

Pathologizing Male Desire: Satyriasis, Masculinity, and Modern Civilization at the Fin de Siècle

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ON 9 NOVEMBER 1888 POLICE in the Whitechapel quarter of London's East End discovered the body of Mary Kelly. She was the fifth victim of the killer whom the press had already dubbed Jack the Ripper, and her disfigured corpse showed that his brutality was escalating. After murdering Kelly, the Ripper spent two hours mutilating her body. Desperate for clues, police called in Dr. Thomas Bond to perform an autopsy. Bond, however, also offered police a psychological profile of the killer. He was likely a "quiet, inoffensive looking man" who was "neatly and respectably dressed." His acquaintances might suspect that he was "not quite right in his mind at times," but otherwise they would have had no inkling of his sadistic nature. Bond also speculated about the origins of the Ripper's murderous insanity. One possibility was a form of religious mania, another a "vengeful and brooding" cast of mind. The most likely cause, however, was a violent sexual pathology to which some men were susceptible and that, Bond informed police, "may be called satyriasis."¹

Satyriasis had long been familiar to physicians as, in very rough terms, the male equivalent of nymphomania. The name of the condition evoked the satyr, the half-beast and half-human figure of Greek mythology famed for lustfulness and promiscuity. In a book written in the first century AD, Aretaeus of Cappadocia defined satyriasis as a condition of excessive desire in men that, by inducing a state of severe sexual frustration, would lead to sickness and death.² For Renaissance writers, satyriasis was characterized by excessive and unrequited passion for another. In his *Treatise on Lovesickness*

I would like to thank the members of my reading group at Monash University and the anonymous referees who read my initial submission for their searching but invaluable comments and criticisms.

¹ Donald Rumbelow, *Jack the Ripper: The Complete Casebook* (Chicago: Contemporary Books, 1988), 139–41.

² Danielle Gourevitch, "Women Who Suffer from a Man's Disease: The Example of Satyriasis and the Debate on Affections Specific to the Sexes," in *Women in Antiquity: New Assessments*, ed. Richard Hawley and Barbara Levick (London: Routledge, 1995), 149–65.

(1610), the French physician Jacques Ferrand classed satyriasis as a variant of “love melancholy” or “love madness.”³ A French dissertation from the early nineteenth century described the sufferer as red in the face and extremely animated, and it listed death due to gangrene in the genitals as a likely outcome.⁴

By the time that Thomas Bond reached for satyriasis as the key to explaining the Ripper’s brutal crimes, this established but vaguely defined condition had become a vehicle for articulating a new and pressing set of concerns about masculinity and the male body. A number of studies have shown the extent to which the male body was subjected to medical scrutiny in the last decades of the nineteenth century. As Elizabeth Stephens argues in her study of nineteenth-century British medical writing, the male body, which was once considered the “silent, invisible cultural center,” was discovered to be “wanting, degraded, even diseased.”⁵ More and more men were found to be suffering from physical symptoms that, though ranging widely from listlessness to lack of confidence to excessive self-consciousness, had a common sexual origin. One expression of this pathologization of the male body was the panic over spermatorrhea, the involuntary emission of semen, a condition that was considered both morally shameful and physically debilitating.⁶ Dire warnings about the effect of masturbation similarly crystallized the sentiment that the male body was an unreliable and treacherous vehicle that demanded careful monitoring on the part of many authorities, from parents to schoolmasters to doctors. As Ed Cohen argues in the context of Victorian Britain, “Once they reached puberty (if not even before), middle-class male bodies would be continually subjected to a wide array of institutional gazes that sought to give precise (sexual) meanings to their minute behavioral patterns.”⁷

Historians who have investigated the problematization of the male body in the late nineteenth century have largely overlooked satyriasis.⁸ In part,

³ Jacques Ferrand, *A Treatise on Lovesickness*, trans. Donald A. Beecher and Massimo Ciavolella (Syracuse, NY: Syracuse University Press, 1990), 264.

⁴ A. P. Duprest-Rony, *Dissertation sur le satyriasis* (Paris: Migneret, 1804).

⁵ Elizabeth Stephens, “Pathologizing Leaky Male Bodies: Spermatorrhea in Nineteenth-Century British Medicine and Popular Anatomical Museums,” *Journal of the History of Sexuality* 17, no. 3 (2008): 421–38, 431.

⁶ Ellen Bayuk Rosenman, “Body Doubles: The Spermatorrhea Panic,” *Journal of the History of Sexuality* 12, no. 3 (2003): 365–99; Robert Darby, “Pathologizing Male Sexuality: Lallemand, Spermatorrhea, and the Rise of Circumcision,” *Journal of the History of Medicine and Allied Sciences* 60, no. 3 (2005): 283–319.

⁷ Ed Cohen, *Talk on the Wilde Side: Towards a Genealogy of a Discourse on Male Sexualities* (London: Routledge, 1993), 35.

⁸ The only major scholarly work that analyzes satyriasis from a historical perspective is Alain Corbin, *L’harmonie des plaisirs: Les manières de jouir du siècle des lumières à l’avènement de la sexologie* (Paris: Perrin, 2008), 122–26. Satyriasis is sometimes treated alongside erotomania, though the majority of nineteenth-century physicians were careful to distinguish the two. See Vernon A. Rosario, *The Erotic Imagination: French Histories of Perversity* (New York: Oxford University Press, 1997), 48–51.

this is due to the relatively small number of references to the condition in medical literature, particularly in comparison to spermatorrhea and masturbation. Nevertheless, by the end of the century doctors claimed to be seeing an unprecedented number of cases. At midcentury the French physician Bénédict-Augustin Morel admitted that his knowledge of the disease was based on secondhand sources, for he had never personally encountered a sufferer.⁹ By the 1870s internationally renowned figures in psychiatry and criminology such as Paul Moreau, Cesare Lombroso, and Richard von Krafft-Ebing were treating individuals they had diagnosed with satyriasis. Crime statistics offered further evidence of an upswing. In 1864 Henri Legrand du Saulle, an admitting psychiatrist at the Paris police prefecture, declared that criminals showing signs of satyriasis were appearing more and more often before the courts, a phenomenon that, he claimed, in part explained the rash of cases of indecent assault and offenses against public morality.¹⁰

Even if never large in number, cases of men afflicted with satyriasis played a role in the construction and policing of a dominant ideal of male sexuality. The key to this ideal was a delicate balance between desire and restraint. On the one hand, men were urged to practice self-control.¹¹ Advice manuals cautioned men to husband their sexual energy so that it could be put to more productive uses in the world of industry and politics. Wastefulness, whether through masturbation or excessive coitus, would induce debility and decline.¹² But this relatively straightforward injunction was immediately complicated by the warning that too much restraint could be just as problematic. Prolonged chastity might lead to a dangerous state of sexual frustration and recourse to shameful erotic practices such as masturbation. A lack of male virility had consequences for the nation as well. Particularly in France, demographers warned that falling birthrates were in part caused by selfish or impotent men whose failure to reproduce was imperiling not only individual happiness but national welfare and prosperity.¹³ For the benefit of their own health and that of the nation, men were counseled to keep alive the sexual vigor that was deemed natural to their sex. As Christopher E. Forth argues, across Europe and North America the imperatives of restraint and respectability were joined by an “enduring belief that authentic masculinity lurks beneath these conventions and may at times be expressed through coarse and indecorous behavior.”¹⁴ The key, then,

⁹ Bénédict-Augustin Morel, *Traité des maladies mentales* (Paris: Victor Masson, 1860), 416.

