman as debauched sexual object was integral to the emerging identity of Britain's middle class and their negation of the aristocracy. As Gary Kelly argues, renunciation of the excesses of decorative and sexual femininity associated with the aristocracy was also a rejection of the court culture in which it existed. In this domain women could use their sexual desirability and erotic skills to achieve 'political power' not available to them by legitimate means.⁵³ The bourgeois assertion of woman as chaste mother and wife played an important symbolic function not just in her moral identity, but that of the whole class, as well as working to contain the potentially disruptive aspects of her sexuality. While this symbolism accorded women's sexual image was certainly not new, the political and social upheaval of the late eighteenth century undeniably gave it greater resonance.

⁵⁰ On this see Linda Colley, *Britons: Forging the Nation 1707-1837* (London: Yale University Press, 1992); Dror Wahrman, *Imagining the Middle Class: The Political Representation of Class in Britain, c. 1780-1840* (Cambridge: Cambridge University Press, 1995).

⁵¹ These men whose ranks included capitalist minded agrarians, military officers, larger merchants, government officials, manufacturers, city businessman, and those whose income was dependent upon rentier wealth, increasingly rejected the system of traditional prerequisites that effectively excluded their political participation and sanctioned the 'degenerate, corrupt and tyrannical' system of rule. See Ken Post, *Revolution and the European Experience 1789-1914* (Basingstoke: Macmillan, 1999) p.35; Leonore Davidoff and Catherine Hall, *Family Fortunes: men and women of the English middle class, 1750-1850* (London: Hutchinson, 1987) p.73.

⁵² Roy Porter and George S. Rousseau 'Introduction', in G. S. Rousseau and R. Porter (eds.), *Sexual Underworlds of the Enlightenment* (Manchester: Manchester University Press, 1987): 1-24; p.3.

⁵³ G. Kelly, *Women, Writing and Revolution*, p.7.

By the 1780s, the accumulative effect of defeat in America, riots in London, and economic insecurity, all contributed to concerns about the state of Britain.⁵⁴ Yet given the enormous amount of literature at this time detailing the infidelities of the elites, the uncontrollable spread of sexual vice, increasing number of prostitutes, and the break down of the family, it appears the fears many had for Britain were tied to aspects of its sexual culture.⁵⁵ Concerns about the moral state of the British nation were such that, on June 1st 1787, King George III issued a proclamation calling for the encouragement of piety and virtue. Lamenting the “rapid progress of impiety and licentiousness” the King urged those in authority to set a good example.⁵⁶ The declaration was a poignant reflection and acknowledgment of a growing sentiment and unease amongst particular sections of British society about the declining state of the nation that was only intensified by events in France. Indeed, such was the increasing anxiety about a widening trend of aberrant and corrupted sexuality that some historians have described the later eighteenth century as representing no less than a ‘sex panic’.⁵⁷

⁵⁴ On this see Kathleen Wilson, *The Sense of the People: Politics, Culture and Imperialism in England 1715-1785* (Cambridge: Cambridge University Press, 1995).

⁵⁵ An important trend in thinking emerged during the 1780s that conflated Britain’s political, social, and economic well being or lack of, to its sexual behaviour. On this see Boyd Hilton, *The Age of Atonement: The Influence of Evangelicalism on Social and Economic Thought* (Oxford: Clarendon Press, 1988). Increasing preoccupation about escalating adultery amongst the elites can be seen in discussion surrounding criminal conversation trials. On this see Peter Wagner, ‘The Pornographer in the Courtroom: trial reports about cases of sexual crimes and delinquencies as a genre of eighteenth-century erotica’, in P.Bouc   (ed.), *Sexuality in Eighteenth Century Britain* (Manchester: Manchester University Press, 1982): 120-140. Prostitution was seen as symptomatic of the decadent and immoral sexual culture initiated by the aristocracy and was politicised at this time in complex ways. On this see Katherine Binhammer, ‘The Sex Panic of the 1790s’, *Journal of History of Sexuality* 6 /3 (1996): 409-434.

⁵⁶ Herbert Schlossberg, *The Silent Revolution and the making of Victorian England* (Columbia: Ohio State University Press, 2000) p.46.

⁵⁷ see for instance K. Binhammer, ‘The Sex Panic of the 1790s’; Dror Warhman, ‘Percy’s Prologue: From Gender Play to Gender Panic in Eighteenth century England’, *Past and Present* (1998): 113-160.

Much of the concern about the state of Britain centred on women's sexual conduct, particularly once events in revolutionary France became known. Upheaval on the continent caused a profound ambivalence about sex and gender in Britain.⁵⁸ Sensationalised accounts of the revolution horrified many in England most notably that of English political philosopher Edmund Burke's *Reflections on the Revolution in France* (1790). Burke's vivid imagery of depraved and starved women marching to Versailles, and Marie Antoinette being driven from her home and subsequently executed, made an enormous impression on most sections of British society.⁵⁹ Burke's gendered characterisation of the revolution, particularly his descriptions of the Parisian mob "in the abused shape of the vilest of women", effectively established in the minds of many that debauched French women not only epitomised, but were the reason for, the political upheaval.⁶⁰ The anti-Jacobin portrayal of the revolution depicted the radical political cause as the embodiment of corrupted female desire. One anti-French broadside summed it up succinctly in its depiction of liberty, equality and fraternity as 'three pregnant hussies'.⁶¹ Excessive female sexuality was taken as the sign and cause of disintegrating class and gender boundaries that occurred once the 'patriarchal anchor' of any society had been removed—symbolised by the loss of the King. In one of the more inflammatory claims made at this time, Burke declared that disorder in France had created a society in

⁵⁸ On this see Janet Todd, *Sensibility: An Introduction* (London: Methuen, 1986) p.130; Maurice Quinlan, *Victorian Prelude: A History of English Manners, 1700-1800* (Connecticut: Archon Books, 1965) p.69.

⁵⁹ L. Colley, *Britons: Forging the Nation*, p.253.

⁶⁰ Edmund Burke, *Reflections on the Revolution in France and on the Proceedings in Certain Societies in London Relative to that event. In a Letter Intended to have been sent to a gentleman in Paris* (1790). Ed. J.C.Clarke, (Stanford: Stanford University Press, 2001) p.233.

⁶¹ Nicola Watson, *Revolution and the Form of the British Novel, 1790-1825* (Oxford: Clarendon Press, 1994) p.10.

which “a King is but a man; a queen is but a woman; a woman is but an animal; and an animal not of the highest order”.⁶²

Upheaval in France triggered intense anxiety about social and gender roles on both sides of the channel, and heightened the concern amongst Anti-Jacobins in particular, about maintaining distinct forms of gender identity. This manifested itself in a number of ways, and found a variety of ‘targets’, including adulterous women, effeminate men, and most notably, advocates for women’s political rights who were deemed the epitome of French perversion.⁶³ English women who supported or espoused a radical political discourse were increasingly portrayed as sexually degraded, antithetical to all the virtues expected and needed of a wife, and a threat to the nation. Concerned as it was with women’s sexual and civil autonomy, revolutionary feminist politics was posited as causing the type of sexual excesses that orchestrated the revolution.

In Britain, depictions of notable English Jacobin feminists such as Mary Wollstonecraft, Mary Hays, and Helen Maria Williams, often conflated their politics with their own liberated (and thus supposedly excessive) sexual lives. This worked to suggest the political female, like her politics, was sexually ‘deviant’, and would cause the type of upheaval witnessed in France.⁶⁴ Prominent critics of the revolution and radical cause such as Horace Walpole and the Tory Bishop of Exeter, Richard Polwhele, focused on the sexuality of feminist women in their assessment of their political ideas. In his poem *The Unsex’d Females* (1798) the title alone summing up the type of attitudes it expressed toward radical feminist women), Polwhele declared Helen Maria Williams as merely “an

⁶² Edmund Burke, *Reflections on the Revolution in France 1790* (2001) p.240.

⁶³ On the anxiety surrounding effeminacy see J. Todd, *Sensibility: An Introduction*; On adulterous women see, P. Wagner, ‘The Pornographer in the Courtroom’; K.Binhammer, ‘The Sex panic of the 1790s’.

⁶⁴ On this see L.Colley, *Britons: Forging the Nation*; Claudia Johnson, *Equivocal Beings: Politics, Gender and Sentimentality in the 1790s* (Chicago: Chicago University Press, 1995).

intemperate advocate for Gallic licentiousness”.⁶⁵ Walpole described Wollstonecraft and those who supported the call for women’s rights as “amazonian”, and used the term repeatedly to denounce their ‘virago’ politics.⁶⁶ Sexualised analogies of revolutionary feminists became commonplace within the English press, extending into pornographic periodicals such as *Bon Ton* which only further heightened the link between women’s political subjectivity and their (excessive) sexuality.⁶⁷ This was an effective means of discrediting such women and their politics, yet also reveals the sense in which the idea of women’s rights—political, sexual, or otherwise—were perceived as so antithetical to ideals about woman. Interestingly, it was not just men who advanced such views.

Many British women were particularly vocal amongst those deriding revolutionary feminism and its advocates. Such women declared not only was true femininity divorced from politics, but that subscription to revolutionary politics, especially equal rights, actually made women sexually perverse. English conservative Laetitia Matilda Hawkins openly expressed such views. In her *Letters on the Female Mind, Its Powers and Pursuits* (1793), she concluded that women under “the dominion of the passions”, and its apparent corollary “the clamour for universal liberty”, had “an aversion towards the king” and “consider her [their] husband as an unauthorized tyrant”.⁶⁸ Hawkins’s book was specifically addressed to Helen Maria Williams, and was a lengthy attack not only on Williams’ writing, but also the French revolution, and women’s political writing in general. She urged the women of Britain—“my countrywomen”—to dissuade themselves from any sort of political study lest they descend to such an unfeminine state as that of

⁶⁵ G. Kelly, *Women, Writing and Revolution*, p.77.

⁶⁶ D. Wahrman, ‘Percy’s Prologue: From Gender Play to Gender Panic in Eighteenth century England’, p.135.

⁶⁷ On this see K. Binhammer, ‘The Sex panic of the 1790s’, p.409-413.

⁶⁸ L. M. Hawkins, *Letters on the Female Mind* (London: Hookham and Carpenter, 1793) p.105-106.

Williams. Yet as Gary Kelly notes, while Hawkins shuns women's political involvement, her own attack of the Revolution and defence of Britain epitomised such a discourse.⁶⁹

Both revolutionary feminists and anti-Jacobin conservatives argued for changes to women's sexual subjectivity. However, where the former saw such change facilitating women's political and social rights, the latter equated such freedoms with women's sexual anarchy. The *Anti-Jacobin Review and Magazine* constantly reiterated the view that to give women their "natural and social right" would "take away powerful restraints on the promiscuous intercourse of the sexes", "loosen and finally dissolve the tie of marriage", "destroy one of the chief foundations of political society", and "eradicate from the female bosom all sense of modesty, every principle of virtue, every sentiment, and every feeling that command respect and conciliate esteem".⁷⁰ Over the late eighteenth and early nineteenth century, a deluge of conduct books, family manuals, sermons, homilies, novels, and a burgeoning periodical press emerged, insisting that good order, not only in the home but in the nation, rested on women's domesticity, timidity, and virtue.⁷¹ Only through subscription to these ideals would female 'waywardness' (including any notion of women's political equality) be mastered and controlled. In *An Enquiry into the Duties of the Female Sex* (1796), Thomas Gisborne (1758-1846) urged women to heed the advice Pericles offered the matrons of Athens, to 'cherish your instinctive modesty; and look upon it as your highest commendation not to be the subject of public discourse'.⁷² In *A Plan for the conduct of female education, in boarding Schools* (1797), Erasmus Darwin (1731-1838) declared that the female

⁶⁹ G. Kelly, *Women, Writing and Revolution*, p.55.

⁷⁰ N. Watson, *Revolution and the Form of the British Novel*, p.10.

⁷¹ On this see Nancy Armstrong, *Desire and Domestic Fiction: A political history of the Novel* (Oxford: Oxford University Press, 1987); Elizabeth Langland, *Nobody's Angels: Middle Class Women and Domestic Ideology in Victorian Culture* (London: Cornell University Press, 1995).

⁷² Thomas Gisborne, *An Enquiry into the Duties of the Female Sex* (London: T.Cadell, 1813) p.213-216.

character should possess “the mild and retiring virtues rather than the bold and dazzling ones”. Moreover, a young woman’s whole temper and disposition should appear “to be pliant rather than robust; to be ready to take impressions rather than to be decidedly marked”.⁷³ The proliferation of these prescriptive texts suggests a real fear about a lack of such values in women. Certainly there appears to have been a real concern with establishing women’s modesty as the sign of their respectability and virtue in contrast to any notion of their sexual subjectivity, intellectual abilities, or political rights. Richard Polwhele claimed modesty’s “crimsoning blush” will “always be more attractive than the sparkle of confident intelligence”.⁷⁴ Yet again, it was not just male commentators who insisted on the symbolic function of this apolitical, moral image. In the revolutionary aftermath this identity occupied a central place in the writings of many women themselves.

The apparent failure of French women to gain anything from the republican cause inevitably played an important role in encouraging British women to reassess their traditional status and position, and seek to protect its values. Prominent conservatives such as the staunchly evangelical Hannah More, urged women to cultivate their womanly virtues and respect their domestic pursuits. She argued it was here women’s power and ‘rights’ resided. More asserted that as ‘moral guardians’ women acquired a sense of undisputed dignity, and this “raises her importance, and even establishes her equality”.⁷⁵ This was despite “whatever inferiority may be attached to woman from the slighter frame

⁷³ Erasmus Darwin, *A Plan for the conduct of female education in Boarding Schools* (Derby: J.Drewry, 1797) p.3.

⁷⁴ Richard Polwhele, *The Unsex’d Females: A Poem, Addressed to the Author of ‘The Pursuits of Literature’* (London: Cadell & Davies, 1798), p.16.

⁷⁵ Hannah More, *Strictures on the Modern System of Female Education, with a View of the Principles and Conduct Prevalent among women of Rank and Fortune 2 vols.*, (London: printed for T.Caddell, 1799) vol.2, p.30.

of her body, or the more circumscribed powers of her mind; from less systematic education, and from the subordinate station she is called to fill in life.”⁷⁶

Like the revolutionary feminist discourse of Wollstonecraft and her contemporaries, More also revised women’s political responsibilities, subjectivity, and authority, but also enforced a very circumscribed role for women. This point has been widely made.⁷⁷ More’s views on the education of women did not differ markedly from those of Wollstonecraft.⁷⁸ Yet More feared the chaos feminism, or more accurately, women’s political equality, threatened to bring to marriage, gender relations, and ultimately, the moral and religious life of the nation. The instability More perceived in the ideas of those such as Wollstonecraft, was tied to her negative perception of women’s political freedom and her religious beliefs. It was unlikely a woman who declared that “to be unstable and capricious” was “characteristic of our sex”, would support extending women’s authority into the political domain.⁷⁹ Moreover, as a deeply conservative Evangelical she stood for order and respect for established authority, and waged a campaign against a political ideology she believed would permanently destroy these things.

Woman’s moral influence in the home was exalted by More as the comforting and civilising sanctuary to which man could retreat. Such an ideal was very much in keeping with the prevailing middle-class idiom that emphasised morality and virtue as the hinge

⁷⁶ Ibid.

