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ABSTRACT

During the mid to late nineteenth century, psychiatrists increasingly focused on women's sexual deviance. Nymphomania was a diagnosis that emerged from existing scientific and popular understandings of sex and gender differences, sexual appropriateness, and morality of domestic relationships. Medical journals and popular conceptions of female sexuality are indicators of how this diagnosis was prejudiced and used exclusively for women. The nymphomaniac diagnosis was rooted in the patriarchal desire to keep women oppressed.

Its origins as a male fantasy only perpetuate its sexsit nature, as the mythical nymph is a caricature that is believed to be "... a lighthearted, joyful, sex-loving creature… she is frequently described in written pornogrpahy as a passionate, sensuous, highly responsive "creature" who lacks all traces of modesty, restraint, and anxiety about sex" (Levine 318). The dehumanization and mythicalization of women's sexual drives leads to their behavior being repeatedly pathologized. Men on the other hand were diagnosed with a condition called satyriasis which Victorian Era physicians called nymphomania's counterpart. Nymphomania, unlike satyriasis, was a condition only diagnosed in women and it led to invasive diagnostic tests, torturous treatment and in severe cases institutionalization in a mental asylum. These harmful ideas and myths of the 1800s led to women's sexual health in the 19th century being demonized. Perhaps as a result of feminist movements throughout the 20th century and evolving progressive ideas about

sexism - the medical condition of “nymphomania” has become all but obsolete in the 21st century.

The diagnostic criteria for nymphomania in the 19th century included physiological tests that resulted in the pathologization of female sexual behavior. In the 1800s concerned parents of young girls would call in doctors to examine their daughters' seemingly “abnormal” and salacious behavior. According to well-known psychiatric expert and British physician, Dr. Daniel Tuke’s 1892 book *A Dictionary of Psychological Medicine,* he defined nymphomania as being a “morbid condition peculiar to the female sex… consists in an irresistible impulse to satisfy the sexual appitite… when the neuropathic condition affects and dominates her, all the impressions appeal ot her morbid impressionable state, and she often becomes the slave of her instincts” (Tuke 863). According to Dr. Tuke, this uniquely feminine psychiatric disease gave women an insatiable sex drive which resulted in her insanity. This nymphomania diagnosis was given to young women by physicians for a variety of reasons during this era. They may be married and looking at men other than her husband, the girl may be in puberty and experiencing arousal for the first time, or they simply may have been “disobedient”. According to Dr. Theophilus Parvin in *The Journal of Nervous and Mental Disease*, nymphomaniacs have a certain look about them. He explains how these women have thicker skin, prominent muscles, less fat and their whole body is more angular than a typical woman. He goes on to explain how there are three stages that a nymphomaniac goes through, so that a physician can diagnose the patient off of these stages. The first stage is that a woman continually dreams about her sexual thoughts, the second stage is that the woman seeks out men through her “lascivious looks and gestures”, and the third stage is that the woman becomes manic and gratifies her sexual desires through connection “with men

and even with dogs" (Parvin 267). The fact that this physician details how a woman with nymphomania will result to beastiality to fulfill thier sexual urges is an incredibly dehumanizing and a sexist form of diagnostic criterion. This demeaning way of determining if a woman has nymphomania can be demonstrated in reported medical cases throughout the 1800s. One example of this diagnosis comes from a California based physician: Dr. Tompkins. On February 5th 1856, Dr. John Tompkins was called to assess a girl named Catherine who was a 17 year old girl whose mother was worried about her convulsions. He explains how the girl was agitated, had a flushed face, contracted pupils, and a fast pulse. Dr. Tompkins details Catherine's appearance, "in the lascivious leer of her eye and lips, the contortions of her mouth and tongue, the insanity of lust which disfigured her face, and made it fearful in conveying the expression of such intense suffering and anxiety" (Tompkins 1). He explains how his presence as a male caused her to have more convulsions. Catherine's mother told Dr. Tompkins that her daughter had previously been treated for eclampsia which is a high blood pressure condition that induces seizures in women. Dr. Tompkins examined Catherine's genitalia to make this psychiatric diagnosis. He "...concluded that she had been addicted to attouchement, and that she was unchaste" (Tompkins 2). After Dr. Tompkins had examined this young girl's genitalia; he then decided that she was a nymphomaniac due to her seeming to be addicted to the experience of arousal and she had an excess of vaginal discharge. Catherine then admitted to the doctor that she loved to masturbate, and Dr. Tompkins began his treatment process as a result of his diagnostic process and his patient's confession. In the 21st century, it can be determined that Catherine was a young girl who was experiencing what we can now refer to as seizures. She was also experiencing the release of completely normal puberty related vaginal discharge. Yet, her