¹⁰ Henri Legrand du Saulle, *La folie devant les tribunaux* (Paris, 1864), 506–7.

¹¹ Michael Kimmel, *Manhood in America: A Cultural History* (New York: Free Press, 1996), 45–50.

¹² John Tosh, *A Man's Place: Masculinity and the Middle-Class Home in Victorian England* (New Haven, CT: Yale University Press, 1999), 46.

¹³ Joshua Cole, *The Power of Large Numbers: Population, Politics, and Gender in Nineteenth Century France* (Ithaca, NY: Cornell University Press, 2000).

¹⁴ Christopher E. Forth, *Masculinity in the Modern West: Gender, Civilization and the Body* (New York: Palgrave Macmillan, 2008), 17. For an analysis of the many ways in which

was balance. Sexual passion was indispensable to the reproductive fertility upon which male respectability and national survival depended, but true manliness demanded that this passion “avoided the extremes of frenzy and indifference.”¹⁵ This might be a precarious balance. The brutal Mr. Hyde always threatened to overwhelm the civilized Dr. Jekyll. But the true man would, as Peter Stearns writes in his description of attitudes in the United States, be able to display “an ability to dominate impulse without losing its motivation.”¹⁶

This was a balance that was difficult to define, let alone uphold. At what point did a vigorous sexual appetite take on the air of perversion? When might restraint become a mark of weakness rather than decorum? The ideal as much as the practice was elusive, and doctors struggled to locate with any precision the exact point at which normal became abnormal. But as cultural historians in a range of national contexts have made clear, the difficulty of constructing a coherent code of masculine sexuality was remedied by the presence of a deviant Other.¹⁷ This Other might take different forms: the homosexual or effeminate man, the working-class man, the criminal, the degenerate. But whatever the nature of his deviancy, he served an important function by throwing into relief the virtues of the normal man. This helps to explain the medical preoccupation with the abnormal rather than the normal. The “norm,” as Peter Cryle and Lisa Downing observe, was very rarely presented to readers of medical texts; instead, their pages were filled with examples of perversions as doctors sought to give an otherwise

male virility was celebrated and reinforced in the nineteenth century, see Alain Corbin, Jean-Jacques Courtine, and Georges Vigarello, *Histoire de la virilité*, vol. 2, *Le triomphe de la virilité, le XIX^e siècle* (Paris: Seuil, 2011).

¹⁵ Robert A. Nye, *Masculinity and Male Codes of Honor in Modern France* (New York: Oxford University Press, 1993), 65–67. On the stress placed on self-control in French republican thought, see Judith Surkis, *Sexing the Citizen: Morality and Masculinity in France, 1870–1914* (Ithaca, NY: Cornell University Press, 2006), 50–51.

¹⁶ Peter N. Stearns, *Battleground of Desire: the Struggle for Self-Control in Modern America* (New York: New York University Press, 1999), 57. On the precarious balance between restraint and indulgence, see also Alan Hunt, *Governing Morals: A Social History of Moral Regulation* (Cambridge: Cambridge University Press, 1999), 86. Peter Cryle has explored instances in French *romans de moeurs* where male protagonists are punished for exercising too much sexual restraint. See his “A Terrible Ordeal from Every Point of View: (Not) Managing Female Sexuality on the Wedding Night,” *Journal of the History of Sexuality* 18, no. 1 (2009): 44–64.

¹⁷ Suzanne R. Stewart, *Sublime Surrender: Male Masochism at the Fin-de-Siècle* (Ithaca, NY: Cornell University Press, 1998); Peter Gay, *The Bourgeois Experience: Victoria to Freud*, 5 vols. (Oxford: Oxford University Press, 1984–93); Christopher Forth, *The Dreyfus Affair and the Crisis of French Manhood* (Baltimore, MD: Johns Hopkins University Press, 2004); John C. Fout, “Sexual Politics in Wilhelmine Germany: The Male Gender Crisis, Moral Purity, and Homophobia,” in *Forbidden History: The State, Society, and the Regulation of Sexuality in Modern Europe*, ed. John C. Fout (Chicago: University of Chicago Press, 1992); Heather Ellis and Jessica Meyer, eds., *Masculinity and the Other: Historical Perspectives* (Newcastle: Cambridge Scholars Publishing, 2009).

elusive clarity to models of proper sexual behavior.¹⁸ “Dominant forms of masculinity,” as Angus McLaren writes in his analysis of the obsession with criminal men, “were largely constituted out of a set of negative varieties that appeared in everyday discourse and practice.”¹⁹

Here lay the importance of the satyriasis diagnosis. In the same manner as deviants of other stripes, the man afflicted with satyriasis was a compelling lesson in the disorder that ensued when the precarious balance between desire and restraint was upended. He was the perfect foil, in short, for the dominant code of masculinity. To begin with, he had been stripped of his precious self-mastery. Like the sufferer of spermatorrhea, his body had become a leaky vessel; “the lightest touch of his genitals,” the Italian physician Cesare Lombroso asserted, “triggers emission.”²⁰ His mind, too, had surrendered. The defenses of reason and will were no match for the powerful sexual impulse that marked the condition. As the authors of one American treatise put it, satyriasis resulted in the “abolition of the will-power,” which is to say, an abolition of true masculinity.²¹ What ensued was frightful. In the advanced stages, the sufferer would cast aside all the restraints of morality and decency and commit the most ghastly sexual crimes, from rape to murder to necrophilia. The sorry state of such a man was a compelling reminder of the perils of allowing desire to overwhelm self-control.

In this manner, the satyriasis diagnosis was an effective means of highlighting the failures of certain men—the weak, the effeminate, the racially inferior—while allowing respectable men to feel pride in their own sexual discipline. However, as cases of satyriasis multiplied, its implications for male sexuality began to seem less clear-cut. Satyriasis was now appearing in men endowed with the breeding and willpower that together should have enabled them to resist. At that point, doctors turned to degeneration theory. As many studies have made clear, a fear of degeneration swept Europe and North America at the fin de siècle, cutting across national boundaries and pervading branches of learning from psychology to literature to medicine.²²

¹⁸ Peter Cryle and Lisa Downing, “Feminine Sexual Pathologies,” *Journal of the History of Sexuality* 18, no. 1 (2009): 1–7, 2.

¹⁹ Angus McLaren, *The Trials of Masculinity: Policing Sexual Boundaries, 1870–1930* (Chicago: University of Chicago Press, 1997), 237. George L. Mosse also highlights the importance of negative stereotypes in the construction of a masculine ideal; see his *The Image of Man: the Creation of Modern Masculinity* (New York: Oxford University Press, 1996), 6.

²⁰ Cesare Lombroso, *Criminal Man*, trans. Mary Gibson and Nicole Hahn Rafter (Durham, NC: Duke University Press, 2006), 274.

²¹ James William White and Edward Martin, *Genito-Urinary Surgery and Venereal Diseases* (Lippincott: Philadelphia, 1906), 811.