⁷⁷ See for instance, Warren Roberts, *Jane Austen and the French Revolution* (London, Macmillan, 1979) p.185; Mitzi Myers, ‘Reform or Ruin: “A revolution in female manners”’, *Studies in Eighteenth-Century Culture* 11 (1982): 199-216; Harriet Guest, ‘The dream of a common language: Hannah More and Mary Wollstonecraft’, *Textual Practice* 9/2 (1995): 303-323.

⁷⁸ On the complexity of More’s politics see Anne Stott, ‘Patriotism and Providence: The Politics of Hannah More’, in S. Richardson, K. Gleaddle (eds.), *Women in British Politics, 1760-1860 : the power of the petticoat* (New York, St Martin’s Press, 2000):39-55.

⁷⁹ Warren Roberts, *Jane Austen and the French Revolution* (London, Macmillan, 1979) p.185.

that would hold society and the social order together.⁸⁰ While the threat of revolution had receded, British society was undergoing much change that many religious and political conservatives such as More, regarded as equally concerning.⁸¹ For More, and the many who shared her vision, women's domesticity and moral persuasion was vital to the regeneration and survival of England.⁸² Women's domestic piety was something on which the nation's political and religious stability could depend, ensuring a culture of public probity, moral conduct, and the purity of England's progeny.⁸³ Yet it could be argued that women's domestic confinement was also the key to their sexual restraint. More's 'cult of domesticity' deliberately sought women's subjugation, not only for the sake of national stability, but also because, as More herself declared, "there is perhaps no animal so indebted to subordination for its good behaviour as woman".⁸⁴

Significantly, many middle-class women came to identify with More's ideals in the early decades of the nineteenth century. Her view of the world and social order, appeared to do away with 'traditional' hierarchical relations between men and women, instead exalting relationships based on co-operation and emotional support. The glorification of women's influence in the home, and the concomitant expectations of their greater virtue and

⁸⁰ On this see Dror Wahrman, *Imagining the Middle Class*, p.46.

⁸¹ Roy Porter, *Enlightenment: Britain and the Creation of the Modern World* (England: Penguin, 2000) p.451.

⁸² On other women writers espousing such views see Nancy Armstrong, *Desire and Domestic Fiction*; Kathryn Sutherland, 'Writings on female education and conduct: arguments for female improvement', in V. Jones (ed.), *Women and Literature in Britain 1700-1800* (Cambridge: Cambridge University Press, 2000): 25-45; G. Kelly, *Women, Writing and Revolution* esp. Chapter 8 on Elizabeth Hamilton, p.265-304.

⁸³ Apprehension about England's progeny had been raised in Edmund Burke's *Reflections*, in which he posited domestic trust and fidelity as vital to a political system premised on the patriarchal family and maintained by inheritance. As he declared, "in this choice of inheritance we have given to our frame of polity the image of a relation in blood; binding up the constitution of our country with our dearest domestic ties; adopting out fundamental laws into the bosom of our family affections". E. Burke, *Reflections on the Revolution in France, 1790* (2001) p.119-20.

⁸⁴ Warren Roberts, *Jane Austen and the French Revolution*, p.185.

propriety, were increasingly integral aspects to many women's conceptions of their role, place, and world-view.⁸⁵ In the emerging culture of respectability that ultimately defined the image of 'the Victorians' and the moral hegemony of the middle class, women's modesty, chastity, and sympathy also established them as representative of the nation.⁸⁶ "(I)ntimate is the connection", popular non-conformist author Sarah Stickney Ellis told her millions of female readers in 1840, "between the women of England, and the moral character maintained by this country in the scale of nations".⁸⁷ Such expectations would never have been as popular as they were if women viewed them as simply encouraging resignation and retreat. Rather, as historians have suggested, they gave some women a greater sense of purpose and a very real source of agency and empowerment.⁸⁸ Yet at the same time, conflating women's control with the health of the nation produced a general sense of unease about women's independence, both sexual and intellectual, that as subsequent chapters will show, lay under the surface of British society for some time.

⁸⁵ This is not intended as a defence of the separate spheres view of life in the nineteenth century in which all women's lives and experience are portrayed as miserably confined to the private world. Influenced by the wealth of revisioning on this topic, I seek to suggest that at the turn of the nineteenth century, certain values and ideas were influential to many middle class women's "sense of their existence". On this see Amanda Vickery, *The Gentleman's Daughter: Women's Lives in Georgian England* (London: Yale University Press, 1998) p.10. On the relative merit of the separate spheres ideology in historical analysis see Robert Shoemaker, *Gender in English Society, 1650-1850: The Emergence of Separate Spheres?* (London: Longman, 1998); Catherine Hall, *White, Male and Middle-class: Explorations in Feminism and History* (Cambridge, Polity Press, 1992).

⁸⁶ The mentality and norms identified with the Victorian era were in existence long before Victoria actually came to the throne. As many have argued, this was a Queen who epitomised the values that were cemented during the late eighteenth century through the expansion and rising authority of Britain's middle class. On this see M. Quinlan, *Victorian Prelude: A history of English manners*; Paul Langford, *A Polite and Commercial People. England, 1727-1783* (Oxford: Clarendon Press, 1989); L. Colley, *Britons: Forging the Nation*; D. Wahrman, *Imagining the Middle Class*; H. Schlossberg, *The Silent Revolution and the making of Victorian England*.

⁸⁷ L. Colley, *Britons: Forging the Nation*, p.276.

⁸⁸ Catherine Hall, 'Early Formation of Victorian Domestic Ideology', in Sandra Burman (ed.), *Fit Work for Women* (London: Croom Helm, 1979): 15-32; Mary Poovey, *The Proper Lady and the Woman Writer*; Amanda Vickery, *The Gentleman's Daughter: Women's Lives in Georgian England*; L. Colley, *Britons: Forging the Nation*, p.276.

Moreover, despite whatever advantages or importance women may have felt they acquired from their moralising and civilising identity, it was also an effective self-regulating process that worked to negate women's sexual autonomy whilst tending in practice to privilege masculine desire.

By the turn of the nineteenth century, a woman's respectability, and thus her worth, was largely dependent on her virtuous, moral, and demure image, which in turn, necessitated the repression or denial of her autonomous sexual desires.⁸⁹ Yet such expectations about women's sexual feelings did not reflect a belief about women's sexuality, and for this reason proved to be the source of inherent contradiction and falsity during the nineteenth century. As Michael Mason suggests, tensions and incongruities abounded in the Victorians' ideas and attitudes about both men and women's sexuality. Despite enduring and pervasive stereotypes about this society, there was not, as he asserts, "an ignorance about the sexual response in women".⁹⁰ Yet at the same time, ideals about respectable women's lack of overt sexual expression were entrenched in the dominant social rhetoric. The contradictory nature of the discourse on women's sexuality in the nineteenth century was a feature of both the wider culture and the medical domain. As the discourse on nymphomania shows, so pervasive was the image of woman's sexual quiescence, those who did not adhere to it were not only deemed the antithesis of good order and proper femininity, but actually defined as pathological. Yet, like others in their society,

⁸⁹ For an interesting although somewhat exaggerated discussion of women's sexual repression constructing the Victorian feminine conscience, see 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.

⁹⁰ Michael Mason, *The Making of Victorian Sexuality* (Oxford: Oxford University Press, 1994) p.8. For further discussion of the complexities of the Victorian era see also Mason's *The Making of Victorian Sexual Attitudes* (Oxford, Oxford University Press, 1994).

physicians never denied women experienced sexual desire, in fact they regarded them as especially ardent.

Some historians warn against over emphasising the uniqueness of the concern with women's modesty and chastity over the turn of the nineteenth century, arguing such thinking can be found throughout the centuries.⁹¹ This is a valid point, and it is true that the symbolic and causal function attributed to female sexuality was not new. Yet the renewed emphasis and political weight accorded woman's sexual restraint and virtuous behaviour warrants particular consideration in terms of medical thinking about women's sexual expression. Like Bienville, early nineteenth century British physicians' attitudes to women's behaviour were influenced by certain hegemonic social expectations. This is not to suggest the role of social ideals within medical thinking was new to this period. Rather, the issue to understand is how physicians negotiated the numerous incongruities they faced in regards to their medical conceptions about female sexuality, and wider expectations about womanhood. For ultimately, if erotic desire itself came to represent an anomaly for respectable English women, how was a disorder such as nymphomania to be defined?

Suitable excess

Despite changes to the image of womanhood and female sexuality over the turn of the nineteenth century, the female body continued to be conceived by physicians as given to excesses of emotion and feeling. In many respects, such a conception not only reinforced the wider ideal and image of woman as naturally more loving, sensitive, and destined for her maternal and domestic role, but also necessitated the need for her protection, and the

⁹¹ See for instance A. Vickery, *The Gentleman's Daughter*, p.6; Marlene LeGates, 'The Cult of Womanhood in Eighteenth-Century Thought', *Eighteenth Century Studies* 1 (1976): 21-39.

limits accorded her sex. Given this ongoing subscription to women's natural excess, how did physicians determine what constituted a disorder, or more specifically, differentiate between excessive love as opposed to inordinate lust? Examining the differences between the conception of nymphomania and that of erotomania reveals just some of the ways in which physicians sought to negotiate this distinction, and the contradictions they faced.

Both nymphomania and erotomania were conceived as afflictions arising from women's lack of corporeal control and greater susceptibility to their feelings and bodily instincts. Yet the distinction established between the two disorders exposes what was, and was not, acceptable in terms of women's excess. While it was untenable to suggest intense erotic feelings were the natural inclination of a respectable woman, women continued to be regarded as innately susceptible to their feelings, sentiments, and instincts. Although erotomania was a disorder, it was also an acceptable form of uncontrollable sentimentality, relating as it did, to the head and heart. In contrast, nymphomania's ultimate source lay in a woman's lower extremities, thus embodying all that nineteenth century British society sought so desperately to deny about women. The conception of erotomania enabled physicians to reinforce the view that woman's feelings were inherently excessive and destined her for the roles in life for which she was cherished, respected, and subordinated. In contrast, the conception of nymphomania established the point at which that natural excess slid from feminine irrationality to a decidedly unfeminine affliction.

The word erotomania can be identified as early as 1640 when it appeared in the title of the English translation of Jacques Ferrand's treatise on lovesickness.⁹² However, its explicit and distinctive definition was a much later development. While Bienville makes no special mention of erotomania as a specific affliction separate from nymphomania, a distinction can be found between the two disorders in the nosology of William Cullen appearing in the late eighteenth century. Cullen defined nymphomania as "unbounded desire of venery in women", and accorded it to those disorders defined by an erroneous or defective appetite.⁹³ Erotomania was defined as "a partial insanity without dyspepsia", and listed under Melancholia—a disorder said to vary according to the specific concern of the patient.⁹⁴ This conception of erotomania appeared to echo earlier ideas about melancholy as a type of unrequited and excessive love devoid of an explicitly erotic content.⁹⁵ By the nineteenth century, this lack of eroticism was definitive to the conception of erotomania, and distinguished it from nymphomania. In *A New Medical Dictionary* (1803), author Joseph Fox described erotomania as "the melancholy of lovers", while nymphomania was "female libidinous propensity".⁹⁶ Similarly, in Bartholomew Parr's *Medical Dictionary* (1809), erotomania was "that sort of melancholy arising from disappointed love".⁹⁷ The *furor uterinus* was "an unrestrained desire for venereal enjoyment".⁹⁸

⁹² Erotic delusions were mentioned by physician Bartholomy Pardoux in his book on disease of the mind *De morbis animi* (1639), and by professor of medicine and chemistry at the University of Leiden Jerome Gaub, in an essay on the relations between mind and body in health and disease in 1763. On Gaub see, L.J. Rather, *Mind and Body in Eighteenth-century Medicine: A Study based on Jerome Gaub's 'De regimine mentis'* (Berkeley: University of California Press, 1965): 148-153, 227-229.

⁹³ William Cullen, *A Methodological System of Nosology*, trans. E. Lewis (London: Stockbridge, 1807), p.181.

⁹⁴ *Ibid.*, p.142.

⁹⁵ On early modern conceptions of melancholy see Mark Brietenberg, *Anxious Masculinity in Early Modern England* (Cambridge: Cambridge University Press, 1996) p.35-68.

⁹⁶ Joseph Fox, *A New Medical Dictionary* (London: Darton and Harvey, 1803).

⁹⁷ Bartholomew Parr, *The London Medical Dictionary* (London: J.Johnson, 1809) p.623.

⁹⁸ *Ibid.*, p.690.

In the 1810s, French alienist Jean–Etienne Dominique Esquirol (1772-1840) included erotomania within his conception of the monomanias. The monomanias were mental pathologies defined by a particular *idee fixe*. Those afflicted were said to “seize upon a false principle, which they pursue without deviating from logical reasonings, and from which they deduce legitimate consequences, which modify their affections, and the acts of their will.”⁹⁹ The cause of the monomanias could be either physical or moral, which, in causing a partial lesion of the understanding, “perverts the sentiments and actions of this class of patients.”¹⁰⁰ Such mental fixation embraced a number of obsessions, including fire (pyromania), religion (theomania), theft (kelptomania), murder (homicidal monomania) and in the case of erotomania—“the amorous sentiments”.¹⁰¹ Esquirol was influenced in his ideas by his teacher prominent French alienist Phillipe Pinel (1745-1826), whose conception of folie raisonnante proposed the idea of a type of general or partial insanity where there were no confusional states.¹⁰² In a similar vein, the monomanias were said to only involve a partial delirium because outside of their particular fixation, those afflicted could think and act quite normally.¹⁰³ For Esquirol, erotic monomania or erotomania was characterised by a person’s intense obsession with love or a loved one, and was a mental affection in which there existed a lesion of the imagination. While the exact seat of erotomania was unknown, Esquirol was convinced it was a cerebral affection which “constitutes a true alteration of the sensibility and thinking principle”.¹⁰⁴

⁹⁹ Jean E. D. Esquirol, *Mental Maladies: A Treatise on Insanity* (Philadelphia: Lea & Blanchard, 1845) p.320.

¹⁰⁰ *Ibid.*, p.328.

¹⁰¹ *Ibid.*, p.335.

¹⁰² On Phillipe Pinel see Eric Carlson, ‘The psychiatry of Phillipe Pinel’, *Bulletin of the History of Medicine* 35 (1961): 14-25.

¹⁰³ *Ibid.*, p.320.

¹⁰⁴ *Ibid.*, p.342.

Conceiving erotomania as a disorder of the mind was the basis on which Esquirol distinguished it from nymphomania, which he regarded as distinctly somatic in origin, specifically connected with some type of reproductive or genital derangement. He argued that the sentiment characterising erotomania “is in the head”, while with nymphomania “the evil originates in the organs of reproduction, whose irritation reacts upon the brain”.¹⁰⁵ Such was the distinction Esquirol perceived between the two disorders, he declared that erotomania was to nymphomania “what the ardent affections of the heart, when chaste and honourable are, in comparison with frightful libertinism”.¹⁰⁶ Esquirol regarded erotomania as a far less depraved affliction than nymphomania because those afflicted never passed the limits of propriety, rather, theirs was a “pure and often secret devotion to the object of their love”.¹⁰⁷ In contrast, “proposals the most obscene, and actions the most shameful and humiliating” were said to betray the subjects of nymphomania.¹⁰⁸ This was not an uncommon distinction. In 1828, President of the Royal College of Physicians in Edinburgh, Alexander Morison (1779-1866), also a visiting physician to various asylums and madhouses in England, declared that excessive lust “which occurs in nymphomania and satyriasis, is not a necessary feature of erotomania”. Rather, this was a disorder in which “love of a sentimental character prevails; jealousy and depression are apt to occur, and the character is timid and reserved”.¹⁰⁹

Like many, Esquirol considered the young especially susceptible to erotomania, particularly those of a nervous temperament and “lively, ardent imagination, and who are

¹⁰⁵ Ibid., p.335.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid., p.336.

