

Just as some learned that they were born in cabbages and others that they were born in roses, so there was a world of difference, even though the medical science gave the same definition of the corresponding conditions, between being diagnosed with satyriasis and being diagnosed with nymphomania, especially since it was 1888 and, as mentioned in the incipit of the study that will be quoted below (« Pathologizing Male Desire: Satyriasis, Masculinity, and Modern Civilization at the Fin de Siecle ») the physician in charge of the autopsy of « Jack the Ripper »'s fifth victim had concluded that he was a satyromaniac.

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. For Renaissance writers, satyriasis was characterized by excessive and unrequited passion for another. In his *Treatise on Lovesickness* (1610), the French physician Jacques Ferrand classed satyriasis as a variant of “love melancholy” or “love madness.” 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.

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. 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.”

Wasn’t the middle-class female bodies subjected to it too ?

It was. Masses of women were diagnosed with hysteria and had even been so since the beginning of time. due to the fact, to summarise « The Job Nobody Wanted » (<https://archive.nytimes.com/www.nytimes.com/books/first/m/maines-technology.html>), that men suffered from androcentrism, which led them, at least some of them, to want to « cure » the poor things by giving them specific massages.

From the time of Hippocrates until the 1920s, massaging female patients to orgasm was a staple of medical practice among Western physicians in the treatment of "hysteria," an ailment once considered both common and chronic in women. Doctors loathed this time-consuming procedure and for centuries relied on midwives. Later, they substituted the efficiency of mechanical devices, including the electric vibrator, invented in the 1880s.

, says the editor of Rachel Maines’ *The Technology of Orgasm*, winner of the Herbert Feis Prize from the American Historical Association, winner of the AFGAGMAS Biennial Book Award, winner of the Science Award from the American Foundation for Gender and Genital Medicine, which « offers readers a stimulating, surprising, and often humorous account of hysteria and its treatment throughout the ages, focusing on the development, use, and fall into disrepute of the vibrator as a legitimate medical device ». From a reviewer of *Nymphomania: A History* (2000) (<https://muse.jhu.edu/article/31232/summary>), who does not display Maines' humour, which she has however lost in « The Job Nobody Wanted », we learn that the author employs several case studies from nineteenth-century professional journals to describe the way female desire was pathologized, even by women themselves. One recently widowed patient's statement indicates the

societal pressures on women not to be sexual: "I am sure my lascivious feelings cannot be natural--they must be the effect of disease." She was treated by a variety of remedies, including leeches on the uterus, and was pronounced cured after several weeks. In another case, the patient's vagina was overly moist, and her clitoris was "tumid," proof of nymphomania. After applying caustic materials to her genitals along with other traditional remedies to cool her ardor, she also was found, upon vaginal examination, to have "every appearance of modesty."

Without going so far as to suspect in the least that the medical treatment of hysteria might have been an opportunity for patients to have an additional sexual experience, there is a lot to be said about women's relationship with illness, about the fact that, as epitomised by Louis-Ferdinand Céline's novels, they tend not to feel well if they don't feel they have this or that illness.

In « L'idéologie du corps médical français au XIXe siècle » (https://www.persee.fr/docAsPDF/grif_0770-6081_1993_num_47_1_1871.pdf), published in *Mysoginies*, a certain Wanda Bannour writes :

From 1862 onwards, misogynistic speculations claiming to be deduced partly from science, partly from individual experience, were to fuel the talk of the soup-kitchens of the Magny dinners where the "French bachelors", Sainte-Beuve, Flaubert, Gautier, the Goncourts, made the most corrosive judgements about women who were stalking a fearsome spectre: lechery (lechery which, moreover, was the delight of these "noceurs"). The theme of a woman bestially enslaved to her venereal appetites is going to feed the unconscious, not exempt from sadism, of the doctors. It is through this predatory unconscious that we can understand, for example, the mutilation of female organs practiced by the "butcher" surgeon.