²² As Jenny Bourne Taylor writes of degeneration theory, “Its power and popularity lay precisely in its vagueness—its ability to be pressed into the service of very different social and political agendas” (“Psychology at the Fin-de-siècle,” in *The Cambridge Companion to the Fin-de-siècle*, ed. Gail Marshall [Cambridge: Cambridge University Press, 2007], 16). See also Daniel Pick, *Faces of Degeneration: Anatomy of a European Disorder c. 1848–1918* (Cambridge: Cambridge University Press, 1989).

The belief that physical and mental disorders were being passed from one generation to the next in a cycle that would end in imbecility or criminality became increasingly popular as a means of explaining what seemed to many commentators a deterioration in the health of populations across Europe and North America. The articulation of a series of pathologies in the last decades of the century was in part a response to this fear that modern civilization was producing degeneracy. Satyriasis, too, became part of this proliferation of perversions that seemed to accompany modern urban life. Bound to a sedentary lifestyle and surrounded by the excitement and movement of the great city, modern man's control over desire appeared to be slipping. Satyriasis was thus enveloped in the growing medical panic over what were thought of as diseases of civilization and racial degeneration that occurred in the last decades of the nineteenth century.

This was a transnational discourse. Doctors across Europe and North America relayed key cases, read translated monographs, and debated the findings of colleagues abroad. In examining the satyriasis diagnosis, I have therefore heeded Margot Canaday's suggestion to look beyond national frames and to follow the topic, as far as possible, wherever it went.²³ This does not mean that national variations did not exist. Honor, for example, played a strong role in the French understanding of masculinity, while the notion of self-advancement predominated in the United States.²⁴ But such variations should not distract from the large areas of overlap. Although commentators on masculinity in each Western nation had their own specific reasons for the preoccupation with manliness and civilization that underlay the satyriasis diagnosis, their rhetoric and diagnoses display remarkable parallels.

As a diagnostic category, satyriasis hinged on a judgment of the normal level of male desire. Unlike homosexuality, it was not regarded as springing from an unnatural impulse. According to Dr. Benjamin Ball, an English physician resident in Paris, satyriasis was essentially the outgrowth of a "natural penchant" that had become "exaggerated." Its "point of origin"—the male desire for heterosexual intercourse—was nevertheless entirely legitimate.²⁵ This capacity to deform a natural instinct was what made satyriasis appear so insidious; as one American physician wrote, the "virtuous inclinations of men are seen exaggerated into frightful passions."²⁶ Complicating the question was the assumption that the male sexual instinct was inherently

²³ Margot Canaday, "Thinking Sex in the Transnational Turn: An Introduction," *American Historical Review* 114, no. 5 (2009): 1250–57, 1256.

²⁴ E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* (New York: Basic Books, 1993); William M. Reddy, *The Invisible Code: Honor and Sentiment in Postrevolutionary France, 1814–1848* (Berkeley: University of California Press, 1997).

²⁵ Benjamin Ball, *La folie érotique*, 2nd ed. (Paris: J.-B. Bailliére, 1893), 114.

²⁶ Homer Bostwick, *A Treatise on the Nature and Treatment of Seminal Diseases, Impotency, and Other Kindred Affections* (New York: Burgess Stringer, 1848), 218.

and legitimately strong. In 1850 the *Westminster Review* asserted that “in men, in general, the sexual desire is inherent and spontaneous,” a sentiment with which few doctors would have disagreed.²⁷ An active, even aggressive male desire was considered essential to courtship, marriage, and reproduction. In his influential *Psychopathia Sexualis*, Krafft-Ebing argued that man, “in accordance with the nature of this powerful impulse,” was legitimately “aggressive and violent in his wooing.”²⁸

How, then, could doctors establish when this natural and powerful impulse had reached such a degree of intensity that it could be considered pathological? What were the limits of male desire? Krafft-Ebing, who classified satyriasis as a form of hyperesthesia, or a pathological intensification of desire, conceded the difficulty of determining any precise measure. “Pathology has no easy task,” he wrote, “when it has to decide when the impulse to sexual satisfaction has reached a pathological degree.” Some men appeared to be born with unusually strong erotic drives; furthermore, levels of desire fluctuated according to age, social circumstance, religious conviction, and other factors. The scale of the problem became even more apparent when compared to the ease with which abnormally high levels of desire could be detected in women. In a judgment that reflected a widespread consensus, Krafft-Ebing asserted that a woman in her normal state “has less sexual need than man.” As a result, a “predominating sexual desire in her arouses a suspicion of its pathological significance.”²⁹ Nymphomaniacs, in other words, were much easier to spot.

To avoid any ambiguity over whether they were dealing with a pathology or simply patients endowed with strong instincts, doctors presented cases that exceeded even the most generous standards of male sexual activity. An intense craving for sexual gratification was only the first stage of satyriasis. The patient’s genitals would be in a constant state of arousal, leading to repeated involuntary ejaculations. Soon he would be able to think of nothing else but sex. In a definition that was widely cited, University of Pennsylvania professors James William White and Edward Martin claimed that obsession was at the heart of the condition. “The sexual desire is so overpowering,” they wrote, “that its gratification becomes the one dominant thought and purpose of the patient’s life.”³⁰ This obsessive desire was accompanied by an almost inexhaustible sexual energy. Doctors reported cases of men masturbating almost continually. But true satisfaction was always elusive; even repeated coitus only had the effect of inflaming desire further. This combination—superhuman levels of endurance with a desire

²⁷ *Westminster Review* 53 (1850): 242.

²⁸ Richard von Krafft-Ebing, *Psychopathia Sexualis, with Special Reference to Contrary Sexual Instinct*, trans. Charles Gilbert Chaddock, 7th ed. (Philadelphia: F. A. Davis, 1892), 13.

²⁹ Ibid., 48. On the contrast between satyriasis and nymphomania, see Carol Groneman, *Nymphomania: A History* (New York: W. W. Norton, 2001), 11–13.

³⁰ White and Martin, *Genito-Urinary Surgery*, 811. This book was published in eight separate editions from 1897 to 1910.

that could not be sated—led to sexual behavior that could only be described as pathological. The French physician Ambroise Tardieu reported the case of a man who had performed intercourse forty times in one night.³¹ For the most part, however, nineteenth-century physicians looked to the Classical and Renaissance era for examples. Many cited a case from the Swiss Enlightenment anatomist Albrecht von Haller of fifty acts of coitus in one night.³² An even more popular study came from the sixteenth-century physician Barthélémy Cabrol. This was a man in Provence who, having been tricked into taking an aphrodisiac by a witch, suffered a crisis of satyriasis that resulted in ninety-seven sexual acts over two consecutive nights.³³

The aberrant nature of the state of satyriasis was most starkly demonstrated, however, in the horrible sexual crimes that the man in its grip would commit. As scores of medical texts warned, a man whose mind was so dominated by desire would cast aside all notions of law and morality and attack the first woman or child he encountered. Tardieu described the sufferer at the height of his “erotic furor” assaulting any woman who crossed his path, regardless of age or physical appearance.³⁴ William A. Hammond, author of the first American work of neurology and professor of nervous and mental diseases at New York University, warned that the “venereal excitement may run so high that rape and murder are perpetrated.”³⁵ Any sign of resistance was thought likely to produce even worse crimes. In his *Des aberrations du sens génésique*, a work that greatly influenced Krafft-Ebing, Dr. Paul Moreau described a man in the grip of satyriasis murdering his intended victim before satisfying his brutal desires on her still-warm body.³⁶

The crimes of the man during an attack of satyriasis, then, marked him as the Other, the rogue figure whose degraded manliness served as a cautionary tale for all men of the dangers of losing sexual balance. The victim of satyriasis might have inflamed his sexual desire—through masturbation, the use of aphrodisiacs, or the reading of salacious novels—to the point where reason and willpower were no longer held in check. But he might equally have erred in adopting too rigorous a regime of sexual restraint. Doctors commonly listed abstinence, or “continence” as it was termed, as a key trigger. The precise mechanism through which abstinence led to

³¹ Ambroise Tardieu, *Manuel de pathologie et de clinique médicales* (Paris: Germer Bailliére, 1848), 447.