¹⁰⁸ Ibid., p.335.

¹⁰⁹ Alexander Morison, *Cases of Mental Disease* (London: Longman & co., 1828) p.91.

led away by the allurements of pleasures.”¹¹⁰ Those who read romance novels were identified as highly prone to such a disorder. Esquirol’s descriptions of typical victims of erotomania were characteristic of young middle class women. This is not all that surprising. The ‘love sick girl’ was in keeping with certain norms and ideals about respectable femininity, particularly excessive sentiment and a nervous and lively temperament. The link between such ideals about femininity and erotomania continued throughout the nineteenth century. By the 1890 edition of Richard Quain’s *Dictionary of Medicine*, erotomania was defined as “an undue exaltation of that sentimentality which to some extent is a natural characteristic of female youth”. Responsibility for this disorder was accorded to the misguided education of young girls and the “sensuous tone” of much literature which “give rise to those predominant illusions which morbidly occupy the thoughts”. Such cases were said to be different from the “grosser pruriency of nymphomania”.¹¹¹

Where the conception of erotomania reinforced many of the characteristics defining respectable femininity, the discourse on nymphomania established women’s autonomous erotic desire as the distinguishing factor in the division between the virtuous and voracious, the domestic and the political, or more simply, good and bad women. Such thinking directed ideas about women’s appropriate and thus respectable sexual expression, which in turn underscored the wide array of behaviour that came to characterise nymphomania.

¹¹⁰ J.E. Esquirol, *Mental Maladies*, p.342.

¹¹¹ Richard Quain, *A Dictionary of Medicine*, Part II (London: Longmans & co., 1890) p.1425.

Defining excess

Examining the discourse on nymphomania within certain British medical texts of the early nineteenth century illustrates this disorder was ostensibly about a woman's excessive sexual desire. Yet what exactly constituted excess, or was a sign of such a state, was certainly not fixed or strictly defined. In his lengthy examination on nymphomania, London Obstetric physician Dr David Davis (1777-1841) admitted the amount of excess that constituted this disorder was a question "which our present state of knowledge does not enable us satisfactorily to solve."¹¹² Within the expansive medical classification of nymphomania, a range of behaviour was embraced much of which reflected essentially middle class expectations about woman's propriety, respectability, modesty and restraint rather than any evidence of a sexual disorder. As one physician noted about nymphomania, "the inordinate and shameless sexual desire of sexual pleasures is only one symptom which may be conjoined with others".¹¹³ Amongst the many factors considered a sign of this disorder were the more expected or inevitable, including; 'venereal excesses', masturbation, flirting, being more passionate than one's husband, expressing emotion or rage, lewd language, tearing one's clothes, the public exposure of oneself, and making indecent proposals to men. Yet there was also a host of ambiguous symptoms and behaviour, including an excessive amount of bodily heat, lascivious glances, over-adorning oneself with jewellery or perfume, talk of marriage and scandals, and inclination for the society of men. What commonality existed amongst physicians' descriptions of nymphomania lay with the sense in which the afflicted had acted 'indecently', or more accurately, in a manner antithetical to middle class sensibilities.

¹¹² David D. Davis, *The Principle and Practice of Obstetric Medicine in a series of systematic dissertations on midwifery and on the diseases of women and children. II vols* (London: Taylor & Walton, 1836) I; p.458.

¹¹³ 'Review of Madame Boivin's "Practical Treatise on the diseases of the womb and its appendages"', *Edinburgh Medical and Surgical Journal* 40 (1833): 389.

Edinburgh physician Alexander Morison described a case of a woman aged 46 whose “indecenty” was said to amount to nymphomania whose “state of mental derangement” lasted for twelve months.¹¹⁴ The woman’s “great propensity to sexual connection” which was ascertained from the fact that “she seizes every person within her reach, and wantonly clings to them with her utmost strength, which is very great” was crucial to her disorder being identified as nymphomania.¹¹⁵ In his posthumously published *A Practical Compendium of Midwifery* (1831), Physician to the Westminster Lying-in Hospital and lecturer on midwifery at St Bartholemews, Robert Gooch (1784-1830) described how women with nymphomania are troubled by “an inordinate desire for venery”. Gooch noted that country girls were less liable to such a complaint as they were more chaste than those living in the towns.¹¹⁶ He cited the case of one woman he had attended who was obviously affected by nymphomania because whilst “brought up virtuously and hitherto been well disposed” she now could not pass a man without experiencing “those sensations which were alone her husband’s right”.¹¹⁷ In the 1839 edition of Robert Hooper’s medical dictionary, the presence of this disorder was defined by “the wanton behaviour of the female” who “speaks and acts with unrestrained obscenity and as the disorder increases, she scolds, cries and laughs by turns”.¹¹⁸ Similarly, in his obstetric manual, Physician-Accoucheur to St Mary’s Hospital and lecturer at its medical school, William Tyler-Smith (1815-1873) claimed obscene language that “constantly turns upon sexual matters” was an obvious sign of nymphomania. This was especially the case when

¹¹⁴ A. Morison, *Cases of Mental Disease*, p.94-95.

¹¹⁵ Ibid.

¹¹⁶ Robert Gooch, *A Practical Compendium of Midwifery* prepared for publishing by George Skinner (London: Longman & co., 1831) p.40.

¹¹⁷ Ibid., p.41.

¹¹⁸ Robert Hooper, *Lexicon medicum; or medical dictionary*; 7th edition (London: Longman & co., 1839) p.941.

“delicate ladies use language which it would be thought impossible they could ever have had the opportunity of hearing”.¹¹⁹

The belief that ‘indecent’ behaviour was evidence of nymphomania reflects the way in which expectations about woman’s propriety and virtue had become entrenched within conceptions of female normalcy. It also illustrates how the idea of nymphomania as a ‘social deviation’ identified in Bienville’s work, had become commonplace by the nineteenth century. Yet the relationship between certain class based ideals about woman and definitions of disorder was not exceptional to the diagnosis of nymphomania. This was typical of a great deal of early nineteenth century medical thinking on disordered behaviour. Within the medical domain, defying social convention was not simply regarded as an act of transgression. Rather, it was perceived as abnormal, and the sign of some physical disorder.

Such thinking underlay the conception of moral insanity whose greatest proponent in England was James Cowles Prichard (1786-1848), a renowned ethnologist and alienist in Britain who was also a founding member of the Association of Medical Officers of Hospitals for the Insane and occupied various lunacy commissioner positions.¹²⁰ Building on the work of Phillipe Pinel, especially his ideas on partial delirium, Prichard argued that disordered conduct alone constituted a type of mental affliction or “madness without delirium”, even when no other signs of alienation existed.¹²¹ In *A Treatise on*

¹¹⁹ William Tyler-Smith, *A Manual of Obstetrics: theoretical and practical* (London: John Churchill, 1858) p.493.

¹²⁰ Janet Oppenheim, “*Shattered Nerves*”: *Doctors, Patients, and Depression in Victorian England* (Oxford: Oxford University Press, 1991) p.48. On Prichard’s concept of moral insanity see G.E.Berrios, ‘J.C. Prichard and the concept of moral insanity’, *History of Psychiatry* 10 (1999): 111-126.

¹²¹ James C. Prichard, *A Treatise on Insanity and other Disorders affecting the Mind* (London: Sherwood, Gilbert & Piper, 1835) p.5.

Insanity (1835) Pritchard wrote moral insanity could be identified in “morbid perversion of the feelings, affections, and active powers, without any illusion or erroneous conviction impressed upon the understanding”.¹²² The conception of moral insanity medically accounted for a range of inappropriate behaviour, including excesses of passions and emotion. Pritchard argued that for a woman “of good breeding” to exhibit “without reserve unbecoming feelings and trains of thought”, and to be “preoccupied by carnal relations”, was only comprehensible in terms of pathology and as evidence of a disorder.¹²³ For Pritchard, a “want of self-government” was crucial to the aetiological conception of much antithetical behaviour.¹²⁴ An individual’s capacity for control, understood as it was in physiological terms, was the key to explaining their mental health and adherence to social convention. This adaptable diagnosis lent itself to numerous contexts and was to an extent, a ‘safe’ form of disorder, which perhaps accounts for its popularity amongst various asylums catering to a wealthier clientele.¹²⁵

The pathologisation of contrary behaviour was common to the logic underlying both moral insanity and the nymphomania diagnosis. However, Pritchard did not consider these disorders the same phenomena. He was adamant that an “excessive intensity of any passion” was “disorder” only “in a moral sense”, and did not “so clearly constitute madness as the irregular and perverted manifestation of desires”.¹²⁶ Pritchard noted that nymphomania was one of a series of “compound epithets” invented by medical writers

¹²² Ibid.

¹²³ Ibid., p.17-21.

¹²⁴ Ibid., p.19.

¹²⁵ Between 1839-1843 up to one third of admissions to the prestigious Ticehurst Asylum in England were entered in the case books as moral insanity. On this see, Trevor Turner, *A Diagnostic analysis of the casebooks of Ticehurst House Asylum, 1845-1890* (Cambridge: Cambridge University Press, 1992). On this institution see Charlotte Mackenzie, *Psychiatry for the Rich: A History of Ticehurst private Asylum* (London: Routledge, 1992).

¹²⁶ J.C. Pritchard, *A Treatise on Insanity*, p.25.

“for the purpose of affording names to such states of the mind and its affections”.¹²⁷ Yet unlike moral insanity, he rejected the idea that such a disorder was a mental affliction. Rather, like others before him, he regarded this disorder as linked to the physical feelings and dependent upon “certain states of the constitution”¹²⁸—which, as shall be shown, was the understanding of nymphomania that prevailed for most of the nineteenth century.

By the early decades of the nineteenth century then, nymphomania continued to be understood as a disorder defined by a woman’s excessive erotic desire. Yet the way in which such excess was defined represents not only a shift in the definition of nymphomania, but the impact of wider social events on medical thinking. Although changing societal expectations about woman altered exactly what constituted excess, and thus the diagnosis of nymphomania, the range of behaviour considered evidence of the disorder was always posited as the product of female bodily dysfunction and not a willed act. Different physicians offered up different causes to account for a woman’s excessive erotic desire and its various manifestations, yet as the next chapter will show, all subscribed to a view of the deeply somatic origins of such disorder.

By the time Victoria took the throne in 1837, the model and image of womanhood propounded by the respectable classes was explicitly domestic, moral, familial, and one in which female sexuality was decidedly reproductive. Women were encouraged to be dutiful and virtuous wives stimulating similar values in their husband’s and fulfilling their highest and greatest vocation—motherhood. Victoria herself was eventually to be exalted as the ultimate icon and symbol of the femininity and familial fidelity implicit in the vision of society. The women of England were encouraged to model their lives on their Queen, and as devoted mothers and wives, could also rule over their own ‘Empire’

¹²⁷ Ibid.

and acquire the same type of adoration and respect.¹²⁹ Obviously, this does not necessarily mean women did not continue to enjoy high levels of sexual pleasure or sexual fulfilment. Indeed, just as Victoria was the epitome of ideals about women's maternal role and moral virtue, she is also believed to have been a woman in a very loving and sensual relationship with her husband. In fact, in her image and identity as both powerful ruler and powerless mother and wife, Victoria eventually embodied the contradictions surrounding women during the nineteenth century.

Despite what may have gone on behind closed doors, the dominant cultural rhetoric of the nineteenth century, shaped as it was by the values of an authoritative middle class, emphasised that erotic passion and ardent sexual desire was not an aspect of any respectable woman's identity or image. Moreover, any concept of a woman's autonomous sexual desire was replaced by the expectation that she was dependent on her husband to arouse and satisfy her. A woman's erotic interests would be fulfilled to the measure in which she visibly subordinated them to her husband's will. In *Woman Physiologically Considered* (1839), Scottish physiologist Alexander Walker (1779-1852) affirmed that woman "governs man by the seduction of her manners, by captivating his imagination, and by engaging his affections. She ensures the assumption and some of the terms of power by reserving to herself the right of yielding".¹³⁰ A woman's appropriate sexual response was thus understood as abandonment to her husband. Desire was a

¹²⁸ Ibid.

¹²⁹ In his lecture 'Of Queen's Gardens' delivered at the Manchester Town Hall in 1864, John Ruskin declared that women must always be "queens to your husbands and your sons; queens of higher mystery to the world beyond; which bows itself, and will forever bow, before the myrtle crown, and the stainless sceptre of womanhood". The lecture was revised and enlarged in Ruskin's, *Sesame and Lilies* (1871). See John Ruskin, *Sesame and Lilies*, ed. Deborah Epstein Nord (New Haven: Yale University Press, 2002) p.69.

¹³⁰ Alexander Walker, *Woman Physiologically Considered as to Mind, Morals, Marriage, Matrimonial slavery, Infidelity and Divorce* (London: A.H.Bally & co., 1839) p.86.

masculine noun. A woman's 'desire' was to be a desiring object, ensuring the active sexuality of her husband, and the reproduction of the species. Female sexuality was thus not altogether denied in the nineteenth century. Instead, expectations about women's greater virtue, altruism, restraint and moral influence were extended to their sexual subjectivity which effectively worked to contain it. Yet despite the increasing penetration and hegemony of respectability, morality, and probity within the nineteenth-century English consciousness, beliefs about the potential of women's erotic desire (and its threat), did not dissipate. In fact, female sexuality, like the female body, continued to be viewed as unruly and prone to disorder.

Chapter Three

Women and Nineteenth Century Medical Discourse: *Conceiving the Disordered Sex*

“The structure of woman is altogether more delicate than that of man; her functions are much more easily disturbed – exposure and privation are not so readily borne. All such facts, when taken into consideration with her much more delicate frame, merely support and strengthen the tenet already expressed, that nature has prescribed for her a life of ease and comparative inactivity... She possesses, on account of her greater sensitivity, a power of rapid discernment founded not upon reason – for often when questioned she cannot possibly offer any explanation which can be considered in keeping with her conclusions or actions. Sentiment guides her, although not always rightly, still commonly, in her actions, and renders her in consequence impulsive.” James Oliver, ‘Woman physically and ethically considered’, 1889.¹

By the nineteenth century, nymphomania was an established disorder marked by a wide array of behaviours. As the previous chapter outlined, shifting ideas about respectable womanhood directed conceptions of what was defined as acceptable and abnormal behaviour for women. The range of conduct embraced by the nymphomania diagnosis was often that which transgressed middle-class expectations of women’s decency, including their greater modesty, virtue, and restraint. As such, nymphomania is a disorder that reflects the extent to which certain class and gendered ideals of the nineteenth century directed medical conceptions of women’s normal behaviour and the pathologisation of its antithesis. Given this nexus between social expectations and what was deemed evidence of nymphomania, it is fair to suggest this disorder acted as a mechanism of control by limiting women’s sexual expression. Declaring certain conduct the sign of a disorder and the subsequent stigma associated with such pathologising would, inevitably, contribute both to the belief that such conduct was abnormal, and to some women’s compliance with certain social norms. Although this work accepts such an assessment of the conception of nymphomania, it also seeks greater complexity in understanding this disorder and its place in nineteenth century medical discourse.