Apart from the fact that it is well known that Sainte-Beuve, Flaubert, Gautier, the Goncourts belonged to the French medical profession, while it is certain that these writers « [made] the most corrosive judgements about women », it remains to be proven that they [made] the most corrosive judgements *about hysterical women* ». As for the actual members of the French medical profession in the 19th century, « [l]’hystérie est, pour eux purement neurologique, c’est à dire organique » (<https://books.openedition.org/septentrion/54410?lang=fr>), and this is how they describe it. They describe it clinically. In their writings, there is no room for whorish, bombastic metaphors such as that « of a woman bestially enslaved to her venereal appetites [...] » ; no room for such verbal flatulence, that any fish seller of the past would have dreamed of being gifted with. The same is true of their Anglo-Saxon colleagues (see « The Pathology of Hysteria », *The British and Foreign Medico-chirurgical Review Or Quarterly Journal*, July-October, 1872, vol. 50).

They were much less courteous to men diagnosed with satyriasis, whose condition they explained either by effeminacy or, as they were not overcome with consistency, by bestialisation. In the latter case the diagnosis was racialised.

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.” 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.” The association 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.” 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. 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.

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." 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.

There is more:

[until the mid-XIXth century] medical testimony in the courts was limited to testimony on the anatomical evidence displayed by sexual offenders and their victims, not on their mental states. By degrees this situation began to change, so that after mid-century the exclusive focus on "normal" marital heterosexuality, which had engaged medical attention since Napoleonic times, began to shift slowly to a new concern with "peripheral" sexualities, those of children, the insane, and criminals, and also toward an intensive investigation of homosexuality. *For males*, after this change had taken place, sexual activity of a kind or *with a person other than the sort dictated by sexual norms* was not only, as it had been, a dishonoring sign of impotence and demasculinization, but also a sign and cause of *mental illness*.

A final development which seems likely to have placed certain pressures on males in the fin-de-siècle was the alleged change in female sexual expectations and behavior. It is not simple to document this change or even to know what constitutes evidence for it. However, students of the prescriptive literature seem to agree that by the end of the century women in European society demanded greater levels of sexual satisfaction. As Stephen Kern has argued, the literature on female orgasm "is an ideological focal point for the changes in male-female sexual relations that were taking place in the latter decades of the century." Indeed, Peter Gay, who has stressed the amount of pleasure women took in sexual relations throughout the Century, admits that the new frankness about female pleasure made it inevitable that manhood should be perceived as "in danger." The dyad female orgasm/male impotence, always a latent feature of sex manuals, likely took on greater significance at this time. (Robert A. Nye, « Honor, Impotence, and Male Sexuality in Nineteenth-Century French Medicine », *French Historical Studies*, Vol. 16, No. 1 (Spring, 1989), pp. 48-71) (emphasis mine)

There was only one cure to satyriasis: abstinence.

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. 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. 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." In France, the *Société française de prophylaxie sanitaire et morale* (SFPSM) issued a similar resolution.

It is safe to assume that they were the first to set an example (*).

What about women? Abstinence, declared healthy for men, was considered unhealthy for women. Double standards are a kind of conditioned reflex in much of the medical profession:

Classical authorities had explained the link between sexual abstinence and hysteria through the accumulation of female sperm in the uterus. Nineteenth-century doctors abandoned this notion, but many continued to adhere to the association between hysteria and prolonged abstinence. A leading French authority, Dr. Hector Landouzy

argued that whenever an organ was deprived of its normal function, the equilibrium of the body was disturbed. (Joy Damousi, Birgit Lang, Katie Sutton, *Case Studies and the Dissemination of Knowledge*, 2015)

Hence the therapeutic masturbation to which, as mentioned above, nymphomaniacs and hysterics were *subjected* by men – by *some* men.

In the XIXth century, « [t]he male body, which was once considered the “silent, invisible cultural center,” was discovered to be “wanting, degraded, even diseased » because *it was so*.