³² See Jean-Martin Charcot, Charles Bouchard, and Édouard Brissaud, *Traité de médecine*, vol. 1 (Paris: G. Masson, 1891), 608.

³³ The case appears in Cabrol’s 1594 *Alphabet anatomic, auquel est contenue l’explication exacte des parties du corps humain*. It was cited by a series of nineteenth-century French physicians, including Paul Moreau, Auguste Debay, and Félix Roubaud, as well as the authors of the sixty-volume *Dictionnaire des sciences médicales* (1812–22).

³⁴ Tardieu, *Manuel de pathologie*, 447.

³⁵ William A. Hammond, *A Treatise on Insanity in Its Medical Relations* (New York: D. Appleton, 1883), 551–52.

³⁶ Paul Moreau, *Des aberrations du sens génésique* (Paris, 1887), 232.

satyriasis was always a little vague. Most doctors continued to draw on a long-standing theory of accumulation that posited that the production of seminal matter would, if not relieved by intercourse, create a blockage in the bodily system, eventually triggering a dangerous state of what was termed “genital irritation.”³⁷ But if the physiological explanation was imprecise, doctors could point with confidence to certain case studies that proved the linkage. The most famous was the testimony of a French priest known as the curé of Réole, which was published in 1777 by the Enlightenment naturalist George-Louis Leclerc de Buffon.³⁸ The curé described his ongoing battle to remain celibate. Constant desire that was not indulged produced nocturnal pollutions and then, in an escalation that was typical of the disease, erotic delirium. Soon his nights were tormented with visions of seductive women. In his narrative, the priest identified the physical processes that had led to this state. He was the victim of “the abundance and the effervescence of the seminal humor” in his body, an abundance augmented by his obstinacy in having prevented “nature from satisfying its needs.”³⁹ Buffon’s priest, in short, was a classic case of an accumulation of seminal material leading to a morbid irritation of the genitals and the onset of satyriasis.

The testimony of the curé of Réole was still being cited by doctors in France and other nations at the fin de siècle. In France, many doctors were sympathetic to the anticlerical movement and seized on the case to discredit the Catholic Church and its vow of celibacy.⁴⁰ But the testimony of the curé moved beyond an anticlerical agenda. Krafft-Ebing referred to the case as an example of the pernicious effects of continence in men with a predisposition to sexual disorders.⁴¹ The Russian Benjamin Tarnowsky, in a work translated into French, German, and English, recounted the narrative of Buffon’s priest as an exemplary case of satyriasis brought on by excessive chastity.⁴²

Satyriasis, then, exemplified the precariousness of the sexual balance demanded of true men. As the French physician Auguste Debay wrote, “It is just as dangerous to stifle the genital instinct as it is to let it run wild.”⁴³ But for men who might be worried about navigating the proper course of desire, doctors had a more reassuring message. The vast majority of men

³⁷ Michael Mason, *The Making of Victorian Sexuality* (Oxford: Oxford University Press, 1995), 183–84.

³⁸ Buffon published the letter in the *Histoire naturelle générale et particulière: Supplément. Tome quatrième* (Paris, 1777), 383–94.

³⁹ *Dictionnaire des sciences médicales*, vol. 6 (Paris: C. L. F. Panckoucke, 1813), 373.

⁴⁰ For a fuller account of the role of satyriasis in the French anticlerical movement, see my “The Satyriasis Diagnosis: Anti-clerical Doctors and Celibate Priests in Nineteenth-Century France,” *French History* 26, no. 4 (2012): 504–23.

⁴¹ Richard von Krafft-Ebing, *Textbook of Insanity Based on Clinical Observations*, trans. Charles Gilbert Chaddock (Philadelphia: F. A. Davis, 1905), 188.

⁴² Benjamin Tarnowsky, *L’instinct sexuel et ses manifestations morbides, du double point de vue de la jurisprudence et de la psychiatrie* (Paris: Charles Carrington, 1904), 108.

⁴³ Cited in Rachel Mesch, “Housewife or Harlot? Sex and the Married Woman in Nineteenth-Century France,” *Journal of the History of Sexuality* 18, no. 1 (2009): 65–83, 70.

would not succumb to the disease, even when forced to endure long periods of sexual abstinence. The reason lay in the specific characteristics of the male gender. Doctors assumed that men were equipped with a set of defense mechanisms, some of them innate, others a function of their social role. Women, in contrast, were at the mercy of their biological impulses and as a consequence more susceptible to nymphomania. In his entry on satyriasis in the *Dictionnaire encyclopédique des sciences médicales*, Dr. Louis Bouchereau summarized the differences. Man, he wrote, was “more master of all his actions” and thus “gives less satisfaction to the appetites.” This intellectual force meant that he lives “less under the dependence of the organs of generation.” Society, too, offered men certain protections. Bouchereau insisted that a man who leads “an active life” and “accomplishes difficult works” could drain off any excess sexual energy.⁴⁴ Tied to the domestic sphere and denied this public activism, women were far more vulnerable to destabilizing surpluses of erotic energy. A point not made by Bouchereau but that some doctors were prepared to concede was that women were penalized as well by the sexual double standard, which allowed men far easier access to illicit sex. As the German physician Gottlieb Heinrich Jahr wrote, men “have much more frequent opportunities than women of satisfying their desires, without exciting particular remark, and therefore afford the disease an opportunity of terminating favorably.”⁴⁵

The implication of this gendered understanding of satyriasis was that those men who succumbed to it were stained with the mark of effeminacy. Bouchereau made this explicit. Satyriasis was most commonly found in men, he wrote, “who lead lives similar to those of women, adorned with the same habits and impacted by the same troubles that are so often observed in them.” Amongst these habits was a lack of industriousness. Doctors invariably described men with satyriasis as indolent. Krafft-Ebing recorded the case of a twenty-three-year-old shoemaker named F. who, having fallen into a state of satyriasis after two months without sex, attacked two women in broad daylight. This man, according to Krafft-Ebing, exhibited a “dislike for work” and “laziness.”⁴⁶ Another of Krafft-Ebing’s cases, an engineer named Clemens who tried to rape an old woman, was by nature “weak” and “devoid of energy.” At the peak of the attacks, these men were not lacking in energy; they exhibited, in fact, a kind of demonic erotic fury. But again, there was something disturbingly feminine about them. In

⁴⁴ *Dictionnaire encyclopédique des sciences médicales*, 3rd series, vol. 7 (Paris: G. Masson, 1879), 67.

⁴⁵ Gottlieb Heinrich Jahr, *General and Special Therapeutics of Mental Diseases and Psychological Disorders*, trans. John M. Galloway (Manchester: Henry Turner, 1857), 361. A similar point was made by William Hammond in his *Treatise on Insanity*, 552.