behavior was pathologized and her mother decided that psychiatric intervention was needed. This entire diagnostic process that Catherine underwent was incredibly invasive and entirely physiological. When Dr. Tompkins first meets Catherine, even before her examination, he describes her as an uncontrollably lustful woman with a disfigured face that was twisted due to the "insanity of lust". In this example it can be seen that physicians in the 19th century pathologized women's completely normal sexuality as a physical and mental disease. Dr. Tompkins heavily dramatized Catherine as being so consumed by lust that she was undergoing intense suffering that was so intense she couldn't even verbalize it. Catherine was simply reduced to her reproductive organs and her puberty related behavior was deemed "diseased".

Another example of the diagnostic criteria for nymphomania comes from the Bostonian physician Dr. Storer in 1868, where he diagnosed and treated a 24 year old married woman named Mrs. B. Dr. Storer diagnoses this woman due to the fact that Mrs. B "can hardly meet or converse with a gentleman but that next night fancies she has intercourse with him" (Storer 7). She explains that she is unable to restrain herself from thinking of having sex with other men. Her husband was much older than her and he explained to the doctor that they had intercourse every night since marriage, but lately the husband complained that his wife did not want to have frequent sex with him anymore. Mrs. B claimed that her low sex drive around her husband was due to the fact that he could not sustain an erection anymore. This failure for Mrs. B to have frequent sex with her husband resulted in him calling in a psychiatrist to diagnose her seemingly abnormal behavior. In addition to her failure to have intercourse with her husband, she reportedly also had genital spasms in the bedroom and in public. As a result of Mrs. B's husband's narrative, Dr. Storer began a vaginal examination of this woman where he determined that there was "not

the slightest enlargement of clitoris. Excessive irritability in its neighborhood, gentle touch causing her to shriek out, not with pain, as she said herself, but with excitement" (Storer 8). After physically examining Mrs. B's genitals, he made a psychiatric diagnosis that labeled her behavior. Dr. Storer gave her an eleven step treatment plan, and explained to Mrs. B that if his treatment plan did not work, he would need to send her to a mental asylum. This diagnostic procedure that Mrs. B underwent was a similar procedure to Catherine's examination, in its invasive and wholly physiological nature. Mrs. B's genitalia, specifically her clitorus, was touched in a non-medical manner in order to simulate her for a reaction. This borderline sexual assault that this woman experienced at the hands of a well-known and trusted physician of the time would be deemed unprofessional in the 21st century. Aside from the physical examination, Mrs. B's psychiatric diagnosis was made due to her husband's complaints about her in the bedroom. This inherently sexist belief that a woman must constantly comply with and satisfy her husband's sexual desires whenever he needs was a pilar of 19th century understandings of sex. When women did not want to have sexual intercourse, for whatever reason, their behavior was deemed to be abnormal. Due their noncompliance of 19th century conceptions of sex, these women's husbands assumed that their abnormal behavior was the result of a psychiatric contition. In Dr. Carole Groneman's 2001 novel entitled *Nymphomania: A History*, she outlined the problematic nature of nymphomania's diagnostic criteria:

> "Starting in the late eighteenth century, woman's nature was increasingly defined as inextricably bound up with her reproductive organs. This supposedly objective, scientific "fact" created the new framework within which physicians and other authorities found justifications for the limitations of women's social and economic roles" (Groneman 340).