The increased exposure to carcinogens and pollution in the cities during the Industrial Revolution had a strong effect on an individual’s susceptibility to developing malignant disease of bone (<https://www.sciencedirect.com/science/article/pii/S1879981722000249>). Non-potable water that city dwellers would drink was one of the determining factors in the emergence of new diseases, including cholera; malnutrition or poor nutrition, largely due to poverty, itself due to the low wages of workers, certainly did not help bodies to fight or rather live in harmony with germs, internal as well as external; the stressful way of life, caused by a noisy, chaotic and confusing environment, could not but affect the minds, while, it was argued, large cities, with their movement, variety, and spectacle, stimulated the senses; workplaces were dangerous places both for the bodies and the minds. But what was the impact of these adverse conditions on men's sexuality?

Men living in cities, Krafft-Ebing argued, had stronger sexual drives than men in the country side. City dwellers, he wrote, « are constantly reminded of sexual things and incited to sexual enjoyment. » 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 » (quoted in Tim Verhoeven, *op. cit.*) . There is no question that city dwellers « are constantly reminded of sexual things and incited to sexual enjoyment », but this observation immediately raises a question : do they actually *experience* sexual enjoyment ? Did Kraft-Ebing’s contemporaries do ? In other words, if city dwellers « had stronger sexual drives », were they fulfilled?

In the XIXth century, Verhoeven states:

Satyriasis had long been familiar to physicians [...]. 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 [see brill.com/view/book/edcoll/9789004362260/BP000019.xml] 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. For Renaissance writers, satyriasis was characterized by excessive and unrequited passion for another. In his Treatise on Lovesickness (1610), the French physician Jacques Ferrand classed satyriasis as a variant of “love melancholy” or “love madness.” 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.

And this is exactly how a character, a crooked notary who, out of greed, will plunge entire families into misery, in the hugely popular *Les Mystères de Paris* (mid-1840's) is described by Eugène Sue:

Nothing could be more hideously frightening than the face of Jacques Ferrand, then plunged into that somnolent torpor which usually follows violent crises. His face, flooded with cold sweat, has reached the last degree of marasmus; his closed eyelids are so swollen, injected with blood, that they appear like two reddish lobes in the middle of this face of a cadaverous lividity.

[...]

Aretaeus [Aretaeus] (1) has said that most of those who are afflicted with this strange and frightful disease almost always perish on the seventh day... and it is now six days... that the infernal creole has kindled the unquenchable fire which devours this man...

The (editor's) footnote says:

See also the admirable pages of Ambroise Paré on Satyriasis, this strange and frightening disease which resembles so much, he says, a punishment from God.

To be sure, satyromaniacs are not to be found on every page of *Les Mystères*. No more, to be also sure, than one meets Covid patients on every page of mainstream novels published since 2020.

Verhoeven points out that

Historians who have investigated the problematization of the male body in the late nineteenth century have largely overlooked satyriasis 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 Benedict-Augustin Morel admitted that his knowledge of the disease was based on secondhand sources, for he had never personally encountered a sufferer. 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.

This paragraph calls for some remarks. First, it is possible to invent or, to use the term the pharmaceutical companies use to describe this procedure, to « shape » at will diseases, whether they are called « infectious », « epidemic » or not (<https://lareleveetlapeste.fr/les-fausses-maladies-que-les-laboratoires-inventent-pour-senrichir-sur-les-gens-en-bonne-sante/>), or, as recent history shows, to present a disease to the public as « emerging » either by repackaging under a generic term histrionic enough to capture the imagination and put reason to sleep various conditions that have been known for a long time. Second, as recent history also shows, it is also possible and even easy, through appropriate media staging, to persuade people that they have a disease, real or imaginary, that they did not in fact contract. Third, just because an individual is diagnosed with a disease does not mean that he or she actually has that disease; it is not entirely uncommon for a patient to be diagnosed, for example, with bronchitis when he or she has lung cancer, or vice versa. Fourth, it is in the financial interest of doctors, not only that people are, or at least feel sick, but also to promote the media propagation of any disease that the pharmaceutical companies decide to make fashionable. Fifth, doctors are not only sensitive to money, but also to the plaudits that this or that « discovery » of theirs can bring them; in them, the competitive instinct combines well with the herd instinct. Last but not least, there is no need to insist here on the flexibility of statistics.