¹ James Oliver, ‘Woman physically and ethically considered’, *Liverpool Medico-Chirurgical Journal* 9 (1889): 219-226; p.223-224.

While both nymphomania and erotomania were attributed to women's potential for excess, nymphomania was attributed to various somatic causes. In *The Principles and Practice of Obstetric Medicine* (1836), professor of Obstetric Medicine at University College London, Dr David Davis described erotomania as simply the "madness of love" attributable to "the sickly and melancholy sport of a frenzied imagination having a department of the mind's active powers".² In contrast, nymphomania constituted a disorder of the sexual appetite and was a "disease of the grosser sexual passion". It was not a pathology of the mind so much as it was a "physical malady".³ This conception of nymphomania meant that the range of behaviour considered evidence of the disorder was always posited as the product of female bodily dysfunction. Ascribing the types of social deviation considered characteristic of nymphomania to the female body effectively posited such behaviour as beyond a woman's control, and thus, not the result of a conscious decision. This supported the view of woman as inherently inferior. Just as importantly, it provided further support to the idea that women's continuous attention and adherence to their virtue and modesty was the best means by which they could hope to prevent such an affliction. Yet to suggest the nymphomania diagnosis sought only to control women is actually problematised by the somatic framework through which physicians explained the aberrant impulses and behaviour characterising this disorder. Nymphomania was not confined to a specific set of symptoms or conduct, but understood as a bodily state of overexcitement. The body was central to nineteenth century physicians' understanding of a woman's insatiable sexual desire. Behaviour deemed evidence of the disorder was taken as the 'sign' alerting the physician to a deeper problem.

This chapter explores the way conceptions of the female body directed nineteenth century physicians' ideas about women's sexual body, erotic desire, and its excess. Like the previous chapter it continues examining the 'modern' conception of nymphomania. It focuses more closely on the causal significance accorded woman's reproductive body in the conception of their excess. For much of the nineteenth century, physicians' understanding of nymphomania was inherently gynaecological. This chapter firstly traces the consolidation and institutionalisation of the gynaecological discourse in order to

² David D. Davis, *The Principle and Practice of Obstetric Medicine in a series of systematic dissertations on midwifery and on the diseases of women and children. II vols.* (London: Taylor & Walton, 1836) p.460.

³ Ibid.

situate its increasing authority within nineteenth-century British medical thinking. The influence of the gynaecological approach meant physicians accorded enormous responsibility to the organs and functions of the female body, not just in cases of nymphomania, but in a host of women's disorders and afflictions. This chapter argues such biological determinism effectively reduced all women to a body inherently prone to disorder. In regards to nymphomania, this unsettles the idea that it constituted a complete aberration for women. This chapter argues that while the somatic conception of nymphomania may have provided further reason for women's restraint, the 'ideological intentions' of this disorder are not as straightforward as they may first appear. Rather, its conception as a somatic disorder presented as much of a challenge to as it did support for many of the ideals and expectations of woman on which the gendered social order rested.

The science of femininity

Before 1800, gynaecology, or the treatment of women's specific afflictions, was the domain of physicians, surgeons, apothecaries and midwives. Changes in midwifery during the eighteenth century were particularly important to the development of gynaecology in England as an established practice of specialised male practitioners. While Adrian Wilson argues it is inaccurate to suggest this large influx of male physicians gained "instant hegemony", by the 1750s dramatic changes had certainly taken place in what was traditionally considered a female domain.⁴ A number of factors have been proposed by historians to account for the growing authority and institutionalisation of male midwifery.⁵ A large part of the encroachment of these practitioners is attributable to the ascension of rationalist scientific discourse. Armed with enlightened scientific methods and instruments, these men asserted their authority,

⁴ Adrian Wilson, *The Making of Man Midwifery* (London: University College Press, 1995) p.191.

⁵ Thomas Forbes, 'The Regulations of English Midwives in the Eighteenth and Nineteenth Centuries' *Medical History* 15 (1971): 352-354; Jean Donnison, *Midwives and Medical Men: a History of Inter-Professional Rivalries and Women's Rights* (London: Heinemann, 1977); Roy Porter, 'A Touch of Danger: The Man Midwife as Sexual Predator', in R.Porter & G.S. Rousseau (eds.), *Sexual Underworlds of the Enlightenment* (Manchester: Manchester University Press, 1987): 206-231; Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England 1800-1929* (Cambridge: Cambridge University Press, 1990); A.Wilson, *The Making of Man Midwifery*; Lisa Forman-Cody, 'The Politics of Reproduction: From Midwives' Alternative Public Sphere to The Public Spectacle of Man Midwifery', *Eighteenth Century Studies* 32/4, (1999): 477-495.

legitimacy, and the superiority of their methods.⁶ At a time when high levels of infant and maternal death were causing growing alarm, the contrast between the ‘clinical’ approach of these men and the older rituals of the female practitioner inevitably contributed to the view of the latter’s outdated and potentially dangerous practices.⁷ Anxiety about such mortality was part of a wider concern about the health of the population, especially the potential labour force.⁸ In an era of increasing industrialisation, much importance and authority was inevitably accorded a medical practice proclaiming itself a ‘science’ on which “the lives and happiness of millions must depend”.⁹

Population concerns not only facilitated the dominance of men midwives over the birthing process, but also played a decisive role in extending their authority to the care of the whole female reproductive body. From the second half of the eighteenth century, the general health care of all women was promoted as an important aspect of the preservation and production of life. Afflictions and disorders incidental to women and adolescent girls became a crucial aspect of the domain of male midwifery.¹⁰ As Alexandra Lord notes, such treatment provided men midwives an “unparalleled opportunity” to extend their practice beyond the field of obstetrics “and thus to better their status”.¹¹ The female body came under the control of men who possessed knowledge of its anatomy and physiology, which in turn established gynaecology as a male dominated field. The authority of these physicians extended to aspects of women’s lives connected to their sexual functions and behaviour, including the decision of such judicial matters as rape, abortion, illegitimacy, and infanticide. The word ‘gynaecology’ is said to have first appeared in a treatise in which various sex problems were examined from a medical, social, and legal angle. Dresden physician Martin Schuring uses the term in his *Gynaecologia* (1730) in which he discusses nymphomania, chastity, lesbianism and other medico-legal implications of

⁶ For evidence of such attitudes see William Cadogan, *An Essay on the Management of Children, from their Birth to Three Years of Age*, 6th ed., (London:, The Foundling Hospital, 1753). Cadogan claimed the care of children should become the concern “of men of sense”. Ibid., p.3.

⁷ O.Moscucci, *The Science of Woman*, p.12.

⁸ Ibid., p.11.

⁹ As prominent practitioner William Hunter declared in *Anatomy of the Gravid Uterus* (1774,) for this quote and discussion on Hunter see L. Forman-Cody, ‘The Politics of Reproduction’, p.485.

¹⁰ Alexandra Lord, “‘The Great Arcana of the Deity’ Menstruation and Menstrual Disorders in Eighteenth-Century British Medical Thought’, *Bulletin of the History of Medicine* 73/1 (1999): 38-63; p.49.

¹¹ Ibid., p.39.

women's sexual behaviour.¹² From its very inception then, 'the science of woman' was not just concerned with the female body, but constituted an authoritative discourse on the nature of femininity. As such, it played a determining role in conflating what was deemed healthy behaviour for women with the dominant view of what was considered appropriate.

Developments in teaching at the university level, along with the instigation of lying-in wards in 1739 and then hospitals from 1752, were crucial to the expansion and institutionalisation of male midwifery and gynaecology.¹³ The theories and ideas propounded by elite practitioners such as John Leake, Thomas Denman, Thomas Young (d.1783) Alexander Hamilton (1739-1802), and William Hunter (1718-1783) had a direct influence on the development of obstetric and gynaecological knowledge. Teaching was a lucrative business. Thomas Denman reported that his lectures alone brought him one hundred and fifty pounds a year, on top of what he earned from his hospital teaching and the six or more pupils who lived in his house.¹⁴ Along with their teaching, these men published extensively on obstetrics and related disorders. Over time, more and more practitioners read these gynaecological works, ensuring the successful reproduction of their ideas and attitudes about womanhood and the female body. This type of thinking, and the writing of such texts on woman's afflictions, continued on an unprecedented scale in the nineteenth century. Such was the increasing legitimacy accorded these texts the English medical journal *Lancet* declared in 1846 that to write a book on the diseases of women had become "one of the commonest modes of cutting a reputation in medicine."¹⁵

The complex history of English gynaecology has been dealt with extensively elsewhere.¹⁶ For the purposes of this chapter it is important merely to note by the

¹² O. Moscucci, *The Science of Woman*, p.13.

¹³ The emergence of charity hospitals particularly lying-in wards initiated by leading man midwife Sir Richard Manningham in 1739, and then specific lying-in hospitals the first of which was established in 1752, gave men midwives increased access to deliveries while contributing to the 'medical aura' surrounding childbirth. On this see A. Wilson, *The Making of Man Midwifery*, p.153.

¹⁴ On this see J.M. Munro et al., (eds.), *Historical Review of British Obstetrics and Gynaecology*, 1800-1950 (London: E & S Livingstone, 1954) p.295.

¹⁵ 'Modes of Obtaining Eminence in the Profession', *Lancet*, 1 (1846): 132-143; p.133.

¹⁶ See James V. Ricci, *The Genealogy of Gynaecology: History of the Development of Gynaecology Throughout the Ages* (Philadelphia: The Blackiston Co., 1943), *One Hundred Years of Gynaecology 1800-*

nineteenth century there was a fairly uniform body of writing with a specific approach to and understanding of the female body. Taken as a whole, this scholarship constituted 'the gynaecological discourse' whose authority in nineteenth century medical thinking not only legitimised the role and specialist status of a number of physicians, but also the assumption that women's bodies were pathological. Many physicians and surgeons objected to the separation of women's afflictions from more general medicine and actively sought to deny institutionalising such a practice. Yet this did not seem to detract from the influence of the gynaecological approach to the female body. In fact, during the nineteenth century most British medical authorities subscribed to the belief in woman's inherent disturbance.

Some historians suggest the ascension of the role of the nerves in later eighteenth century conceptions of women's disorder saw the decline of the primary causality accorded the reproductive body.¹⁷ Yet as the previous chapter showed, physicians never abandoned the influence attributed to women's reproductive system, and with the formal institutionalisation of gynaecology this approach simply assumed greater authority. What did alter over time were the frameworks through which physicians accounted for the influence of the female body in a woman's health and disorder. The clitoris remained an important aspect to the aetiological and pathological nature of a woman's excessive erotic desire, and its significance, especially in regard to masturbation, will be examined in the following chapter. Important to this chapter is exactly how physicians accounted for the role of a woman's sexual system in her nymphomania. Physicians explained the effects of woman's body via two credible systems of meaning: the vascular system, especially the process of menstruation; and the nervous system, specifically the workings of the reflex nerves. While this chapter will deal with each of these explanatory schemes in turn, together they reinforced the view that nymphomania was an inherently somatic affliction, and woman was subject to a body prone to such disorder.

1900 (Philadelphia: The Blackiston Co., 1945); William R. Winterton, 'The story of the London gynaecological Hospitals', *Proceedings of the Royal Society of Medicine* 54 (1961): 191-198; O. Moscucci, *The Science of Woman*; A. Wilson, *The Making of Man Midwifery*.

¹⁷ Mark Micale, *Approaching Hysteria: Disease and its Interpretation* (Princeton: Princeton University Press, 1995); 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.

The disordered sex

The proliferation of gynaecological works that emerged over the course of the nineteenth century were premised on the assumption that the female body was inherently dysfunctional. They suggest knowledge of women's 'special physiology' effectively meant becoming conversant with the variety of its disorders. Continual references to women as ill and diseased reflects the extent to which women were perceived as so debilitated by their physiology and the sense in which it was considered coterminous with pathology. Prominent obstetric physician Robert Barnes (1817-1907) declared with regard to the female body, there was "no proper boundary between physiology and pathology".¹⁸

Within the gynaecological discourse woman's generative system was regarded as the principal cause of almost all her afflictions. Any number of women's ailments and disorders from the physical to the emotional, were considered specifically reproductive in origin. Such was the belief in the domineering influence of the uterine system, physician George Tate declared "no single system escapes; nor is there any organ, or function of an organ, that may not be thrown into irregular and unnatural action".¹⁹ An 1852 report in *The Royal Medical and Chirurgical Society* reflects the extent to which the conception and treatment of women's afflictions was always directed to the function and condition of the reproductive system. It noted that the custom at the St George Hospital was to examine the condition of the uterus and ovaries of *all* women who died in the hospital "whatever might have been the considered cause of death".²⁰ Evidence of this type of reproductive determinism can be found throughout a wide array of general medical journals, as well as textbooks dealing specifically with 'women's diseases'.²¹ The causal significance accorded the female reproductive body extended to those afflictions of a sexual nature. This was not only because of the dominating influence woman's

¹⁸ Robert Barnes, 'Women, diseases of' in Richard Quain (ed.), *A Dictionary of Medicine: Including General Pathology, General Therapeutics, Hygiene, and the Diseases Peculiar to women and Children*. 2 vols., (London: Longman &co., 1882) 2; p.1890.

¹⁹ George Tate, *A Treatise on Hysteria* (London: S.Highley, 1830) p.127.

²⁰ 'Report of the St George Hospital', *Medical Times and Gazette* 4 (1852): 146.

²¹ In 1855 in *Medical Times and Gazette*, President of the Obstetrical society of London Dr Edward Rigby (1804-1860), declared "there are few affections of the general health in a female in which the generative system is not more or less affected or involved". Edward Rigby 'Presidential Address', *Medical Times and Gazette* 2 (1855): 315.

generative system was said to have over all her thoughts and actions, but also because these organs were believed to be the source of woman's sexual desire.

Conceptions of women's sexual desire can be discerned in early debates on the effects of certain surgical procedures. Discussion surrounding ovariectomies and hysterectomies are particularly insightful because these procedures removed the organs believed to be the source of women's sexual feelings. In 1827, English physiologist and lecturer on anatomy Dr Herbert Mayo (1796-1852), described the ovaries as "essential" to woman's sexual desire because evidence showed that "on their removal the sexual passion is entirely destroyed".²² He argued that if the "obliteration" takes place at the vagina, the sexual appetite remains unaffected, but "should the fallopian tubes be the parts divided, desire appears to be lost".²³ Obstetric lecturer at London's Guy's Hospital Dr James Blundell (1790-1878) rejected the claim that removal of the uterus destroyed women's sexual appetite, citing a case in which "strong sexual desire remained".²⁴ Blundell admitted he could not be as certain about the effect of an ovariectomy. Yorkshire physician and later Professor of Medicine at Edinburgh, Thomas Laycock (1812-1876) was another who also warned that on removal of the ovaries a woman not only lost her sexual desire, but certain feminine characteristics were "annihilated", and as a result "the individual approaches in form to the opposite sex".²⁵

In accounting for the origin of women's sexual desire many physicians accorded primary causality to the uterus. Such thinking led some to be baffled by those cases where sexual sensations remained despite the absence or removal of the organ. In the *London and Edinburgh Journal of Medical Science* of 1842, one physician remarked that in the case of a thirty year old patient the only "remarkable circumstance" about her absent uterus was the fact that "the woman had as much venereal appetite as is usual".²⁶ Similarly, in the *Medical Times and Gazette* of 1852, a case was reported of two women aged forty-eight, neither of whom had ever menstruated. The women were considered a notable

²² Herbert Mayo, *Outlines of Human Physiology* (London: Burgess and Hill, 1827) p.361.