Dr. Groneman explains the modern belief that the nymphomania diagnosis was made in order to justify the fact that women were kept at lower statuses than men in 19th century society. When women deviated from Victorian Era sexual expectations by taking more control over their bodies, a psychosexual diagnosis was used to explain their deviance. Eventually even the smallest transgressions of the social structure of female modesty resulted in the diagnosis of a seuxal disroder such as nymphomania which could result in institutionalization and invasive treatments. The idea that a woman could be locked up for the rest of their lives due to their deviance from societal norms perhaps led to pressure for them to conform. In the 19th century, there was an increase of medical interest in female "perversion" and deviance and a fear in the medical community that these behaviors were incurable and hereditary. There were many "attempts to organize, classify, and thus gain some control over a myriad of newly defined psychopathologies, including diseases such as nymphomania" (Groneman 341). The lack of being able to control a young woman physically or mentally was troubling to a 19th century American patriarchal society. The diagnosis of nymphomania served as an agent used to control young women and by attempting to suppress her sexual urges, a psychiatrist would be able to contain a deviant woman.

On the other hand, the diagnostic criteria for men with elevated sexial urges, was incredibly different due to sexist double standards of this era. Physicians didn't diagnose men with nymphomania because they believed that it was easier for men to fulfil their sexual desires in "illicit indulgences" which are "openly condemned, secretly practiced, and tacitly condoned"(Maudsley 450) according to Dr. Henry Maudsley in his 1867 book *The Pathology of Mind*. A modern perspective, from Dr. Groneman, examines the fact that 19th century physicians

believed men have more sexual desire than women but less disease of excess: "women are less desirous, but more prone to morbid passion… even within the biological framework posited by the medical profession, the social construction of the disease was tacitly recognised" (Gronmen 350). Men could be diagnosed with satyriasis which was a disorder defined as being an excessive sexual desire in a man. This condition, opposed to nymphomania, was rarely diagnosed and when it was diagnosed it was only mild cases that needed little to no medical treatment. Nymphomaniacs were either treated intensively and invasively or sent to a mental asylum. Unlike their female counterparts, these satyriasists were able to live the rest of their lives out completely untreated and without getting into trouble with the law if they could simply control their sexual urges. This blatant double standard demonstrates how women's sexuality was pathologized while men's sexual behavior was not.

While the diagnostic criteria for nymphomania was incredibly invasive the treatment of nymphomania in the 19th century blurred the lines between therapy and torture. The treatments were only bodily focused in their nature. In the case of Dr. Tompkins' patient, Catherine, the doctor ordered "hip-baths" to be administered to her daily in which Catherine was forced to sit in a tub of ice cold water for a few minutes and then taken out after she had become quasi-comatose. Then she was vigorously dried with coarse towels. Another treatment he ordered for her was the administration of hydragogue catharsis (a modern day enema) with the addition of leeches being applied to her perineum (the area between the anus and the genitals). Another treatment used by Dr. Tompkins was the injections of two fluid ounces of the herb "bittersweet" into the vagina daily. According to Catherine, the eight days of this treatment worked because

she had been able to subvert her sexual desires and she claimed that she has no inclination to resume her old "diseased" ways. Dr. Tompkins' eight day treatment plan was extremely painful and damaging to the body, so much so that Catherine simply admitted that she was cured because she was terrified of undergoing this rigorous treatment again. This treatment prescribed by Dr. Tompkins was borderline tortuous to Catherine and only focused on the bodily functions that caused "nymphomania" in his female patients. None of his remedies included psychoanalytic or discussion based therapeutic treatments in order to pinpoint if or why Catherine was feeling so lustful in addition to her seizures. Instead, this young girl's genitalia was targeted in order for the physician to treat this "disease".

In the other case study, the physician Dr. Storer treated a patient Mrs. B, with whom he implemented an eleven step treatment plan. These steps included her total abstinence from her husband, the consumption of meat once a day, refraining from drinking alcohol, no more writing, feathers to be put in pillows and mattress, cold sponge-baths morning and night, cold enemas every night, frequent lotion and borax solution placed on the anterior of vagina, two nightly doses of a hypnotic medication, an iron pill given three times a day, and lots of exercise. This treatment was semi-helpful in treating Mrs. B's symptoms, so Dr. Storer explained to her and her husband that they should have sex in moderation and that she should try to have a child to manage her nymphomanaic symptoms.