⁴⁶ Krafft-Ebing, *Psychopathia Sexualis*, 54. Other cases of satyriasis appear in his “Ueber gewisse Anomalien des Geschlechtstriebes und die klinisch-forensische Verwerthung der Selben als eines Wahrscheinlich funktionellen Degenerationszeichens des centralen Nervensystems,” *Archiv für Psychiatrie und Nervenkrankheiten* 7 (1877): 291–312.

particular, descriptions of their physical contortions and facial convulsions while in the throes of satyriasis were very similar to those used to describe hysterical women. Krafft-Ebing described Clemens as being in such a state that his “eyes [were] red and bright, . . . pulse full, soft beating over 100, fingers somewhat tremulous.” The shoemaker similarly displayed an “acute delirium,” with “grinding of the teeth” and “grimacing.”⁴⁷

In their understanding of satyriasis, then, doctors imagined the male body being infused with female traits. In this manner, the articulation of satyriasis followed a similar pattern to other male pathologies. As Elizabeth Stephens suggests, the traits ascribed to the male sufferer of spermatorrhea—weepiness, giddiness, a lack of control over the body—were those usually associated with women.⁴⁸ But the pathology of satyriasis was also racialized. Historians of masculinity in the United States in the late nineteenth and early twentieth centuries have argued that mastery of one’s body was a marker of the superiority not just of men over women but of white men over other races.⁴⁹ Medical texts described with relish the sexual corruption that reigned in primitive societies. Male savages, the authors of these texts contended, were akin to animals in their frenzied hunt for sexual gratification. In contrast, civilized man had managed to bring sexual desire under the control of mind and morality. Krafft-Ebing began his famous *Psychopathia Sexualis* by describing the evolution of sexual morals that accompanied the emergence of civilized societies. The American Max Huhner wrote that after centuries of education and breeding, the sexual instinct in normal men “has been placed more or less in the background.” Civilized man, as he put it, had developed a “moral code” that “dictates that he satisfy his sexual needs within certain limits of modesty and morality and not, like the brute, whenever desire seizes him.”⁵⁰

The sufferer of satyriasis—the satyr—demonstrated himself to be a savage through his desperate hunt for sexual gratification. Louis Bouchereau observed that satyriasis was most commonly found in “inferior races and beings.” Chief amongst these was the “Negro [who] obeys his sensations, and who is preoccupied solely with satisfying his hunger.” A man from such a primitive race would be gripped by an “erotic frenzy that nothing could stop, not the ties of blood nor even age”; his sole purpose, Bouchereau wrote, was to “abandon himself to sexual pleasure.”⁵¹ The association

⁴⁷ Krafft-Ebing, *Psychopathia Sexualis*, 52, 51, 54.

⁴⁸ Stephens, “Leaky Bodies,” 437–38.

⁴⁹ Gail Bederman, *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880–1917* (Chicago: University of Chicago Press, 1995); Kristin L. Hoganson, *Fighting for American Manhood: How Gender Politics Provoked the Spanish-American and Philippine-American Wars* (New Haven, CT: Yale University Press, 1998), esp. 49–52, 134–36.

⁵⁰ Max Huhner, *A Practical Treatise on Disorders of the Sexual Function in the Male and Female* (Philadelphia: F. A. Davis, 1921), 152.

⁵¹ *Dictionnaire encyclopédique*, 67.

between satyriasis and savagery extended to physical characteristics. Several medical case studies describe the faces of satyrs in terms that were similar to those used to describe Africans, particularly their full lips. The British sexologist Havelock Ellis quoted Bouchereau's assertion that men afflicted with satyriasis were generally those with "developed muscles, abundant hair on body, dark complexion."⁵² As the linkage to the half-beast, half-man of Greek mythology suggests, a comparison to animals, particularly rutting animals, was frequent. In some accounts, the sufferer exhaled an odor that was described as similar to that of animals during the mating season.⁵³ Primitive lust, then, linked the sufferer of satyriasis to the savage. As Paul Moreau argued, an observer who wished to understand the effects of satyriasis need only look to the behavior of an ape at first sight of a mate, or the fury with which the Indians of North America were said to throw themselves on their women.⁵⁴

One of the most influential Victorian authorities on sexual behavior, the English gynecologist and sexologist William Acton, reported a case that distilled these linkages between unbridled carnality, race, and animalism. Acton described the patient as having all the physical markers of a primitive sensuality: his face was "red" and "haggard," and his lips were "thick and sensuous." Acton had never seen a man in whom "the animal was so markedly prominent."⁵⁵ Believing that satyriasis was "one of the most awful visitations to which humanity can be subject," Acton wrote that this case made "a deep impression on me." The nature of the sexual crimes committed by this man was unclear; Acton simply described them as too shocking to be published. But as much as his crimes, it was the presence of such a sexual savage at the heart of English society that was so shocking. The man afflicted with satyriasis embodied not only a primitive sexual savagery but, more disturbingly, the inability of European men to resist falling into such a degraded state. Through the satyriasis diagnosis, doctors began to entertain the possibility that the vaunted sexual superiority of white men might rest on shaky foundations.

The existence of such men thus raised a series of troubling questions. How could cases of satyriasis occur in civilized nations? Why did some men appear immune to the uplifting effects of modern society? In response, some doctors speculated that satyriasis might be an outgrowth of atavism, or a reversion to primitive traits. This theory was most associated with the Italian physician and criminologist Cesare Lombroso. For Lombroso, criminals were born, not made; they were an unevolved race with many

⁵² Havelock Ellis, *Studies in the Psychology of Sex*, vol. 5 (Philadelphia: F. A. Davis, 1918), 185. First published 1906.

⁵³ White and Martin, *Genito-Urinary Surgery*, 812.

⁵⁴ Moreau, *Aberrations du sens génésique*, 232n1.

⁵⁵ William Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life Considered in Their Physiological, Social and Moral Relations* (Philadelphia: Lindsay & Blakiston, 1865), 162.

of the traits of savages. Amongst these was an inability to control sexual urges, a shared feature of savage societies such as Australian Aborigines and the criminal clans infesting the great cities of Europe and North America. The satyr, then, was an evolutionary throwback, a remnant of humanity's primitive ancestors.⁵⁶

By midcentury these kinds of degeneration theories had gained considerable prominence across the Continent. In addition to Lombroso, another key figure was the French doctor Bénédict-Augustin Morel. According to Morel, both innate and acquired defects could be passed from one generation to the next, manifesting themselves in a range of individual and social vices, from alcoholism to epilepsy to criminality. This meant that a satyr was in all likelihood the product of a degenerate parent. Furthermore, any man who indulged in practices such as masturbation was at risk of corrupting the sexual morals of his offspring. In an 1889 study of sexual perversions, the American urologist Frank Lydston expressed the belief that satyriasis was being transmitted from one generation to the next. Disorders of sexual desire, he argued, were among the most heritable traits. "The offspring of the abnormally carnal individual," he wrote, "is likely to be possessed of the same inordinate sexual appetite that characterizes the parent." The "child of vice" carries the "germ of vicious impulse."⁵⁷ In an Italian case of satyriasis reported in the *Annales médico-psychologiques* in 1901, the ease with which sexual disorders tainted an entire family line was clearly demonstrated. Here a man was accused of attempting to rape his niece; upon further investigation, doctors ascertained that she was herself a nymphomaniac who engaged without remorse in both lesbianism and masturbation. They were not surprised, then, that she was the daughter of an alcoholic father and a consumptive mother.⁵⁸