The bottom line is that cases of men afflicted with satyriasis, by the very admission of Verhoeven, were

never large in number.

What happened is this :

First, a new problem is created by redefining terminology. For example, what used to be commonly thought of as serial cheating or poor impulse control or just a bad husband is redefined as a 'sex addiction'. The redefinition creates the appearance of a surge in cases, since they will have gone from zero to everywhere, seemingly overnight. The beneficiaries? Pharmaceutical companies, or anyone else with a healthrelated public agenda. In other words . . . Agenda Setters. Then, selfappointed experts claim they have unique insight into the cause of the problem. And, in some cases, the experts have a financial interest in promoting their point of view, such as books, grants, or treatments. The next step is when the media gets interested. They need new stories, and want to be the first to break news. The pressure for reporting an exclusive, coupled with underfunded reporting, means they often relay information – sometimes directly from PR releases – without checking the facts. And once something has

been in the news, people assume [in spite of, or at least partly because of, the statements of the contradictors, i.e. « conspiracy theorists », that the media invite on to the stage, which constitute the overexposed *negative* of their own narrative] it's credible, and that the media have done the fact checking for them. People who have heard the message often enough start to *reframe their own behaviour according to these new definitions*. Where before someone might have been just a cheating jerk, he now can claim to be suffering from 'narcissistic personality disorder' or a 'sex addiction'. (Brooke Magnanti, *The Sex Myth: Why Everything We're Told is Wrong*, Weidenfeld & Nicolson, 2012) (emphasis mine)

In the case of satyriosis, the target was men. Even more than pathologising their (sexual) behaviour, it was about pathologising (and criminalising) their (sexual) desire.

The latter was actually low, according to some physicians (the objective reasons why more credence should be attached to their views on this subject than to their alarmist reports on satyriosis will become clear in the following lines).

Verhoeven states:

Urban civilization, it seems, has created new tastes and behavior which threaten to upset the equilibrium of the male animal economy and paralyze the genital instincts. Primary among these is intellectual "overwork,"

in fact, contrary to what R. A. Nye indicates, who cites only one, few doctors seem to have considered overwork as a cause of impotence. The only one he mentions and quotes is the French physician Félix Roubaud (1820 - 1878), who, in his *Traité de l'impuissance et de la stérilité* (1855), draws on the testimony of several famous authors, of which J.- J. Rousseau, to make his point : « Le travail du cabinet rend les hommes délicats, affaiblit leur tempérament, et l'âme garde difficilement sa vigueur quand le corps a perdu la sienne. L'étude use la machine, épuise les esprits, détruit les forces, énerve le courage, rend pusillanime, incapable de résister également à la peine et aux passions. » (quoted in Félix Roubaud, *Traité de l'impuissance et de la stérilité*, Paris, 1855, p. 366). As all these authors are thinkers, it is reasonable to assume that he has only the intellectuals in mind. One of the very few XIXth century other authors of treatises on impotence to consider « overwork » as a cause of it, namely Edward Martin (*Impotence and sexual weakness in the male and female*, Detroit, 1894) include among « brain workers » students and teachers, but, oddly enough, not white collars, who began to proliferate in the XIXth century.