²³ *Ibid.*, p.370.

²⁴ James Blundell, *Observations on Some of the More Important Diseases of Women* (London: printed for E.Cox, 1837) p.231.

²⁵ Thomas Laycock, *A Treatise on the Nervous Diseases of Women; comprising an inquiry into the nature, causes, and treatment of spinal and hysterical disorders* (London: Longman & co., 1840) p.10-11.

²⁶ M. Cramer, 'Case of Absence of the uterus', *London and Edinburgh Monthly Journal of Medical Science* 2 (1842) p.596.

medical peculiarity for despite the obvious imperfections of their internal system, both declared the presence of a healthy sexual desire.²⁷ Physicians considered the reproductive system essential to woman's sexual desire, although there was obviously much discrepancy as to exactly which organ was regarded as the ultimate source. Yet physicians did not seem deterred by the obvious degree of confusion or ambiguity amongst them. Moreover, even when the evidence presented directly challenged their deeply organic conceptions, they continued to assert the primary role of the reproductive organs, dismissing such cases as simply strange anomalies.

Physicians' adherence to biologically determined beliefs about the source of women's sexual desire can be linked to the strictly reproductive terms by which they perceived female sexuality.²⁸ The heightened degree of symbolism accorded women's maternal and moral image over the turn of the nineteenth century reinforced a normative subjectivity for women that actually came to be imagined and presented in opposition to their individualism and erotic desire. The valorisation of women's maternal feelings functioned in a manner that replaced or repressed the language of women's active sexuality.²⁹ Women's healthy sexual desire was contained within a limited procreative context in which its presence, if acknowledged at all, was taken as a woman's expression of her want of a child. Within the medical domain this meant woman's sexual body was viewed in terms of her child bearing role in which the purpose of her sexuality, and thus the source of her sexual desire, were entirely defined by her procreative function. While evidence suggests the limitations of this conception did present themselves to physicians, this did not lead to a questioning of such ideas. Lecturer on midwifery at Guy's Hospital, Dr Henry Oldham (1826-1925) who was the attending physician to the case described in the *Medical Times and Gazette*, declared that despite the presence of sexual desire no

²⁷ 'Non-menstruation', *Medical Times and Gazette* (1852): 312.

²⁸ For further discussion of this see Ruth Perry, 'Colonizing the Breast: Sexuality and Maternity in Eighteenth-century England', *Journal of the History of Sexuality* 2 (1991-1992): 204-234; Jill Matus, *Unstable Bodies: Victorian Representations of Sexuality and Maternity* (Manchester: Manchester University Press, 1995); Angus McLaren, *Birth Control in Nineteenth-century England* (London: Croomhelm, 1978); various essays in Ann Sumner Holmes & Claudia Nelson, (eds.), *Maternal Instincts: Visions of Motherhood and Sexuality in Britain, 1875-1925* (London: Macmillan, 1997).

²⁹ Ruth Perry argues the maternal instinct was "counter to sexual feeling, opposing alike individual expression, desire, and agency in favor of a mother-self at the service of the family and the state", 'Colonising the Breast', p.209.

woman who could not have children was “constitutionally fit for marriage”.³⁰ While such cases challenged medical conceptions of the exact origin of women’s sexual desire, Oldham’s assertion suggests they presented just as great a threat to the dominant conflation between women’s sexual desires and their procreative role.

Given nymphomania was considered a disorder of female sexual desire it was inevitable that it too would be conceived in such organic terms. Moreover, the different ideas physicians had with regard to the ultimate source of women’s sexual desire also arose in terms of exactly which organ they posited as the cause of nymphomania. Dr David Davis defined nymphomania as “a morbidly intense venereal desire” which he attributed to an “affection of some part of the uterine system”.³¹ Davis regarded the organs of woman’s sexual system as not only directly linked to her sexual desire, but exerting a powerful influence over her thoughts and actions. Disease or dysfunction in these organs was thus a primary causative factor in a disorder such as nymphomania, characterised as it was by woman’s loss of control, and aberrant, obsessive conduct. Davis claimed “morbid actions of one or more of the constituent organs of the genital system” explained why women “of previously perfect modest lives and conversation” became “the subjects of strong venereal propensities, which they do not always find it possible to conceal”.³² In his lengthy examination of nymphomania, Davis accorded significance to the causal role played by functional disturbances in the uterus, ovaries, and fallopian tubes. He listed various post mortem results, including uterine tumours, ovarian cysts, and chronic diseased states of the uterus and its appendages, which he felt demonstrated the cause of excessive venereal tendencies in such cases. One example was the case of ‘Mrs M’ aged 74 whose “violent nymphomania” produced transient paralysis and imbecility, and whose post mortem revealed disease in the uterus, three cysts in the cervix, and a tumour at the os uteri. Davis claimed this case was interesting “in showing a state of the uterus which was no doubt chiefly instrumental in determining the character of the mental disease”.³³ He listed other symptoms decisive for detecting this disorder, including a sardonic laugh, protuberant nipples, plump and full mammae, constant pruritus, and itching the genitals.³⁴

³⁰ ‘Non-menstruation’, *Medical Times and Gazette*, (1852): 312.

³¹ David Davis, *The Principles and Practice of Obstetric Medicine*, p.444-445.

³² *Ibid.*, p.454.

³³ *Ibid.*, p.455-456.

³⁴ *Ibid.*

The causality Davis and other physicians accord the reproductive system in accounting for nymphomania is representative of much discussion of the disorder by English medical authorities in the first half of the nineteenth century. In 1839 for instance, senior physician at London's Metropolitan Free Hospital, Michael Ryan (1800-1841) wrote that when nymphomania proves fatal, "the vagina or neck of the uterus is often found highly inflamed, of a violent colour and sometimes gangrenous."³⁵ Ryan attributed such pathological states to the quantity of blood directed to "the parts" which was itself a product of "natural or other excitement."³⁶ Ryan also noted that diseased ovaries were often found in the bodies of those who die of nymphomania or excessive venery. This attention to various organs and numerous pathological states, however seemingly unrelated, reflects the extent to which disease in the reproductive organs could and did account for a wide array of disorder. It also points to physicians' lack of uniformity or even certainty about the exact aetiology of nymphomania. Like many other female afflictions, the only fact on which physicians seemed certain about nymphomania was that it stemmed from women's 'special' corporeality.

Differences and confusion regarding the aetiology of women's sexual desire and as such, nymphomania, continued over the course of the first half of the nineteenth century. Interesting to note is the fact that not only were physicians directing their attention to the reproductive body of woman in their conceptions of her desire and its disorder, but they were also looking at the causal role of organs other than the uterus. As previous chapters have outlined, for centuries the womb dominated medical discussion about woman, especially her many disorders. The role of the clitoris shifted the causality accorded the womb in a woman's excessive desire and played a fundamental role in the specific nature of this disorder. As future chapters will show, by the nineteenth century the role of the clitoris had not been discarded. However, during the first half of the century, the impact of gynaecological thinking meant physicians were yet again preoccupied by the role of the reproductive organs in woman's health and disorder. Yet the concern was no longer simply with the uterus. Indeed, many physicians began to lament such a narrow focus. As one physician declared, "this simple, passive, accommodating organ, has had more importance attached to it than has fallen to the share of all the other organs taken

³⁵ Michael Ryan, *Prostitution in London with a Comparative view of that of Paris and New York* (London: H.Bailliere, 1839) p.374.

³⁶ Ibid.

together”.³⁷ Gradually, new ideas about the functioning of the ovaries saw ovarian thinking dominate nineteenth century medical views about woman. Physicians declared the ovaries the symbol and source of womanhood, often simply transferring their singular focus from the uterus to these organs. Lecturer and physician at St Bartholomews, Charles West (1816-1898) claimed the ovaries as “the grand organs of sexual activity in the female” which defined her as woman and significantly, as different.³⁸ Somewhat inevitably, these organs became “the nucleus of gynaecological science and the source of gynaecological practice” to which many physicians turned their attention in discussions of a woman’s erotic desire and its excess.³⁹

The increasing casual significance the ovaries assumed in medical thinking altered conceptions of women’s specific disorders and afflictions, including nymphomania. In 1836 the *Lancet* reproduced a lecture delivered that year by French physiologist Francois Magendie (1783-1855) which reflects the importance accorded the ovaries in accounts of female sexual disorder. Renowned in Britain for his controversial vivisectionist experiments and disputes with Charles Bell, Magendie’s lecture was concerned with a young patient said to have died whilst “labouring under nymphomania”.⁴⁰ He considered this a most curious case because the twelve year-old whose indecent behaviour was said to have made her an object of horror to her family and friends, acquired “this distressing disease” before puberty.⁴¹ The physiological explanation for the girl’s unbecoming actions that led to the nymphomania diagnosis formed the subject matter of Magendie’s lecture. In outlining the possible causes for the girl’s affliction, Magendie acknowledged how this “terrible disease” occupied the attention of several writers, all of whom put forward a variety of theories to account for its presence. He noted how some placed the seat of nymphomania in the uterus, others in the clitoris, and even some in the cerebellum. In his

³⁷ M.A.Fogo, ‘On the Degree of Importance which should be attached to the function of the Uterus in regard to Health’, *Edinburgh Medical and Surgical Journal* (1810): 176.

³⁸ Charles West, *Lecture on the Diseases of Women*, 3rd ed. (London: John Churchill & sons., 1864) p.5.

³⁹ Thomas Spencer-Wells, ‘Castration in Nervous Diseases’, *American Journal of the Medical Sciences* no.92, (1886): 455-471; p.463. A Physician and surgeon Wells recollected years later how “the morbid structural changes, displacements, and accidents” of the ovaries were “the arena of (gynaecology’s) operators”. Ibid.

⁴⁰ Francois Magendie, ‘Lectures on the Physiology of the Nervous System’, *Lancet*, 2 (1836): 463-476. On Magendie see Gillian Rice, ‘The Bell-Magendie-Walker Controversy’, *Medical History* 31 (1987): 190-200.

⁴¹ Francois Magendie, ‘Lectures on the Physiology of the Nervous System’, p.463.

own attempts to ascertain the primary causative factor, Magendie was unable to detect a source of irritation in the genitals. He found the clitoris “curiously in a state of perfect integrity” the organ being “scarcely developed”.⁴² Similarly, the uterus was “undersized” and showed no evidence of profusion.⁴³ Magendie did identify a deviation from what was regarded as the normal state of the ovaries, and he suggested this evidence alone provided the most acceptable explanation for the young girl’s nymphomania.

For Magendie, evidence of structural abnormalities in the ovaries legitimately accounted for a girl’s insatiable erotic desire without need for any further explanation. Other physicians expressed similar views regarding the state of the ovaries and their effects. English Physician Edward John Tilt (1815-1893) believed any sort of apparent disorder in these organs could account for strong erotic desires that would “otherwise lie dormant”.⁴⁴ He argued that the presence of such feelings could be expected “as symptoms of congestion, irritation, and subacute inflammation of the ovaries”.⁴⁵ Not all physicians regarded the condition of the ovaries alone as the only explanation for a woman’s excessive sexual desire. In fact, many believed the role of these organs in women’s various reproductive cycles and functions as far more decisive.

Woman’s sexual periodicity

Up to the early 1840s, physicians regarded menstruation as a necessary cleansing of the female body’s accumulated ‘plethora’.⁴⁶ In *Treatise on Female Diseases* (1775), Henry Manning claimed woman was subject to a “daily accumulation of superfluous blood”. This superfluity increased to such a degree, “as to greatly oppress the whole vascular system, and thereby give rise to a great variety of complaints, unless it is occasionally evacuated by some outlet or other. But nature has wisely provided against these inconveniences by means of the menstrual flux”.⁴⁷ Such was the belief in the need for this ablution, young girls late in starting menstruation were said to be susceptible to particular disorders including nymphomania. This idea did not originate in the eighteenth century but can in fact be seen as reminiscent of Galenic conceptions of women’s erotic

⁴² Ibid., p.465.

⁴³ Ibid.

⁴⁴ Edward J.Tilt, *A Handbook of Uterine Therapeutics and of Diseases of Women*, 4th ed. (London: J&A Churchill, 1878) p.130.

⁴⁵ Ibid.

⁴⁶ On this see Alexandra Lord, “The Great Arcana of the Deity”, p.45.

⁴⁷ Henry Manning, *A Treatise on Female Diseases*, 2nd ed. (London: Baldwin, 1775) p.29-30.

disorder arising from retained 'seed'. Angus McLaren argues Galen's conception of seed can actually be taken to mean menstrual fluid,⁴⁸ suggesting an even closer connection between the ancient medical world and nineteenth century medical thinking. The idea of a variety of physical and mental ailments arising from retained putrifying matter or fluid of the female body persisted throughout the seventeenth and eighteenth century. In 1671, in her midwifery manual, English midwife Mrs Jane Sharp wrote about such retention causing a woman to be afflicted with the "rage of carnal desire".⁴⁹ In 1740, French physician Jean Astruc stated *furor uterinus* was far more common in women whose *menstrua* were suppressed. Astruc reasoned this was because, "the quantity of blood then stagnant without issue in the uterus considerably distends its nervous fibres whereby they become more sensible".⁵⁰ The greater the sensibility of the nerves of the uterus, the greater the physical response to the sensations produced by such retention, leading to the type of excesses deemed evidence of *furor uterinus*. This link between a failure to menstruate and certain disorders continued in the early nineteenth century. Dr David Davis declared nymphomania could be a direct consequence of "the non-establishment of the flux natural to the weaker sex".⁵¹ Illustrating the persistence of certain other archaic ideas, in such cases Davis recommended bleeding from the saphena of the right foot in order to relieve the accumulation of fluid, just as Jane Sharp had some two hundred years previous.⁵² Blood letting for menstrual suppression also had a long historical tradition, being the prescription of choice amongst the ancients.⁵³ Davis claimed this successfully mitigated the disorder, while a series of emmenagogues inducing the menstrual flux restored the patient to perfect health.⁵⁴ The persistence of such ancient ideas until the 1840s reflects the extent to which medical thinking about women's bodily processes and disorders had altered very little.

⁴⁸ Angus McLaren, *A History of Contraception: From Antiquity to the Present day* (Oxford: Basil Blackwell, 1990) p.48.

⁴⁹ Jane Sharp, *The Midwives Book; Or the Whole Art of Midwifery Discovered* (London: Simon Miller, 1671) p, 294.

⁵⁰ Jean Astruc, *A Treatise on all the Diseases incident to women*, translated from lectures read at Paris 1740 (London: M.Cooper, 1743) p.157.

⁵¹ D. Davis, *The Principles and Practice of Obstetric Medicine*, p.452.

⁵² J. Sharp, *The Midwives Book*, p. 294.

⁵³ On this see Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (New York: Routledge, 1998) p.230.

⁵⁴ D.Davis, *The Principles and Practice of Obstetric Medicine*, p.453.