The most startling cases of hereditary predisposition to satyriasis involved prepubescent boys. In *Criminal Man*, Lombroso cited the case of a boy who, at the age of eight, was already an onanist and had attempted to rape his mother. The mother, Lombroso took care to note, was herself a hysteric.⁵⁹ In 1890 the French doctor Paul Garnier reported a similar case, that of Pierre R. From the age of four this boy had practiced masturbation. From there his behavior became more and more brazen, culminating in an episode in which the boy—then nine—threw himself on a sixty-year-old woman. Taken to a hospital, Pierre R. then propositioned several nurses. This was a boy, Garnier reminded his readers, who "knew nothing about life, its passions, its joys or its true burdens." He was also too young to

⁵⁶ On Lombroso, see Nicole Rafter, *The Criminal Brain: Understanding Biological Theories of Crime* (New York: New York University Press, 2008), 65–88.

⁵⁷ G. Frank Lydston, "Sexual Perversion, Satyriasis and Nymphomania," *Medical and Surgical Reporter* 61 (1889): 255.

⁵⁸ O. Giacchi, "Satyriasis récurrent chez un alcoolique et hystérie dans un cas de folie morale," *Annales médico-psychologiques* (1901): 473–75.

⁵⁹ Lombroso, *Criminal Man*, 274.

be stained by any environmental vices. There was no other explanation, Garnier declared, than what he termed a “vice atavique” passed down from the boy’s parents. His mother was feeble-minded; his father was a drinker and man of loose morals who had separated from his wife and, even more significantly, was reported to be frequently enraged with women.⁶⁰

These were extreme cases. But by the end of the century doctors were regularly scanning the bodies of their patients and their family histories for signs of degeneration. In the case of the shoemaker named F., on whom Krafft-Ebing reported, the father had a “passionate temper,” the mother was neuropathic, and an uncle on the same side of the family was insane.⁶¹ In 1908 a French physician, Jacques Baruk, reported the case of an illiterate peasant accused of incest. The testimony of his wife suggested that he was prone to satyriasis, and Baruk immediately began the hunt for signs of degeneration. The man’s sister had died in an asylum; another was “nervous” and “irritable.” This man also matched the description of an atavistic remnant in that he displayed a low intellectual capacity and was incapable of performing simple arithmetic. Nor was his conscience developed; he expressed no remorse for his acts. The physical signs of degeneration included a receding forehead, hollowed-out temples, and very prominent cheekbones. On the basis of this evidence, Baruk concluded that he was dealing with a feeble-minded degenerate who was a danger to public order and morality and who could never be cured. Baruk recommended lifelong internment in an asylum.⁶²

Such compelling portraits of degraded manhood served to throw into relief the elevated qualities of “normal” men. Whether undone by an effeminate lifestyle, a failure of will, or an inherited taint, the man with satyriasis was a compelling reminder of the virtues of the restrained yet vigorous man. But increasingly doctors were confronted with cases of satyriasis that confounded any easy division between normal and abnormal men. The problem was that the signs of atavism or degeneration were not always so easy to detect. Not all satyrs had thick lips or sunken foreheads. Nor did they all issue from hysterical mothers or alcoholic fathers. According to the American Max Huhner, among those with mild cases of the affliction one often found “men of the highest respectability and of the very highest intellect” who nonetheless displayed signs of satyriasis. Despite impeccable upbringing and education they could not resist “indulging in sexual intercourse at the slightest provocation.”⁶³ Paul Moreau cited several such cases. One was a young man who had been “very well-raised and

⁶⁰ Paul Garnier, *La folie à Paris: Étude statistique, clinique et médico-légale* (Paris: J.-B. Bailliére, 1890), 189–93.

⁶¹ Krafft-Ebing, *Psychopathia Sexualis*, 54.

⁶² Jacques Baruk, *Revue de médecine légale* 15 (1908): 299–304.

⁶³ Max Huhner, “Rape and Satyriasis,” *American Journal of Urology and Sexology* 14 (1918): 364.

extremely talented"; another was a public official who had shown no sign of the condition until, at the age of fifty, he was suddenly filled with excessive desire.⁶⁴ Krafft-Ebing referred to the case of a French farmer who was "universally respected" and who showed no "hereditary or other organic causes" that might arouse suspicion. Nevertheless, this apparently decent man was prone to fits of sexual violence so extreme that he forced his wife to commit bestiality.⁶⁵ The French physician Jules Grasset similarly reported on the case of a farmer who was economical, paid his bills regularly, and was regarded by his acquaintances as perfectly sane. And yet this man was "obscene, violent, deranged, and dangerous" and had inflicted unspeakable tortures on his wife.⁶⁶

Satyriasis, then, seemed to strike middle-class men whose bodies, family histories, and modes of living were not degenerate, effeminate, or savage. How could this be explained? One response contradicted theories of degeneration by stressing anatomical mishaps. As Arnold I. Davidson explains, when faced with this sort of quandary, Victorian doctors retreated into what he terms a "brute physicalism."⁶⁷ They sought, in other words, anatomical deformities that might explain aberrant behavior. In the case of satyriasis, the first place they looked was the genitalia. Unfortunately, outside of a handful of cases, the men afflicted with satyriasis appeared to show no sign at all of genital abnormality.

The next place to look was the brain. In 1829 a Doctor Chauffard from Avignon described a case of brain trauma leading to satyriasis. His patient had fallen and struck his head on a bedpost. This man, who had never shown any sign of heightened sensuality or lewdness and was furthermore renowned for his gentle nature and sweet disposition, was almost immediately "seized with a continued and violent satyriasis" that drove him to "attack his wife, daughters and any female that came his way."⁶⁸ We might expect doctors in later decades to discard such anatomical explanations in favor of degeneration. But in a sign of the ways in which different theories continued to coexist, Chauffard's case was cited for decades after its publication, leading physicians to scan the histories of their patients for evidence of head injury.⁶⁹ In his consideration of the case of Clemens the engineer,

⁶⁴ Moreau, *Des aberrations du sens génésique*, 237–38.

⁶⁵ Krafft-Ebing, *Psychopathia Sexualis*, 53.

⁶⁶ Jules Grasset, *Demisous et demiresponsables* (Paris: F. Alcan, 1907), 65–66.

⁶⁷ Arnold I. Davidson, "Closing Up the Corpses: Diseases of Sexuality and the Emergence of the Psychiatric Style of Reasoning," in *Homosexuality and Psychoanalysis*, ed. Tim Dean and Christopher Lane (Chicago: University of Chicago Press, 2001), 65.

⁶⁸ *Archives générales de médecine* 19 (1829): 263.