At the time, masturbation was still thought of and pathologised as the leading cause of impotence. The consensus was only challenged by the British surgeon John Hunter in his *Treatise on the Venereal Disease* (1791). In *Impotence: A Cultural History* (2008), Angus McLaren argues (p. 95) that he « ridiculed the idea that masturbation played a major role in causing impotence ». This is going a bit too far. In fact, he doubted it : « This complaint is by many laid to the charge of Onanism at an early age ; but how far this is just it will in many cases be difficult to determine; for, upon a strict review of this subject, it appears to me to be by far too rare to originate from a practice so general. » (*The Surgical Works of John Hunter*, F.R.S., James F. Palmer [ed.], London, 1835, Vol. 2, p. 304) In his opinion, impotence could be attributed to two causes, one of a psychogenic nature, the other purely organic. His speculations on the first are worth a detour:

As the parts of generation are not necessary for the existence or support of the individual, but have a reference to something else, in which the mind has a principal concern, a complete action in those parts can not take place without a perfect harmony of body and of mind; that is, there must be both a power of body and disposition of mind; for the mind is subject to a thousand caprices, which affect the actions of these parts. Copulation is an act of the body, the spring of which is in the mind; but it is not volition; and according to the state of the mind so is the act performed. To perform this act well, the body should be in health, and the mind should be perfectly confident of the powers of the body; the mind should be in a state entirely disengaged from everything else; it should have no difficulties, no fears, no apprehensions; not even an anxiety to perform the act well; for even this anxiety is a state of mind different from what should prevail; there should not be even a fear that the mind itself may find a difficulty at the time the act should be performed. Perhaps no function of the machine depends so much upon the state of the mind as this.

While he is « clear in [his] own mind that the books on this subject have done more harm than good », it is equally clear that his will do much good to the one who cannot « perform the duty of his sex », for, reading speculations like these, he will always be able to console himself by telling himself that, after all, he is not a Bodhisattva and that his partner cannot expect him to be so.

One of Hunter's colleagues, the Scottish physician William Buchan (1729 - 1805), was of the opinion that impotence could be due to sexual excesses and, if this was the case, that it could be treated with tonics and cold bathing, but since prevention was better than cure, it was still best to marry *for love*. As rightly pointed out by McLaren (op. cit., p. 95):

The assertion that lack of love could impede male sexual function was new. It implied new models of masculinity and femininity—the sensitive man and the chaste woman. They were to be the two chief characters in the more affectionate partnerships of the long eighteenth century, which replaced the pragmatic marriages that Western culture had traditionally lauded.

Doctors have never lacked in imagination. Precisely, according to McLaren, Hunter asserted that « men's imagination could prevent them from performing » « the duty of his sex ». It's up to you to decide whether that's really what the following somehow perplexing sentence (*The Surgical Works of...*, p. 303) says:

Further, if those that labour under this complaint are not connected with women they are subject to nocturnal discharges from the imagination, as persons who are perfectly sound : and indeed most patients, when made acquainted with these circumstances, become very sensible that it is not the semen.

McLaren then claims that the power of imagination was long seen as both a cause and a cure for impotence and, in support, he quotes (p. 47) Montaigne's « famous sixteenth century discussion » of the matter, entitled « De la force de l'imagination », of which this is the summary the French author gives: « Effects of the imagination. Fear alone causes illness; violent sensations can bring about great changes in our physical and moral constitution. Imagination produces ecstasies, visions, makes us believe in enchantments, causes impotence in spouses. Through it, illnesses are cured or aggravated. It even has an influence on animals. » Montaigne definitely did not possess the imagination of the modern man.