This was also the case with regard to the analogy some physicians continued to make between the rutting period of a female animal and a woman's menstruation. In his classic obstetric text of 1812, German physician Franz Karl Naegele (1778-1851) compared a woman's menstruation with that of heat in animals—the period of the most heightened sexual drive—because both discharged blood or bloody mucus. Naegele made particular mention of the dog and cow because the prodromata of heat in such animals were, he claimed, “very similar” to that of a woman's menstruation.⁵⁵ Similarly, in his monumental text on women's menstruation published in 1844, Adam Raciborski (1809-1871) included a section detailing the phenomenon of heat. He described how dogs and cats in such a state were driven by their need to satisfy this instinct which, if left unsatisfied, would go on indefinitely.⁵⁶ As Thomas Laqueur points out, considering the subject of this book, Raciborski appears to suggest that such aberrant behaviour had its corollary in the menstruating woman.⁵⁷ The underlying assumption was that simply through the very act of menstruating a woman could be prone to the type of irrepressible and instinctive lust observed in the animal kingdom. It is also worth noting that such views posited women as at their most erotic at the time they were deemed by many moralists and physicians as ‘unclean’.⁵⁸ Over the course of the nineteenth century, changing conceptions of menstruation saw physicians increasingly rejecting the analogy between women's menstruation and heat in female animals. Despite this, the idea a woman's monthly cycle was linked to her sexual instinct continued underscoring as it did the relationship posited between menstruation and nymphomania.

From the 1840s, conceptions of menstruation began to shift as new theories on ovarian functioning emerged. In 1843, German physiologist and anatomist Theodor von Bischoff (1807-1882) determined the ovaries governed the human female reproductive cycle. He arrived at the conclusion that menstrual bleeding was the peculiar product and sign of the

⁵⁵ H.H.Simmer, ‘Pflüger's nerve reflex theory of menstruation: the product of analogy, teleology, and neurophysiology’, *Clio Medica* 12 (1977): 57-90; p.61. Similarly French naturalist Pouchet claimed the menstrual flow “corresponds to the phenomenon of excitement which is manifested during the *rut l'époque des amours* in a variety of creatures”. Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (London: Harvard University Press, 1990) p.213.

⁵⁶ T. Laqueur, *Ibid.*, p.218.

⁵⁷ How, as Laqueur questions, was all this relevant in a book on menstruation in women? *Ibid.*

⁵⁸ On moralists see A. McLaren, *Reproductive Rituals: the perception of fertility in England from the sixteenth to the nineteenth century* (London: Methuen, 1984) p.71.

spontaneously exploding ovarian follicle.⁵⁹ Yet with regard to ideas about women's sexual desire, Bischoff's ovarian theories simply offered up new ideas to account for older theories about the link between menstruation and women's sexual desire. According to Bischoff, actions taking place in the graffian vesicles incited and heightened a woman's sexual arousal and signalled the peak of women's fertility.⁶⁰ Within such thinking the ovaries were the source or "autonomous control centers" of women's sexual desire, which spread such sensations throughout the body to the genitals.⁶¹ Others propounded this theory on menstruation such as German professor of general pathology and therapy Carl Conrad Theodore Litzmann (1815-1890). In 1846, Litzmann stated that a woman's libido was the result of the increased excitation of the ovaries (from continuously growing cells) causing turgescence of the uterus, vagina, and external genitalia.⁶² Such conceptions of ovarian functioning in the process of menstruation, especially as inciting women's erotic desire, played an important role in directing medical thinking about nymphomania.

In 1858, Physician-Accoucheur to St Mary's Hospital and lecturer at its medical school, William Tyler-Smith (1815-1873) described menstruation as the time when many women experienced a marked increase of sexual feeling in whom "the aphrodisiac tendencies are moderate, possess little or no excitability at other times".⁶³ It was thus whilst menstruating "aberrations in regard to sex and tendencies to nymphomaniacal excitement occur".⁶⁴ The link between women's sexual desire and menstruation accorded primary significance to the ovaries as the source of a woman's sexual desire. This not only established the innately somatic and reproductive conception of a woman's desire, but also its inherently instinctive nature over which she lacked any control. In this sense, like

⁵⁹ O. Moscucci, *The Science of Woman*, p.34.

⁶⁰ T. Laqueur, *Making Sex*, p.220.

⁶¹ O. Moscucci, *The Science of Woman*, p.34.

⁶² H. Simmer, 'Pfluger's nerve reflex theory', p.73. Some physicians regarded the sexual instinct itself as the impetus for the activity of the menstrual cycle. In *The Obstetrical Journal of Great Britain and Ireland* a Dr Hermann Beigel of Vienna was reported as suggesting that woman's periodic discharge was the result of a "recurring sexual impulse during which, in consequence of overfilling of the capillaries of the uterine mucous membrane ...hemorrhage takes". *The Obstetrical Journal of Great Britain and Ireland*, vol.1 (1873-1874): 838. Beigel disputed the idea that ovulation and menstruation occurred simultaneously, arguing instead that "both are called forth by the same stimulus – sexual impulses". Ibid.

⁶³ William Tyler-Smith, *A Manual of Obstetric Medicine* (London: John Churchill, 1858) p.57.

⁶⁴ Ibid.

the process of menstruation, women's sexual desire was conceived as an automatic behavioural experience reinforcing ideas of her more primitive even animalistic constitution.⁶⁵ Such thinking also constructed nymphomania as an instinctive, cyclical disorder, the domain of the gynaecological physician, but above all, tied to the normal (dys)functioning of the female body. In effect, a woman's excessive sexual desire was just one of many potential periodical disturbances resulting from the natural functions of her reproductive body. Yet nymphomania was not a disorder limited to a woman's menstrual cycle, nor to ideas of fluid retention. In fact, it was also considered one effect of woman's many menstrual irregularities.

Menstruation was accorded a central role in a range of women's physiological experiences from the healthy to the deeply disordered.⁶⁶ Tyler-Smith expressed a common sentiment amongst physicians with his claim that "the beauty of form incident to womanhood; the marked characteristics of the female sex and the development of the affections are intimately connected with, and dependent upon, the healthy appearance and performance of these periodical functions."⁶⁷ The significance attached to the menstrual cycle as both a cause, and implicitly, a sign of woman's health and disorder, meant it was fundamental to the nosology and aetiology of nineteenth century medical discourse. It was standard practice for physicians to incorporate the state of a woman's flow in their determination of her health, yet there lacked any clear definition of what constituted a 'normal', 'healthy' flow. It could thus be argued all women experienced some sort of irregularity and disorder and were inherently susceptible to certain derangements. Such convoluted thinking is evident in a text entitled 'Menstrual Neuroses' reviewed by *The Obstetrical Journal of Great Britain and Ireland* of 1874.⁶⁸ Within this text a variety of women's disorders, including both hysteria and nymphomania, were linked to excessive menstrual flow (mennegorrhoea), or its absence

⁶⁵ This is a point Ornella Moscucci makes about nineteenth century physicians' attitudes and conceptions of the ovaries in general. She states that these organs were seen as a woman's link to a more primitive phase of human development – a world dominated by instincts and automatic behavioural responses. *The Science of Woman*, p.34.

⁶⁶ On the causal significance attributed to menstruation in nineteenth century physicians' conceptions of a woman's health see Elaine and English Showalter, 'Victorian women and menstruation', *Victorian Studies* 14 (1970-1971): 83-89; Julie-Marie Strange, 'Menstrual Fictions: languages of medicine and menstruation, c.1850-1930' *Women's History Review* 9 (2000): 607-628.

⁶⁷ W. Tyler-Smith, *A Manual of Obstetric Medicine*, p.57.

⁶⁸ The text was the work of Dr Berthier – chief resident physician at the Bicetre Hospital in France.

(amenorrhoea), as well as other irregularities. The legitimacy of such thinking was evident in the reviewer's recommendation of the text to "all who deal with women and their disorders."⁶⁹ In the same journal Birmingham gynaecologist Lawson Tait (1845-1899) published his ideas on the relationship between menstrual irregularities and epilepsy, melancholia, insanity, suicide, and a variety of aberrant phenomena, all of which, he claimed, "the consulting room of the gynaecologist is constantly affording illustrations".⁷⁰ Belief in the causal connection between menstrual irregularities and mental disturbance saw Tait declaring "there should be attached to every large asylum a consulting gynaecologist for the careful investigation of the sexual condition of the majority if not all of the female inmates".⁷¹ As later chapters will show, such a suggestion was very much in keeping with Tait's desire to widen gynaecology's territory and authority.

The link between the female reproductive organs, bodily cycles, and a woman's disordered behaviour, was not only made by those physicians in whose interest it might be to promote such ideas. Such determinism was entrenched within most British medical thought. In his text on the causes of insanity, prominent psychiatric spokesman George Man Burrows (1771-1846) declared "the influence of menstruation on the operations of the mind" was no less than the "moral and physical barometer of the female constitution".⁷² Early nineteenth century physicians dealing specifically with women's mental disorder, including George Man Burrows, as well as Joseph Mason Cox, Francis Willis, and John Conelly felt that specific organic causes such as uterine disease, as well as various menstrual irregularities, were directly linked to certain mental states. Roy Porter noted that amongst these physicians the gynaecological and psychiatric causes of disorder were "virtually inseparable".⁷³ While these physicians acknowledged various disorders principally affected the mind, they considered them to be the outcome of

⁶⁹ 'Review', *The Obstetrical Journal of Great Britain and Ireland* 2 (1874): 133-135; p.135.

⁷⁰ Lawson Tait, 'Menstrual Irregularities and their relation to Diseases of the nervous system', *The Obstetrical Journal of Great Britain and Ireland* 1 (1873): 94-101: 175-180; p.178.

⁷¹ *Ibid.*, p.178.

⁷² George Man Burrows, *Commentaries on the causes, form, symptoms, and treatment, moral and medical of insanity* (London: T&G Underwood, 1828) p.146.

⁷³ Roy Porter, 'The Body and Mind, the doctor and the patient: negotiating Hysteria', in S.Gilman (ed.), *Hysteria Before Freud* (Berkeley: University of California Press, 1993): 225-285; p.254.

physical causes over which those afflicted had no will or conscious control.⁷⁴ Furthermore, because of their physical origins, these afflictions could be dealt with by a medical regimen. Such thinking continued amongst those dealing with 'the mind' for much of the nineteenth century. Evidence from British asylum records dating from 1845 onwards, also reveals that the central role accorded woman's reproductive system in her mental afflictions extended beyond the theoretical or textual domain. Following the passing of two Lunacy Acts in 1845, all asylums were required to maintain a medical casebook for each patient, and from that time admission records begin to list a presumed cause of each patient's disorder.⁷⁵ At the prestigious Ticehurst asylum for instance, close attention was paid to the regularity of female patients menstrual cycle, and many of the causes listed by the attending medical authorities were linked to some sort of irregularity or a disturbance in the reproductive system. Disorders such as moral insanity, religious delusions, puerperal mania, mental anxiety, hysteria, delusional insanity, acute mania and nymphomania were all attributed to menstrual disturbances, fever, uterine hysteria, 'uterine troubles' and—the most ubiquitous of all—'uterine complaints'.⁷⁶

It was not just menstruation, irregularities of the menstrual flow, or the state of the ovaries that dominated the approach to woman's health and disorder and the conception of nymphomania. The natural cycles, stages and processes of the reproductive system, including menstruation, as well as puberty, pregnancy, child-birth, the puerperal state, and menopause, were all said to make woman weak, irrational, and subject to a range of physical and emotional upheaval. Prominent mid-century alienists Henry Maudsley (1835-1918) and David Skae (1814-1873) considered the types of derangement observed

⁷⁴ Stephen J. Jacyna, 'Somatic Theories of Mind and the Interests of Medicine in Britain: 1850-1879', *Medical History* 26 (1982): 233-258; p.255.

⁷⁵ The Lunatics Act of 1845 also required all counties and principal boroughs of England and Wales to provide for the care of lunatics. On the Lunacy Acts see Danby Fry, *The Lunacy Acts: containing all the statutes relating to private lunatics, pauper lunatics, criminal lunatics, commissions of lunacy, public and private asylums, and the commissioners in lunacy* (London: Knight, 1877); Roy Porter, *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London: Athlone, 1987) p.78.

⁷⁶ In the case book records of Ticehurst asylum for the period between 1857 to 1888 many female patients afflictions including hysteria, moral insanity, nymphomania, masturbation, mania and delusions were linked to menstrual disturbances, irregularities, and suppression. Wellcome Library, MSS 6286, 6287, 6420, Ticehurst Daily Case Books. On the range of diagnoses in use at Ticehurst asylum and their frequency see Trevor Turner, *A Diagnostic analysis of the casebooks of Ticehurst House Asylum, 1845-1890* (Cambridge: Cambridge University Press, 1992).

during menstruation and also puberty, pregnancy and the climacteric, as evidence of the central connection they perceived between states of the body and states of mind. Both men sought a classification of mental disorder according to the bodily disease it was considered to have arisen from. Skae argued that even in many cases of insanity when an exact local disease could not be found, evidence of a local disturbance or condition could be regarded as essentially connected, such as was observed in “the insanity of pubescence, of the puerperal state, or climacteric insanity.”⁷⁷ Maudsley openly rejected a classification that was based on mental symptoms because he felt this was too general, too vague, and presented too many difficulties in practice. Instead, he accorded primary importance to observable bodily features and symptoms that could be taken as associated with the mental state.⁷⁸ In Maudsley’s view, such thinking justified classifications of mental disease such as ‘climacteric insanity’, puerperal insanity, and pubescent mania, all of which he regarded as “the effect of some condition of the reproductive organs on the brain”.⁷⁹ Similarly, in the prestigious *Manual of Psychological Medicine* first published in 1858, prominent alienists John Bucknill (1817-1892) and Daniel Tuke (1827-1895) considered those disorders in women marked by ‘perversion of the moral sense’ as a condition of puberty, pregnancy, the puerperal state, and the climacteric.⁸⁰ Certain historical examinations of Henry Maudsley tend to single him out as particularly suspect and especially misogynist.⁸¹ Yet for much of the nineteenth century he was an influential and authoritative figure among British psychiatrists whose ideas about the inherent pathological potential of the female body were hardly unique.⁸² Like many of his contemporaries, Maudsley perceived women to be subject to particular disorder in association with their specific physiological periods of life.

⁷⁷ David Skae, ‘The Morisonian Lectures on Insanity for 1873’, published posthumously, *Journal of Mental Science* 19 (1873): 340-355: 491-507; p.347.

⁷⁸ For Henry Maudsley’s views on this see ‘Illustration of a variety of Insanity’, *Asylum Journal of Mental Science* 14 (1868): 149-153.

⁷⁹ H. Maudsley, *The Pathology of the Mind* (London, Macmillan, 1886) p.464.

⁸⁰ James C. Bucknill, Daniel. H. Tuke, *The Manual of Psychological Medicine*, 4th ed. (London: J&A Churchill, 1879) p.136.