⁶⁹ The long list of medical periodicals and texts that cited this case includes *London Medical and Surgical Journal* 3 (1833): 767–68; *American Journal of the Medical Sciences* 4 (1829): 491; Jean-Baptiste Baillière, ed., *Traité de nosographie médicale*, vol. 3 (Paris: J.-B. Baillière, 1846), 616; Ball, *Folie érotique*, 106; Charles Férey, *L'instinct sexuel. Évolution et dissolution* (Paris: Alcan, 1899), 115.

for example, Krafft-Ebing took care to note that Clemens had suffered a blow to the head with a hoe at the age of five.⁷⁰

As with the search for genital abnormalities, brain trauma also rarely turned out to be a cause of the psychological disturbance, leading to yet another explanation: the effects of modern civilization. At first glance, this was an unlikely argument; as we have seen, writers such as Krafft-Ebing often cast modern civilization as a beneficent force that had freed men from primitive instinct. But by the late nineteenth century, more and more doctors across North America and Europe were warning that civilization was now producing its own sexual disorders.⁷¹ The frenetic pace of urban life, combined with the shift into sedentary and intellectual occupations, was, it was said, draining men of their virility and leaving them in the state of nervous exhaustion that the American George M. Beard termed “neurasthenia.” Civilization had taught men to master their primitive urges; overcivilization, however, was turning them into weaklings. Bourgeois manhood, as Christopher E. Forth argues, was being “undone by the lifestyles and habits that defined it and made it possible.”⁷²

By the last decades of the century, satyriasis too was more and more explained as an undesirable outgrowth of the defining features of civilization. One was the shift to urban living. Large cities, with their movement, variety, and spectacle, stimulated the senses. Men living in cities, Krafft-Ebing argued, had stronger sexual drives than men in the countryside. City dwellers, he wrote, “are constantly reminded of sexual things and incited to sexual enjoyment.”⁷³ Cesare Lombroso agreed. The “progress of civilization,” he argued, “multiplies needs and wants by a hundredfold, and wealth stimulates the senses.” Crime could be explained as a result of the “craving of civilized society for stimulants.”⁷⁴ Even the infrastructure of great cities appeared to be having novel and disturbing effects on male desire. In the case of Clemens the engineer, the onset of satyriasis was triggered by the movement and rocking of a steam train. By his own account, Clemens found himself confused and disturbed by the “heat and noise” of the train, and his attack on the old woman took place soon after.⁷⁵ Alongside this environmental stimulation was a shift in work patterns that closed off any healthy outlet. Modern man was likely to be a member of the growing clerical and intellectual workforce, and as such he was denied

⁷⁰ Krafft-Ebing, *Psychopathia Sexualis*, 51.

⁷¹ Harry Oosterhuis, *Stepchildren of Nature: Krafft-Ebing, Psychiatry and the Making of Sexual Identity* (Chicago: University of Chicago Press, 2000), 33–34.

⁷² Christopher E. Forth and Bertrand Taithe, *French Masculinities: History, Culture and Politics* (London: Palgrave Macmillan, 2007), 86. See also Angus McLaren, *Impotence: A Cultural History* (Chicago: University of Chicago Press, 2007); Bederman, *Manliness and Civilization*, 84–88.

⁷³ Krafft-Ebing, *Psychopathia Sexualis*, 49.

⁷⁴ Lombroso, *Criminal Man*, 120–21.

⁷⁵ Krafft-Ebing, *Psychopathia Sexualis*, 52.

the vigorous physical activity that doctors had long prescribed as a means of calming erotic desire.

Of course, great cities also offered the opportunity for illicit sex, a practice that might prevent sexual frustration, which could morph into satyriasis. But here as well official attitudes were beginning to shift by the end of the nineteenth century. As we have seen, many doctors frankly conceded that the rarity of satyriasis compared to nymphomania was partly due to the sexual double standard. Unlike women, men were able to alleviate the effects of sexual abstinence through recourse to prostitution or other forms of premarital sex, thereby reducing the danger of satyriasis. Man, as Joseph W. Howe wrote, “can gratify his venereal sense with impunity,” while woman was put “under a ban, and compelled to suppress her passions regardless of consequences to her nervous system.”⁷⁶

By the late nineteenth century, however, the sexual double standard was coming under attack from moral purity and social hygiene movements as part of an escalating panic over prostitution and the spread of venereal disease. These movements were not identical in different nations. In France, for example, medical opinion was largely in favor of the regulation of prostitution as the best means of stopping the spread of venereal disease. In Britain and the United States, experiments in regulatory regimes were, in contrast, short-lived. In Germany, approaches varied from city to city.⁷⁷ But it is enough to note here that what these national movements shared was a conviction that young men should be counseled to be chaste.⁷⁸ By the turn of the century, doctors were allying with religious leaders and female moral purity campaigners to form social hygiene organizations. A central concern of organizations such as the American Society of Sanitary and Moral Prophylaxis, which held its first meeting in 1905, was to discredit the old doctrine of “sexual necessity,” under which abstinence from sex was held responsible for a range of mental and physical ills. Amongst these, as we have seen, was satyriasis itself. Social hygienists deemed this doctrine to

⁷⁶ Joseph W. Howe, *Excessive Venery, Masturbation and Continence: The Etiology, Pathology and Treatment of the Diseases Resulting from Venereal Excesses, Masturbation and Continence* (New York: E. B. Treat, 1907), 111. See also Lydston, “Sexual Perversion,” 283.

⁷⁷ On Germany, see Lutz Sauerteig, “Sex, Medicine and Morality during the First World War,” in *War, Medicine and Modernity*, ed. Roger Cooter, Mark Harrison, and Steve Sturdy (Stroud: Sutton Publishing, 1998), 167–88. See also Peter Baldwin, *Contagion and the State in Europe, 1830–1930* (Cambridge: Cambridge University Press, 2004).

⁷⁸ Roger Davidson and Lesley A. Hall, eds., *Sex, Sin and Suffering: Venereal Disease and European Society since 1870* (London: Routledge, 2001). On moral purity campaigns aimed at young British men, see Lesley A. Hall, *Hidden Anxieties: Male Sexuality, 1900–1950* (Cambridge: Polity, 1991), 26–32; Lucy Bland, *Banishing the Beast: English Feminism and Sexual Morality, 1885–1914* (London: Penguin, 1995); Frank Mott, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (London: Routledge, 2000). For a German study, see Edward Ross Dickinson, “The Men’s Christian Morality Movement in Germany, 1880–1914: Some Reflections on Politics, Sex, and Sexual Politics,” *Journal of Modern History* 75, no. 1 (2003): 59–110.

be a mere prejudice that encouraged illicit sexual practices, particularly the recourse to prostitution.⁷⁹ Doctors should instead be teaching men that sexual abstinence was not only feasible but also benign.