The modern imagination, corrupting, if I may say so, the sense of the infinite [the author of these lines, otherwise penetrating, even if certain passages of *Heathen Imperialism* could have been just as well quoted here, is a Christian) by a sense of restless doubt, indulges and stops in the meditation of that painful contrast which exists between man's vales and reality, between his immense desires and his destiny so narrowly measured by the imperfection of his faculties. There is a terrible vagueness there, a *je ne sais quoi* of indecision and indeterminacy which offers a singular and perilous attraction. The imagination is lost in it with delight; the will is annihilated. Existence is no more than a restless dream. Under the influence of this dreamy sadness, the soul suffers and enjoys at the same time. It suffers from the immense emptiness that sensibility makes it find in life, from the disappointments of the intelligence and the heart that had dreamed of a science or an impossible love; from the ineffable torment that the thought of the infinite produces in us [...]; but at the same time it enjoys its dreams, even if they are sketchy, its faculties, albeit incomplete, and its very suffering, which is a pretext for occupying itself and concentrating on a perpetual contemplation that resembles an adoration. There is some sweetness in suffering in this way; but let us not forget that this idolatrous indulgence of the soul in itself insensibly weakens it; it renders it *incapable of action*, it slackens the spring of the will, and if this is a romantic disposition, let us at least confess that it is not a moral and healthy state. The *inability to act* soon leads to the inability to live. The soul, eternally applied to analysing itself, becomes excessively irritable, impatient of obstacles; it tires of life, that is to say of effort; it is gradually won over by the curiosity of death. (emphasis mine)

[...]

This is the feeling of melancholy which, at the end of the XVIIIth century, the literary school of suicide was born. This school, [...] whose influence is still being felt among us, is well known: Werther, Jacopo Ortis, Manfred, René, Obermann, Adolphe, Raphaël, Jacques, this is the sad family of these heroes whose ancestor is Hamlet. It is

to Shakespeare, indeed, that the true paternity of this sickly race can be traced. But Shakespeare's thought did not become fruitful until the end of the last century. The delirium of Hamlet was not understood until the sufferings of Werther were felt. Rightly or wrongly, it is Goethe who will go down in history as being responsible for this romantic type of passion and melancholy. It was he who gave a name to this disease of the modern mind. (E. Caro, « Du suicide dans ses rapports avec la civilisation ». Deuxième partie, *Revue contemporaine*, Vol. 24, 1868, pp. 662-663)

Let's hear it from one of those who, at the time, was one of the most affected by it; from the Book IV of Rousseau's *Emile*, who confides elsewhere that he experienced sexual « breakdowns » (see Claude-Marie-Stanislas Sandras, *Traité pratique des maladies nerveuses*, Vol. 2, 1851, p. 241):

It is imagination which extends for us the measure of the possible, whether for good or bad, and which consequently excites and nourishes the desires by the hope of satisfying them. But the object which first appeared to be at hand flees more quickly than it can be pursued. When one believes that one has reached it, it transforms and reveals itself in the distance ahead of us. No longer seeing the country we have already crossed, we count it for nothing; what remains to cross ceaselessly grows and extends. Thus one exhausts oneself without getting to the end, and the more one gains on enjoyment, the further happiness gets from us.

Nature's instruction is late and slow; men's is almost always premature. In the former case the senses wake the imagination; in the latter the imagination wakes the senses; it gives them a precocious activity which cannot fail to enervate and weaken individuals first and in the long run the species itself.

Of imagination, which Baudelaire referred to as « la reine des facultés », des Esseintes, the only character in Huysmans' famous novel *À Rebours*, the narrative manifesto of Symbolism, whose « action » takes place entirely in one room of the former's house, who, like the author, is a bachelor, says that it « lui semblait pouvoir aisément suppléer à la vulgaire réalité des faits » (Joris-Karl Huysmans, *À rebours*, G. Crès et Cie, 1922 [1884], p. 28) « It seemed to him that imagination could easily make up for the vulgar reality of the facts », including those of a sexual nature. « Easily » ? He may have had no choice anyway, except to hire a woman.

It may take some time for a more or less new phenomenon to be named, for the word to enter the dictionary and then into everyday language. The term « sexual frustration » has broken all records in this respect. Jonathan Swift may have « suggested that educating women was an idea born of sexual frustration » (John Dawson, *Competition and Markets: Essays in Honour of Margaret Hall*, Palgrave Macmillan, 1990, p. 35), but it is doubtful (I have not been able to determine which satire it is) that this is the specific term he used. It is with some frustration that anyone consulting the literature, whether scientific, journalistic or fictional, of past centuries finds that it only appeared in the XXth century. The notion itself does not predate the works of Wilhelm Reich (1897 - 1957).