⁸¹ See for instance Elaine Showalter, *The Female Malady*, p.122-125,

⁸² It appears historians who judge Maudsley as in some way unique in his views about women focus on his notorious article ‘Sex in Mind and Education’ in the *Fortnightly Review* in 1874 that articulated his views about the inevitable limits women faced because of their physiology. Yet as Janet Oppenheim notes, while he was tactless and blunt, Maudsley’s statement “was one the majority of his profession accepted uncritically.” *Shattered Nerves*, p.190

Cases of nymphomania were often recorded amongst women undergoing the 'change', although it is difficult to ascertain to what extent their feelings were excessive, given they were considered to have no sexual desire. In the view of many nineteenth century physicians, menopause or the climacteric, was a time when, in losing their child-bearing capacity, women necessarily should lose their sexual feelings. Physician John Clarence Webster (1863-1950) described how the cessation of sexual activity in woman meant the sexual appetite "disappears more or less completely" and the vagina "becomes gradually contracted".⁸³ In the opinion of certain gynaecologists, menopause was a welcome relief for women from the plethora of disorders considered innate to the sexually active female. Lecturer of midwifery at Guy's Hospital, and later president of the Obstetrical society, John Braxton Hicks (1823-1897) regarded the change as a time when "losing sexuality and its various impulses, (woman) becomes more capable of rendering herself useful".⁸⁴ Once freed from sexual activity "and its many demands on the powers of the system", women become "comfortable, stout instead of emaciated, composed instead of hysterical", which, Hicks argued, was why she "frequently outlives her male comrade in the battle for life".⁸⁵

Ideas about women's natural loss of sexual desire through menopause help explain why certain afflictions and disorders of older women such as 'climacteric insanity' or 'old maid's mania' were defined by the presence of 'irregular' sexual feelings. In his discussion of the 'climacteric disease in women', William Tyler-Smith warned that even women "of the most irreproachable morals" were subject to certain "attacks of ovario-uterine excitement approaching to nymphomania".⁸⁶ If physicians observed not only the presence but also greater intensity of sexual feelings amongst menopausal women, they tended to regard it at best an anomaly, although most deemed it in theory a pathology. In his work devoted entirely to the subject of a woman's health and disease during the

⁸³ John Webster, *Diseases of Women: A Textbook for Students and Practitioners* (Edinburgh: Young & Pentland, 1898) p.109-111. Webster described the vagina as "a collecting place for the semen in copulation and forms a passage for the child during birth" which, presumably, accounts for his idea that it contracted during the climacteric given the cessation of woman's procreative functions. *Ibid.*, p.35.

⁸⁴ John Braxton Hicks, 'The Croonian lectures of 1877, on the difference between the sexes in regard to the aspect and treatment of disease', *British Medical Journal* 1 (1877): 318-320;347-349;377-379;413-415;447-449;475-476; p.475.

⁸⁵ *Ibid.*, p.476.

⁸⁶ W. Tyler-Smith, 'The Climacteric Disease in Women', *London Journal of Medicine* 1, July (1849): 601-609, p.606.

“change of life”, Dr Tilt wrote that any marked increase of sexual impulse was generally “an anomalous if not a morbid impulse”.⁸⁷

Physicians attributed the incidence of a disorder such as nymphomania in menopausal women to the great upheaval the body experienced that manifested itself in a variety of disorder. Tyler-Smith described how before entering the “calm of post-menstrual life”, all of the emotions “connected with sex” undergo a “great revolution” from which women were liable to such “sudden ebullitions”.⁸⁸ He advised that during this stage husbands should withhold their own sexual stimulus—itself not considered an anomaly. For those women already afflicted a range of treatments were recommended, such as the injection of ice water into the rectum, and the leeching of the labia and cervix.⁸⁹ The conflation between women’s procreative function and the purpose of her sexual desire so entrenched in much nineteenth century medical thinking, worked to establish a series of pathologies based around the ‘anomalous’ presence of sexual desire outside such a context. This was perhaps no where more evident than in physicians’ attitudes towards menopausal women’s sexuality, although it was by no means limited to such cases. The idea of the female body experiencing great upheaval was also not exclusive to the climacteric, nor was the presence of nymphomania. Physicians appeared to regard the many cycles and bodily processes women experienced throughout their life as subjecting them to much disturbance. From the onset of puberty, womanhood itself was essentially precarious, unstable, and a debilitating state, and thus woman was naturally subject to a wide array of disorder, including nymphomania.⁹⁰ All through the time of a woman’s “sexual vigour”, Dr Charles West wrote, “a thousand causes may derange the regular

⁸⁷ E. J. Tilt, *The Change of Life in Health and Disease* (London: John Churhcill, 1857), p.241. Similarly J.C Webster cautioned physicians that in certain women sexual desire becomes “abnormally intensified” which could have “distressing results”. Webster, *Diseases of Women*, p.113.

⁸⁸ W. Tyler-Smith, ‘The Climacteric Disease in Women’, p. 606.

⁸⁹ *Ibid.*, p.601.

⁹⁰ The Assistant Medical Officer to the West Riding Lunatic Asylum suggested that the modifications in temper and feelings observed in the climacteric “manifests itself more or less strongly at all periods of life in connection with ovarian activity”. ‘The Climacteric period in Relations to insanity’, *The West Riding Lunatic Asylum Medical Reports* 6 (1876): 101. Edinburgh physician James Halliday Croom wrote, “in every phase of ovarian activity, from the period of puberty onwards, a state of mental instability is produced, more or less extreme”. ‘On Acute Mania following Ovariectomy’, *Transactions of the Edinburgh Obstetrical Society* 24, Jan. (1899): 80-85; p. 82.

recurrence of the manifestations of its activity, and thereby throw the whole complex machinery of the body into disorder”.⁹¹

Like the climacteric, child-birth and the pregnant state were regarded by nineteenth century physicians as subjecting women to enormous physical and emotional upheaval, and a burgeoning discourse arose detailing the extent of such disorder.⁹² Robert Barnes believed the “extraordinary developmental and functional activity” experienced by the pregnant woman meant “any defect or fault inherited or acquired, howsoever latent, will be liable to be evolved or intensified”.⁹³ The disturbance physicians believed the pregnant and puerperal woman could experience manifested itself in a range of ‘deviant’ and anti-social behaviour, including that of an erotic kind. Eventually the wide array of conduct considered the product of such upheaval constituted a specific form of mania.⁹⁴ Such was the prevalence of this puerperal mania, alienist John Bucknill declared “every medical man” had observed it, especially “the extraordinary amount of obscenity in thought and language which breaks forth from the most modest and well nurtured woman under (its) influence”.⁹⁵

Robert Gooch, who was one of the first physicians to write in English on the subject of puerperal mania, regarded disorders such as nymphomania as heightened by pregnancy and childbirth. Both childbirth and the puerperium were considered a time when women were at their most disordered, irrational, and excessive. Gooch argued this was because at this time women were subjected to “more than usual of that peculiarity of nerve and of

⁹¹ Charles West, *Lecture on the Diseases of Women*, 3rd ed (London: John Churchill & sons, 1864) p.2.

⁹² Hilary Marland attributes the proliferation of works devoted to the subject of puerperal disorders to the desire of obstetric physicians to assert their ability and authority. “‘Destined to a perfect recovery’: The Confinement of puerperal insanity in the nineteenth century” in J.Melling, B.Forsythe (eds.), *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999): 137-156.

⁹³ Robert Barnes, ‘On the Correlations of the sexual functions and mental disorders of women’, *British Gynaecological Journal* 6 (1890-1891): 390-413; p.403.

⁹⁴ On puerperal mania see Nancy Theriot, ‘Diagnosing Unnatural Motherhood: Nineteenth-century physicians and puerperal insanity’, *American Studies* 26 (1990): 69-88; Hilary Marland, ‘Destined to a perfect recovery’.

⁹⁵ J. C. Bucknill and D. H. Tuke, *A Manual of Psychological Medicine* (London: J&A Churchill, 1858) p.275.

mind, which distinguishes the female from the male constitution".⁹⁶ This state of heightened sensibility extended to women's sexual desire, and explained why women were considered more prone to nymphomania at this time. William Tyler-Smith lists nymphomania as "one of the brief intervals of insanity" to which a woman with child was susceptible.⁹⁷ In his work on the incidence of nymphomania amongst pregnant women, Tyler-Smith emphasised the loss of control they experienced which accounted for the intensity of their erotic desire.⁹⁸ He effectively viewed women as possessing a strong sense of desire which, under 'normal' circumstances, was restrained through the imposition of a certain degree of control and restraint. Through the upheaval of childbirth women abandoned such artifices which left the true nature of their sexual instinct exposed. As with cases of nymphomania occurring during the climacteric, physicians such as Tyler-Smith regarded cases observed in puerperal women as invariably temporary if they were left to the treatment of the obstetric physician.⁹⁹

Much like pregnancy, puberty was also viewed as destabilising to the female constitution. The sense in which woman was considered enslaved to her body while man was able to maintain corporeal control can be discerned in the extremely gendered ideas physicians held about puberty. For young women puberty was deemed a time of disorder, while for young men it was a one of strength and energy. As one physician noted, it "gives to the male an increase of vigour and tension", while for the female it communicates "a sensible weakness and laxity not felt before".¹⁰⁰ Robert Barnes claimed once puberty sets in the young woman experiences a physical evolution, "especially marked in the pelvic organs" accompanied by a characteristic mental evolution. He deemed this process a woman's "first trial of mental and bodily soundness" under which "not a few break down".¹⁰¹ In his discussion of pubescent mania, Henry Maudsley suggested it was greater in women than in men because of their "morbid susceptibility and weakness" initiated by the physiological changes they experienced at adolescence

⁹⁶ Robert Gooch, *An Account of Some of the Most Important Diseases Peculiar to Women* (London: Murray, 1829) p.63.

⁹⁷ W. Tyler-Smith, *A Manual of Obstetrics*, p.495.

⁹⁸ *Ibid.*, p.490.

⁹⁹ A point Hilary Marland regards as indicative of the battle between asylum physicians and the obstetricians for authority over such patients. 'Destined to a perfect recovery', p.142.

¹⁰⁰ 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. 10.

¹⁰¹ R. Barnes, 'On the Correlations', p.392-393.

which overthrew the “already unstable” equilibrium of their brain.¹⁰² Thus with puberty came all the upheaval linked to the reproductive body, and as such, the beginnings of the very processes that defined woman’s difference, inferiority, and inherent potential for disorder.

It was not just a sense of weakness, heightened nervous susceptibility, or mental confusion that puberty ushered in for the young woman. The references physicians make to the apparent high proportion of girls suffering some form of erotic disturbance during puberty suggests this was also regarded as a common consequence of the upheaval girls experienced. Conceptions of a girl’s sexual maturing reflect the view that development of the female sexual organs was the catalyst for a woman’s unruly behaviour, much of which acquired a distinctly erotic character. Webster described puberty as the time when “sex asserts itself” in woman, and “new desires and emotions take possession”.¹⁰³ He listed “instinctive immorality” as one of the effects of this development.¹⁰⁴ Lawson Tait also warned of the “special dangers” that await young women at puberty, especially those of an erotic character. Tait described his observations of young girls exhibiting certain “gestures and language” so obscene it puzzled him as to how they became acquainted with them, given the fact that “the girls were so young and had been so well brought up”.¹⁰⁵ He advised parents that as soon as symptoms of “sexual eccentricity” display themselves the girl must be treated by a physician, even, he added, for what may appear as “mere lust”.¹⁰⁶

Thus far we have seen that within the gynaecological discourse of the nineteenth century, woman was in no way perceived as a sexless creature. Rather, conceptions of the female body not only accorded woman an innate, organic sexual instinct, but also regard it as prone to excess. The organic conception of women’s sexual desire, as well as the dominating influence accorded her reproductive organs over her actions and thoughts, provided an explanation for why her sexual desire could consume her. Such thinking directed the way in which most physicians, including those directly connected to the women’s hospitals and those working in the asylums, conceived of a disorder such as

¹⁰² Henry Maudsley, *Pathology of Mind*. 2nd ed. (London: Macmillan, 1895) p.392-393.

¹⁰³ J. Webster, *Diseases of Women*, 1898, p.101.

¹⁰⁴ *Ibid.*, p.105.

¹⁰⁵ Lawson Tait, *Diseases of Women* (New York: William Wood, 1879) p.91.

¹⁰⁶ *Ibid.*

nymphomania. While it may have been characterised and defined by a variety of anti-social conduct, nymphomania was regarded by physicians as primarily a bodily disorder. In 1822, in his Gulstonian Lecture presented to the College of Physicians, alienist Francis Willis argued for the role of medicine in disorders of the mind because of their inherent links to disorder in the body. Willis offered up the example of *furor uterinus* which, he noted, some physicians had declared incurable because it was the domain of the mind. Willis rejected such a hypothesis because of the decisive role played by the female body in the disorder.¹⁰⁷ David Skae was another asylum physician who listed nymphomania as a disorder arising from bodily disease or functional disturbance.¹⁰⁸ He noted that in private consultation he had seen a number of patients whose anomalous symptoms were “connected with the sexual passion”. He described these as mainly of a delusional quality in which the women believe either that men are having sex with them, “or desire to do so”.¹⁰⁹ Skae admitted that he regarded all such cases as connected with diseases of the ovaries or “neighbouring parts”, because the “locality of a disease localises the delusions”.¹¹⁰ Similarly, Henry Maudsley suggested a woman’s “insatiable amorous appetite” was the direct effect of disorder in the reproductive system, in particular “the irritation of the ovaries or uterus”, in which, “the most chaste and modest woman is transformed into a raging fury of lust”.¹¹¹ He regarded such disorder as directed by the body and “little indebted to the consciousness”, which explained “the lascivious features” in speech, gesture and conduct observed in some young women yet, for which, “it is impossible they could ever have acquired by observation or experience”.¹¹² Nymphomania was also included within Bucknill and Tuke’s classification of insanity and was said to arise from “affections of the reproductive organs”.¹¹³ The physical

¹⁰⁷ Francis Willis, *A Treatise on Mental Derangement. Containing the substance of the Gulstonian Lectures for May 1822* (London: Longman & co., 1823) p.6.

¹⁰⁸ David Skae, ‘The Morisonian Lecture on Insanity’, *Journal of Mental Science* 19 (1873): 347-348.

¹⁰⁹ David Skae, ‘The Morisonian Lecture on Insanity’, *Journal of Mental Science* 20 (1874): 1-20: 200-211; p.10.

¹¹⁰ *Ibid.*, p.11.

¹¹¹ H. Maudsley, *Body and Mind: An Inquiry into their Connection and Mutual Influence, Specially in Reference to Mental Disorders* (London: Macmillan & co., 1870) p.81-82.

¹¹² H. Maudsley, *The Physiology of Mind* (London: Macmillan, 1876) p.355. He regarded the menstrual period as a time when “outbursts of temper become almost outbreaks of mania” in which the behaviour acquired “an erotic tinge ... and occasionally there are quasi-ecstatic or cataleptic states.” *Ibid.*

¹¹³ J.C.Bucknill and D.H.Tuke, *A Manual of Psychological medicine*, (1879) p.348.

causality of nymphomania was such that these physicians argued it could also be referred to as “uterine or ovarian insanity”.¹¹⁴

Woman’s various physiological functions, along with her reproductive body itself, played a decisive role in physicians’ explanations for her excessive erotic desire. Yet suggesting that physicians simply attributed this disorder to the inherent pathology of the female body does not fully explain exactly how they accounted for the relationship between body and mind in their understanding of nymphomania. Rather, the connection between the generative organs and the nervous system, specifically the role of the reflex nerves, was central to the idea that bodily disturbance could lead to a woman’s insatiable erotic desire. The reflex nervous system assumed enormous significance in the way most nineteenth century medical authorities understood the workings of the body, and in particular, its effects on the mind. In turning to this discourse, the final segment of this chapter seeks to explore conceptions of the reflex nervous system in order to trace how they directed ideas about the relationship between the generative organs and the mind, and as such, the aetiology of nymphomania.