While perhaps strongest in Great Britain and the United States, the increased emphasis on male sexual restraint was apparent in Europe as well. At the turn of the century, more and more German and French physicians were arguing that sexual abstinence was harmless in normally constituted men. In 1907 Dr. Ludwig Jacobsohn asked more than two hundred German and Russian professors in various branches of medical science if they regarded male sexual abstinence as harmful. The consensus, he reported, was that abstinence was harmless in all those not already afflicted with physical or psychological disorders and of positive benefit for youths under the age of twenty.⁸⁰ National medical associations passed resolutions in support of such sentiments. In 1903 the Deutsche Gesellschaft zur Bekämpfung von Geschlechtskrankheiten (German Association for Combating Venereal Diseases) issued a pamphlet stating that sexual continence was not injurious to health.⁸¹ On 16 June 1906 the annual meeting of the American Medical Association similarly resolved that sexual continence “is not injurious to health.” Any contrary doctrine, the resolution continued, was a “menace to the physical and moral welfare of the individual and society.”⁸² In France, the Société française de prophylaxie sanitaire et morale (SFPSM) issued a similar resolution.⁸³

These social hygienists appeared confident that male sexual abstinence would not trigger attacks of satyriasis. But not all doctors were convinced. Some reported cases of satyriasis that stemmed from the disjuncture between heightened calls for chastity and the sensual implications of urban life. The German physician Albert von Schrenck-Notzing, who defended the practice of advising young men suffering from abstinence to engage in premarital sex, treated a young man with satyriasis. Several months before, this man had found himself plagued with physical and mental troubles due to a long period of sexual abstinence. Satyriasis might have been prevented through an early intervention, such as a visit to a prostitute, Schrenck-Notzing believed. But under the influence of religious ideals, this young man had chosen to battle to remain chaste. As a result, he succumbed; one evening,

⁷⁹ Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: Oxford University Press, 1985); Jeffrey P. Moran, *Teaching Sex: The Shaping of Adolescence in the 20th Century* (Cambridge, MA: Harvard University Press, 2000); Cristina Simmons, *Making Marriage Modern: Women's Sexuality from the Progressive Era to World War II* (New York: Oxford University Press, 2009).

⁸⁰ Ludwig Jacobsohn, “Die sexuelle Enthaltsamkeit im Lichte der Medizin,” *St. Petersburger Medizinische Wochenschrift* 32, no. 11 (1907): 97–103.

⁸¹ Andreas Hill, “May the Doctor Advise Extramarital Intercourse? Medical Debates on Sexual Abstinence in Germany, c. 1900,” in *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality*, ed. Roy Porter and Mikuláš Teich (Cambridge: Cambridge University Press, 1994), 284–302.

⁸² *Journal of the American Medical Association* 46 (1906): 1880.

⁸³ Surkis, *Sexing the Citizen*, 235–36.

Schrenck-Notzing recorded, “libido came over him with all-conquering force, and clouded consciousness.”⁸⁴

Another case reported by Krafft-Ebing in the twelfth edition of *Psychopathia Sexualis* pointed to the manner in which men who adopted this code of sexual restraint might fall victim to satyriasis as a consequence. The subject was a schoolteacher named Z. whose crime was to masturbate in the classroom. Though he showed some hereditary predisposition to disease—several relatives were epileptics—and had suffered a concussion as a young man, the trigger for Z.’s satyriasis seemed to have been the decision to stop having sex with his wife. This, in turn, came about because of his principled opposition to contraception and, presumably, his unwillingness to seek sexual satisfaction with other women. Having decided to remain chaste, Z. almost immediately showed a propensity for frequent rages during which he would beat his wife and children, and only the temporary relief brought about by masturbation prevented him attacking other women. As a “brain worker”—the class identified by Beard as susceptible to neurasthenia—Z. had no opportunity to engage in manual labor and thereby diminish his sexual energy. All of this, combined with the sight of “pretty young girls attending his lecture,” led Z. to his shameful act.⁸⁵

Doctors also reported cases of men who, fearing the onset of satyriasis, had chosen to ignore entirely the sexual abstinence message. In 1900 the California physician Peter Charles Remondino described a patient endowed with a strong sexual drive but married to a physically frail woman. Fearing for her health if she were subjected to his sexual demands but conscious that the effects of abstinence might be “sexual perversion” or “mental derangement,” the patient had opted for infidelity. What made the case particularly instructive for Remondino was the frustration expressed by this man at the contradictory position that society had placed him in. Sexual hygienists and religious crusaders demanded that he remain chaste. Yet urban life threw him into contact with “all manner of females.” This placed him at risk of satyriasis, which would mean “continued inaptitude for business” and therefore social failure. As Remondino concluded, “An adherence to strict conventional Christian precepts was an utter impossibility for this man, environed as he was by the complex and too often contradictory conditions and demands that go to make our civilization and business life.”⁸⁶ The message of male sexual restraint was thus shown to be ill adapted to the conditions of modern urban life, and the result of the disjunction was the spread of satyriasis.

⁸⁴ Albert von Schrenck-Notzing, *Therapeutic Suggestion in “Psychopathia Sexualis,”* trans. Charles Gilbert Chaddock (Philadelphia: F. A. Davis, 1898), 30.

⁸⁵ Richard von Krafft-Ebing, *Psychopathia Sexualis*, 12th ed. (Stuttgart: F. Enke, 1903), 60–61.

⁸⁶ Peter Charles Remondino, “Some Observations on Continence as a Factor in Health and Disease,” *Pacific Medical Journal* 43, no. 1 (1900): 14.

CONCLUSION

As a pathology, satyriasis played a role in the creation and policing of a concept of masculinity that was grounded in a belief in the need for balance between desire and restraint. The point of the satyriasis diagnosis was not to protect women from sexual violence; instead, it was to warn men of the dangers of losing control. Having let slip his mastery of the sexual instinct, either by indulging in too much erotic activity or by pursuing a too strict chastity, the victim of satyriasis was imagined as a dangerous, perverted outsider, a savage capable of the most ghastly offenses against morality and law. Satyriasis in this stage of development was never thought likely to reach epidemic proportions. But even a handful of cases was enough to help set normative boundaries for masculinity. As the embodiment of degraded manhood, understood in terms of either effeminacy or primitive savagery, the satyr was the rogue figure against whom “normal” men could gauge their own respectability.

By the end of the century, though, the clarity of this message was being muddied by what Christopher E. Forth terms the “sensory implications of civilization.”⁸⁷ A range of factors—the availability of rich foods, the stimulation of great cities, the shift from physical to cerebral work—in conjunction with a renewed emphasis on male chastity were working to pry open men’s intellectual defenses. As doctors reported with dismay, respectable men who should have been able to resist were instead succumbing. Satyriasis was thus unsettling proof that the degeneration brought on by civilization itself was now eroding the self-control of the respectable male elite.

One response to this apparent wave of degeneration was the appearance of health movements in various nations that cultivated exercise, vigor, and muscular strength in men.⁸⁸ But the central tension expressed by the satyriasis diagnosis remained. Men might be encouraged to be virile and hardy and thereby find a remedy to the sensual and effeminating tendencies of modern life. But encouraging men to be active and aggressive ran the risk that the sexual instinct might spin out of control and tip over into crime and brutality. The satyriasis diagnosis of the last decades of the nineteenth century thus captured the paradox of a masculine code that valorized both sexual restraint and sexual vigor and that dwelt with such peculiar intensity on the penalties that ensued when this elusive balance was upset.

⁸⁷ Forth, *Masculinity*, 149.

⁸⁸ Ina Zweiniger-Bargielowska, *Managing the Body: Beauty, Health and Fitness in Britain, 1880–1939* (Oxford: Oxford University Press, 2010); Michael Hau, *The Cult of Health and Beauty in Germany: A Social History 1890–1930* (Chicago: University of Chicago Press, 2003); James C. Whorton, *Crusaders for Fitness: The History of American Health Reformers* (Princeton, NJ: Princeton University Press, 1982); Anna Carden-Coyne, “Classical Heroism and Modern Life: Bodybuilding and Masculinity in the Early Twentieth-Century,” *Journal of Australian Studies* 23, no. 63 (1999): 138–49.

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