Now, there are strong reasons to believe that the conditions of life in the XIXth century in the city contributed significantly to the increase in the number of sexually frustrated men and to the exacerbation of these frustrations, as suggested by an extraordinary growth of prostitution in European cities in the second half of the century. « It was a world of shadowy meetings between the classes, a world that catered to men from all walks of life; from the aristocracy to single working men who flocked to the growing cities in the wake of the industrial revolution and were too poor to marry. Then there were soldiers, who were forbidden to marry for fear that a normal home life would take the edge off their desire and ability to function as fighting men. And, of course, in the new prosperous middle class, where relations between men and women were so hedged about, it was tacitly accepted that unmarried men could only find a solution to their sexual needs by visiting prostitutes (Wendy Buonaventura, *Dark Venus: Maud Allan and the Myth of the Femme Fatale*, Amberley Publishing, 2018) (**). The alternative was to use imagination, at the risk, ignored by most, of a *backlash*.

In addition to the possible causes of impotence listed above, there are two that physicians of the time hardly ever mentioned; the first rarely; the second hardly ever and, if at all, very superficially. The former, as Antonin Bossu (*Anthropologie: étude des organes, fonctions, maladies de l'homme et de la femme*, 10th ed., Vol. 3, Paris, 1882, p. 440) indicates, who classifies it among « moral causes », is the indifference and aversion of the woman (this point could be developed at length). With regard to the latter, Roubaud (*op. cit.*, p. 113-114), writes:

Profession; work (*travaux*). - The professions, which we should not expect to see reviewed here, are divided into two great classes: 1° those which require only purely bodily forces, and which are called trades; 2° those which require the intervention of the intelligence, and which are called professions. The former, all things being equal, favour the venereal act more than the latter: by activating the circulation, they increase nutrition, and hence all the secretions, the abundance of which, during this period, cannot disturb the harmony of the economy, because of the more considerable perspiration determined by the prolonged exercise of the body. But not all trades are in these happy conditions: tailors, bootmakers, etc., almost always confined to the same building, are not in the same condition. But not all trades are in these happy conditions: tailors, bootmakers, etc., almost always confined in rooms without air or light, squatting on tables or stepladders, and subjected in some way to negative exercise, end up, through all sorts of privations, in that sickly and nervous state of which I spoke earlier. [...] It is much the same for factory workers, whose lives wither away in the midst of an atmosphere that is mephitic or laden with noxious molecules.

Not to mention that they came home late in the evening, exhausted, washed, had dinner, went to bed, fell (the pints of beer drunk in the local pub or, in Latin countries, the glasses of wine in the café before going home could help) asleep (see Frank Mazzapica, *Unsupervised Man: Revealing & Escaping the Pain of Your Secret Life*, Banner Publishing, 2014).

Roubaud adds, in perfect contradiction with what he states on page 366 (see *supra*):

The liberal professions or those which require the intervention of the intelligence are eminently favourable to the act of generation. By the politeness with which they are endowed, and by the cultivation of the arts and sciences, they give to the nervous system a greater delicacy of sensibility, and by the work to which the mind is subjected, they do not allow the consensus which holds under its dependence the genesis instinct to slumber.

While he may have been the first to suspect a causal link between impotence and professional activity, particularly professions in which there is a risk of toxic accidents (« Ouvriers céruiseurs, ouvriers des fabriques de minium, des fabriques de litharge, peintres en bâtiments, peintres d'attributs, de voitures, doreurs sur bois, vernisseurs de métaux, fabricants de papiers peints, broyeurs de couleurs, fabricants de cartes d'Allemagne, ceinturonnières, potiers, faïenciers, verriers, ouvriers des mines de plomb, affineurs, plombiers, fondeurs de cuivre, fondeurs de bronze, fondeurs de caractères d'imprimerie, imprimeurs, fabricants de plomb de chasse, lapidaires, tailleurs de cristaux, ouvriers des manufactures de glaces, ouvriers des fabriques de nitrate, de chromate, d'acétate de plomb », *ibid.*, p. 304), the idea did not occur to him, who also speaks of « the human machine » or simply « the machine », that the handling of a machine could also have side effects on man's virility.