Another treatment for nymphomania was introduced in the mid 1800s: gynecological surgery. These surgeries such as "normal ovariotomy" or "oophorectomy" included the removal of the clitoris, ovaries, and/or labia which were recommended by doctors in cases of excessive sexual desire in females. In Ohio physician Dr. John King's book published in 1870 entitled *Women:*

Her Diseases and Their Treatment he details the need for nymphomaniac's genitalia to be removed surgically in order to cure them. Dr. King explains that an enlargement of the clitoris is a basis of the nymphomania diagnosis and subsequent treatment: "The clitoris is the seat of the voluptuous sensations which arise during copulation… when in a morbid condition it often gives rise to a very distressing affection known as "nymphomania" (King 20). Dr. King explains to other doctors how to surgically remove their clitoris as a treatment to eliminate a patient's nymphomania. He details that a surgeon needs to hold the clitoris by the forceps and then to cut the erogenous organ off with a clean stroke. On the other hand, in the rare cases of a male being diagnosed with satyriasis, treatment was almost never necessary because physicians almost always deemed this condition mild. Dr. Gronemen explains how surgical interventions such as castration were never seen as a routine treatment for a male mental disorder and that men were never primarily defined by their genitalia. She explains how "...none of the cases articulated male behavior equivalent to flirting, lascivious glances, wearing of perfume, or the other symptoms of 'mild nymphomania'" (Groneman 355). The standards of behavior for women were much stricter than the standards for men in the Victorian era. Women who demonstrated seemingly promiscuous behaviors were deemed to be mentally ill and men who demonstrated overly sexual behaviors were assumed normal. Women were constantly reduced to their genitalia: it was perceived by physicians and psychiatrists that their hormones, ovaries, menstruation processes, pregnancies, or any other uterine conditions were the root of their feminne psychological diseases. Women's sexual behavior was pathologized in the way that men's behavior was not. This double standard is rooted in the sexist societal expectations for women in the 1800s.

If their physician's treatment plan failed these women or if their physician deemed them too sick, then the women diagnosed with nymphomania would be sent to a mental institution for rehabilitation. The institutionalization of women diagnosed with this condition were locked away for the rest of their lives and forced to endure torturous treatment in an effort to cure their deviancy. In 1899 a Philadelphia physician named Dr. Hersman published an article in a medical journal entitled *Relation of Uterine Disease to Some of the Insanities* where he detailed how female sex organs led to insanity and how the treatment for these sick women could only be successful in a mental asylum. The physician explains how uterine diseases are in their nature "psychic conditions" that are of a neurotic type and cause mental inhibitions for women. Dr. Hersman details how the root of psychological distress in women is in their sympathetic nervous system. He believes that by treating the patient's sympathetic nervous system he can in turn treat their insanity. When these women develop "insanity" as a result of their uterine disease then he believed the best cure was institutionalization, and that when "...a woman becomes the victim of nymphomania… it may take on one of the amatory phenomena… a religious turn, devotional enthusiasm of so violent a character as to necessitate removal to a lunatic asylum" (Hersman 711). These uterine disturbances, as Dr. Hersman explains, causes a woman to become violent in her disposition. This change in their character results in them needing to be institutionalized. He explained how these diseases can completely overthrow women and eventually drive them "to a madhouse, there to drag out her existence within the walls of her life prison" (Hersman 711). The belief that these women who deviated from 19th century conceptions of sex deserved to live out the rest of their lives in a prison is extremely patriachal, especially since men with a diagnosed