The reflex nerves

From mid-century, neuro-physiological theories of reflex action became *the* definitive and empirically authoritative explanation for the workings of the body and the relationship between body and mind.¹¹⁵ Among most British medical authorities the workings of the reflex nervous system, understood as the general mode of nervous function, was the doctrine for understanding nervous illness, mental disturbance, and the role of the body in such afflictions.¹¹⁶ Of particular importance to this discussion is the way this explanatory scheme enabled physicians to link certain mental states and a vast array of disordered behaviour to the workings of the female body.

¹¹⁴ Ibid.

¹¹⁵ Roger Smith, *Inhibition: History and Meaning in the sciences of mind and brain* (London: Free Association books, 1992) p.15. see also Edward Reed, *From Soul to Mind: The Emergence of Psychology from Erasmus Darwin to William James* (New Haven: Yale University Press, 1997); Stephen Jaycna, ‘Somatic Theories of Mind and the Interests of Medicine in Britain: 1850-1879’; Janet Oppenheim, *Shattered Nerves*, p.28; Jose Pinero, *Historical Origins of the Concept of Neurosis* (Cambridge: Cambridge University Press, 1983).

¹¹⁶ S. Jaycna, ‘Somatic Theories of Mind and the Interest of Medicine In Britain 1850-1879’, p.235.

In terms of the gynaecological discourse, the reflex nervous system was vital to physicians' understanding of the relationship posited between women's specific disorders and the workings of the reproductive system. Within this model, certain corporeal disturbances, such as those in the reproductive system, were identified as 'reflexive causes' which were understood as affecting the mind through the reflex nervous function. Reflex theories linked the uterine system to a wealth of aberrant behaviour and speech, excessive emotion, and other disordered or heightened states. The effects of irritations, disease, and other dysfunction in the reproductive organs were transmitted via the sympathetic nervous system to the brain, causing a range of afflictions from mild neuroses to full blown insanity. For Edward Tilt, the intensity of the nervous stimulus coming from the reproductive organs was central to explaining its effects on woman's disordered behaviour.¹¹⁷ He claimed energy from the functioning of these organs was thrown onto the ganglionic nervous center where it reacted on the brain with great force. "What wonder" he questioned, "if the same powerful influence of the ganglionic nervous system should at times produce a permanent derangement of the mental and moral faculties, and permanent craving after what is sophistic in a mental point of view, after what is in morals?"¹¹⁸

In the early nineteenth century, before the widespread acceptance of reflex theories, some physicians proposed rudimentary ideas about a 'sympathetic' relationship between the brain and generative organs to explain the somatic model of women's disordered behaviour. Christopher Lawrence suggests the concept of sympathy provided physicians with an answer to one of their most pressing concerns—explaining "overall integration of the body functioning".¹¹⁹ This idea of sympathy offered a physiological explanation for the relationship posited between various parts of the body, and the belief that disturbance in one part manifested itself elsewhere. In 1821, physician Charles Mansfield Clarke (1782-1857) claimed the uterus was "a very fertile source of sympathy, and many symptoms referred to other parts arise from it".¹²⁰ This "morbid sympathy" of the uterus, Clarke argued, accounted for the greater number of instances of madness in women.

¹¹⁷ E.J.Tilt, *The Change of Life in Health and Disease*, p. 202.

¹¹⁸ Ibid., p.205.

¹¹⁹ Christopher Lawrence states sympathy was "the communication of feeling between different bodily organs", '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; p.27.

¹²⁰ Charles Mansfield Clarke, *Observations on those diseases of females which are attended by discharges* (London: Longman & co., 1821) p.59.

Listed amongst Clarke's various types of morbid sympathy were *furor uterinus*, puerperal convulsions, and cases of madness succeeding parturition, all of which, he argued, demonstrate "a more direct connection between the reproductive organs and the brain".¹²¹ In 1828, George Man Burrows stated the functioning of the reproductive organs and brain were so intimately connected "the interruption of any one process which the latter has to perform in the human economy may implicate the former".¹²² He stated certain "anomalous feelings" caused a "greater determination of blood to the uterus and its contents, and then to the brain, through the reciprocal connexion [sic] and action existing between the two organs".¹²³ As an example Burrows cited the case of a young girl suffering nymphomania which he attributed to the overtaking of her mind through study, and which had "deranged her general health".¹²⁴ His diagnosis of nymphomania was dependent on the link he posited between the girl's hot scalp and her genital irritation. He argued in such cases where there was a display of a violent erotic passion but no such evident local (organic) stimulus, the cause should be sought in the brain, which was the seat of the original irritation, and which "acts sympathetically on the generative apparatus".¹²⁵

While the idea of sympathy was popular, by the 1830s many more physicians were interested in the functioning of the reflex nerves, especially to explain various nervous disorders and their organic origins. The most notable of these was Edinburgh trained physiologist Marshall Hall (1790-1857). While never truly acknowledged by the Victorian medical establishment for his work, it was Hall who championed Robert Whytt's groundbreaking ideas about the nervous system, including his concept of reflex action and its relation to the sensory-motor spinal nervous system.¹²⁶ Within Hall's conception, corporeal stimuli were said to act on anatomically discrete receptors, these

¹²¹ Ibid., p.59-60.

¹²² George Man Burrows, *Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical of Insanity*, p.146.

¹²³ Ibid., p.147.

¹²⁴ Ibid., p.278.

¹²⁵ Ibid., p.279.

¹²⁶ Hall proposed a division of the nervous system into separate cerebral and spinal systems that accounted for a wide array of conditions. Hall regarded the cerebro-spinal system as the source of much physiological activity and the seat of those diseases classified as nervous including hysteria, epilepsy, and other spasmodic disorders. Peter M. Amacher, 'Thomas Laycock, I.M.Sechenov and the reflex arc concept', *Bulletin of the History of Medicine* 38/2 (1964): 168-183.

then initiated an impulse that travelled along a specific nerve to a localised area of the brain where it was interpreted and a response incited. Following Hall, who became a consulting physician to Moorcroft House, a private asylum near Uxbridge, the accepted view with regard to explaining unconsciously motivated acts, instinctive behaviour, and the visceral manifestations of emotions was basically the idea of nervous reflex.¹²⁷

Following Hall, physician and house surgeon at York county hospital, Thomas Laycock began examining reflex theories which eventually led to his first work *A Treatise on the nervous diseases of women; Comprising an Inquiry into the Nature, Causes, and treatment of Spinal and Hysterical Disorders* (1840). Laycock proposed extending Hall's reflex model from the spine to the cerebrum (encephalon) to explain certain abnormal movements such as 'emotional convulsions' he witnessed in female hysterics.¹²⁸ Laycock argued that the difference with regard to the actions mediated by the brain as opposed to the spine, was that they were accompanied by consciousness and therefore involved the emotions, passions, and instinctive feelings.¹²⁹ Thus he argued, the response to pleasure and pain, while a conscious experience, was also involuntary.¹³⁰ Such thinking also directed his views about women's instinctive responses to their body. Laycock stated it was "universally acknowledged" that women's "affectability" was akin to that of children because "mental emotions and convulsive movements are excited in both with equal facility".¹³¹ Such was this "affectability" Laycock argued, all sorts of stimulation, including music, dancing, vivid colours, and odours, had an extremely damaging influence on women's nervous system and reproductive organs.¹³² Woman's susceptibility was also particularly marked with regard to her sexual desire, and it was this Laycock argued, which accounted for certain instinctive disorders such as nymphomania. He described how in cases of nymphomania a woman's whole nervous

¹²⁷ On Marshall Hall and his ideas see Ruth Leys, *From Sympathy to Reflex: Marshall Hall and his opponents* (New York: Garland, 1990); Alex Leff, 'Thomas Laycock and the cerebral reflex: a function arising and pointing to the unity of nature', *History of Psychiatry* 2 (1991): 385-407.

¹²⁸ T. Laycock, *A Treatise on the Nervous Diseases of Women*, p.85-86.

¹²⁹ *Ibid.*, p.107.

¹³⁰ Laycock explained this neurophysiological mechanism through use of the 'reflex arc' On this see Roger Smith, *Trial By Medicine: Insanity and Responsibility in Victorian Trials* (Edinburgh: Edinburgh University Press, 1981) p.46.

¹³¹ T. Laycock, *A Treatise on the Nervous Diseases of Women*, p.131.

¹³² It was also these effects that led Laycock to warn of the dire consequences arising from a woman's "forced mental training". *Ibid.*, p.140.

system was in an extreme state of over stimulation and irritability.¹³³ Laycock argued this disorder derived its “peculiar characteristic” from “irritation of the generative organs or their nervous centres”.¹³⁴ Within such a conception, disease or dysfunction in the reproductive organs induced changes to the nerves of an organ which was then ‘reflected’ throughout the nervous system leading to deranged and disordered behaviour such as that characterising nymphomania. Conceiving nymphomania as a complex and automatic reflex response continued the primary causality accorded certain pathological states and organic lesions of the reproductive system in accounts of this disorder. It also negated the idea that women’s ardent desire may be a conscious and willed act.

Reflex theories assumed enormous significance in the intimate relationship physicians’ conceived between women’s reproductive organs and their lack of corporeal control. With regard to nymphomania, reflex conceptions offered a legitimate causal scheme to account for the domineering role accorded the sexual body of woman in her excess. Yet while lack of control or will over one’s body was decisive to conceptions of nymphomania, such lack was also effectively conceived by such theories as a feminine trait. Victorian neuro-physiologists made a distinction between so called higher and lower brain levels, with the former being under the locus of the mind, and the latter governing the automatic reflex actions. Within this scheme, the workings of the female body were posited as the product of a series of automatic functions, which effectively suggested woman was ruled by her lower brain functions. Bodily control was achieved through the actions of the brain’s higher centres over the automatic instincts of the body.¹³⁵ Like much thinking that preceded it, reflex conceptions established woman’s inherent lack of control over the instincts of her body.

Women’s incapacity to achieve command over their body accounted for the dominating role of their desires and emotions in their psycho-physiology. Alternatively, men were regarded as governed by their higher intellectual ‘powers’ which explained their greater sense of bodily control, intellectualism, and capacity for mental pursuits. “In women” John Braxton Hicks declared, “the emotions are more powerful and less under command than in man. Emotional excitement and shock act much more on their ganglionic system”. It was for this reason Hicks wrote, physicians so often found “overaction” of the

¹³³ T. Laycock, *Ibid.*, p.74.

¹³⁴ *Ibid.*, p.356.

¹³⁵ Roger Smith, *Inhibition*, p.55.

emotions in women.¹³⁶ Yet for men, the effect of their upbringing, their more invigorating pursuits, and their rougher contact with the world, “besides the influence of a similar kind derived by descent” meant they were always “more under control”.¹³⁷ Such thinking goes some way to accounting for the large discrepancy between the amount of medical discussion devoted to nymphomania in contrast to its male equivalent, satyriasis, on which there was virtual silence. Ultimately, excessive erotic desire in men was a far less discussed disorder or noted affliction because it was considered to be far less prevalent. Given the fact men were deemed naturally more in control, the lack of discussion of their excess was inevitable. Moreover, if any sort of excess was discussed, it was not in terms of its pathology or their defective corporeality. Rather, a man’s excess was a momentary lapse that was the privilege of any healthy, virile male.

Somatic conceptions of women’s sexual desire and beliefs about the functioning of the reproductive system effectively constructed nymphomania as one of many manifestations of the (dys)functioning female body. The link physicians posited between a woman’s excessive erotic desire and her reproductive body was decisive to the conception of nymphomania as a bodily disorder. Such thinking also negated any sense of consciousness to a woman’s ardent desire, at the same time that it legitimised the role or authority of the physician over such an ‘affliction’. Yet while reflex theories provided important neuro-physiological explanations for nymphomania, they also established that all women inherently lacked the capacity for control over their erotic desire because of their body. Given this, the question that arises is to what extent, in professional practice, was nymphomania really considered a complete aberration for women?

There is no denying a respectable woman’s overt expression of her sexual needs or the range of behaviour considered evidence of excessive sexual desire, represented the antithesis of what was deemed acceptable and normal behaviour for women in the Victorian era. Moreover, to be diagnosed with nymphomania was to be considered as suffering some type of pathology and could lead to admittance in an asylum. However, as this chapter has shown, the discourse accounting for such excessive erotic desire effectively posited the female sexual system as innately prone to such disorder. The scientific thinking that explained women’s sexual disorder provided yet more support to the view of the female body as the source of a woman’s corruption. It is for this reason

¹³⁶ J. Braxton Hicks, ‘The Croonian lectures, 1877’, p.413.

¹³⁷ *Ibid.*, p.414.

nineteenth century medical conceptions of a woman's excessive sexual desire complicate the view that nymphomania was a complete physical anomaly. Rather, the belief that all women were subject to a body lacking corporeal control can be seen as effectively reducing all women to an undifferentiated body prone to erotic excess.

During the nineteenth century, the gynaecological discourse accorded enormous significance to women's sexual system in both the determination of their health, and in their numerous afflictions. Beliefs about women's reproductive organs, reproductive cycles, and bodily processes, understood through the workings of the reflex nervous system, provided detailed and authoritative explanatory schemes through which physicians could understand the effect of the female body, and account for a wide array of disorder, including nymphomania. Many of the assumptions about woman reinforced within the gynaecological discourse have been shown to have a history dating back much farther than the nineteenth century. New theories about menstruation, the functioning of the ovaries, and the reflex nervous system, simply offered more complex ways to account for the age old idea of the female body as dysfunctional, of woman as more instinctive than intellectual, and ultimately lacking corporeal control.

Conceptions of woman on which nymphomania was based provided further evidence of woman's physical vulnerability, that in turn, necessitated and justified her dependency, protection, as well as the limitations imposed on many women's lives. Although the somatic conception of this disorder may have reinforced certain gendered ideas, this chapter has also shown how it effectively established excessive erotic desire as inherent to the workings of the female body. In this sense, the idea of nymphomania as simply a social construction reinforcing certain normative ideals about woman is undermined because it actually established such excess as natural to the female constitution. While such determinism may have reinforced certain notions of sexual difference, it also constructed woman as a threat to the gendered social order by challenging the very ideals about womanhood on which it depended. Expectations about a respectable woman's propriety and sexual passivity were not naturalised or legitimised by the medical discourse on nymphomania. Rather, it exposed the extent to which such ideals were ultimately quite contrary to what, in the medical domain, was conceived as the true nature of woman. This seemingly incongruous situation is vital to understanding the enormous fixation with women's modesty and virtue that permeated the nineteenth century. In many respects, medical beliefs about the potential of the female sexual body

help explain the degree of concern surrounding women's sexuality in the nineteenth century and the enormous emphasis on their passivity and restraint. Surely if women were truly as chaste and virtuous as so much rhetoric sought to suggest, there would have been no need for the complex regulation of their sexuality? As the discourse on nymphomania reveals, and as the next chapter will show, underlying the preoccupation with woman's sexual control was a pervasive anxiety about the natural 'floodgate' that would open if it were not ensured.