psychosexual condition were almost always left untreated. In another case, this one occurring 1891, a psychiatrist Dr. John Brown treated a 26 year old woman named Clara in Central Asylum. According to this woman's family, she incessantly masturbated as a 16 year old teenager and then began having sex in her later teens. She had gotten pregnant twice and had also contracted syphilis. As a last resort due to her seuxal deviance she was sent away to an asylum by her family. Dr. Brown explains that, "... on admission her condition was pitiable… the case was of such a desperate and loathsome character that I suggested the removal of her appendages as an experiment, thinking perhaps it might benefit her" (Brown 4). Dr. Brown's sarcastic remark to remove Clara's limbs to cure her nymphomania never occurred, but instead he completed a surgery to remove both her ovaries and fallopian tubes. After the surgery Dr. Brown noticed that Clara's condition actually worsened and she continued masturbating until her eventual death six months after the operation. The surgical attempt to cure nymphomania was a failure in most asylums, and many resulted in reduced function and even death for these women. In conclusion, the psychiatric diagnosis of nymphomania was a sexist agent used to force women into conformity in the 19th century. Three main prejudiced ideas defined the way women diagnosed with nymphomania were treated: the idea that women's reproductive organs were the root of their evil and sexual deviance led to the surgical removal of their genetalia; the idea that women's nymphomania made them uncontrollable sexually led to their imprisonment in an asylum; and the idea that normal female puberty processes were instead a type of illness led to them being given dangerous treatments. Currently, in the 21st century the nymphomaniac diagnosis is obsolete. Instead, the term "hypersexuality" is used in the modern psychiatric community to define a person having a seemingly insatiable and compulsive sexual drive. This

condition is now viewed as a psychiatric disorder that usually stems from from childhood sexual abuse. In 2009, psychologists Perera and colleuges found in their paper entitled *Childhood Characteristics and Personal Dispositions to Sexually Compulsive Behavor Among Young Adults* that "young adults who were sexually abused during childhood and who grew up in poor family environments were more likely than others to develop sexual sensation seeking and sexually compulsive tendencies" (Perera 140). The psychiatric diagnosis of hypersexuality is now viewed as a valid and treatable diagnosis in the modern world. The origins of this disorder was nymphomania, and that diagnosis was rooted in pure sexism. It is of utmost importance to remember the early patients of nymphomania were scared women who were forced to endure extreme bodily and psychological trauma in the pursuit of Victorian Era science.

Bibliography:

Brown, John Young. "Pelvic Disease in Its Relationship to Insanity in Women." *The American Journal of Obstetrics and Diseases of Women and Children*, vol. 30, no. 3, 1 Sept. 1894.

Hersman, C. " Relation of Uterine Disease to Some of the Insanities ." *The American Journal of The Medical Sciences*, 1899, https://doi.org/10.1001.

King, John. "Part I: Diseases of External Female Organs of Generation." *Woman: Her Diseases and Their Treatment*, J.M. Scudder, Cincinnati, Ohio, 1870, pp. 1–32.

Maudsley, Henry. *The Pathology of Mind*. D. Appleton and Company, 1880. 142862158X.

Parvin, Theophilus. "Nymphomania." *The Journal of Nervous and Mental Disease*, vol. 13, no. 4, Apr. 1886, p. 267.

Storer, Horatio. "Cases of Nymphomania." *The American Journal of the Medical Sciences*, 1857.

Tompkins, John. "Case of Nymphomania Successfully Treated." *The American Journal of the Medical Sciences*, vol. 33, no. 65, ser. 47, 1857. *47*.

Tuke, Daniel Hack. *A Dictionary of Psychological Medicine*. P. Blakiston, Son and Company , 1892.

Groneman, Carol. "Nymphomania: The Historical Construction of Female Sexuality." *Signs: Journal of Women in Culture and Society*, vol. 19, no. 2, 1994, pp. 337–367., https://doi.org/10.1086/494887.

Levine, Stephen B. "A Modern Perspective on Nymphomania". *Journal of Sex and Marital Therapy*, vol. 8, no. 4, 1982.

Perera, Bilesha et al. "Childhood Characteristics and Personal Dispositions to Sexually Compulsive Behavior Among Young Adults." *Sexual Addiction and Compulsivity*, 2009, pp. 1–16., https://doi.org/10.1080/10720160902905421.