The effects of the machines on women seem to have been very different: omgfacts.com/before-there-were-vibrators-there-were-sewing-machines/. In fact, as so aptly put, not by Marshall McLuhan, but by Shelley Trower (*Senses of Vibration: A History of the Pleasure and Pain of Sound the whole*, London, continuum; 2012), so aptly and with admirable decency, in this mass age, the whole « industrial workplace [...] involved *subjecting* the female body to ever-increasing speeds or frequencies of vibration [...] » (emphasis mine).

Beyond the question of what the impact of the machine (and, today, of new technologies) may be on its male user's libido, there is a positive fact that allows us to conclude that not only has male desire been pathologised, but that significant efforts have been made to channel and even reduce it.

It is worth, Gramsci writes in « Americanism and Fordism », drawing attention to the way in which the industrialists (Ford in particular) have been concerned with the sexual affairs of their employees and with their family arrangements in general. One should not be misled, any more than in the case of prohibition, by the "puritanical" appearance assumed by this concern. The truth is that the new type of man demanded by the rationalisation of production and work cannot be developed until the sexual instinct has been suitably regulated and until it too has been rationalised. » (quoted in Yolande Cohen [ed.], *Women and Counter-Power*, Black Rose Books, 1989, p. 192)

These new methods demand a rigorous discipline of the sexual instincts (*at the level of the nervous system*) and with it a strengthening of the 'family' in the wide sense (rather than a particular form of the familial system) and of the regulation and stability of sexual relations (quoted in Jeremy Jennings, Tony Kemp-Welch [eds.], *Intellectuals in Politics: From the Dreyfus Affair to Salman Rushdie*, London/New York, Routledge, 1997, p. 213) (emphasis mine)

In « Rationalization of Production and Work », he adds, about this « biggest collective effort to date to create, with unprecedented speed, and with a consciousness of purpose unmatched in history, a new type of worker and man », which no rightist author, including Ernst Jünger, saw coming:

It seems clear that the new industrialism wants monogamy: it wants the man as worker not to squander his nervous energies in the disorderly and stimulating pursuit of occasional sexual satisfaction. The employee who goes to work after a night of 'excess' is no good for his work. The exaltation of passion cannot be reconciled with the timed *movements* of productive *motions* [Wouldn't "vibrations" be more appropriate?] connected with the most perfected automatism. This complex of direct and indirect repression and coercion exercised on the masses will undoubtedly produce results and a new form of sexual union will emerge whose fundamental characteristic would apparently have to be monogamy and relative stability. » (David Wagner, *The New Temperance: The American Obsession With Sin And Vice*, London/New York, Routledge, 2018, p. 54) (emphasis mine)

The satyromaniacs, however small their numbers, were they not men who, far from having regressed to the state of the brute, of the savage, were quite simply remnants of virile men in the midst of an urban sea of anaesthetised and domesticated males? If satyriosis was to be seen as a condition, instead of defining it as « a condition of excessive desire in men that, by inducing a state of severe sexual frustration, would lead to sickness and death », wouldn't it thus be more appropriate to define as « a state of severe sexual frustration that, by inducing a condition of excessive desire in men, would lead to sickness and death »?

(*) Not all were, of course, so criminally hypocritical. See, for example, George R. Drysdale, *The Elements of Social Science: Or, Physical, Sexual and Natural Religion*, 1866, Chap.: « Evils of abstinence. »

(**) Surely, women must also suffer from sexual frustration. Charles J. Stivale (*The Art of Rupture*, The University of Michigan Press, 1994, p. 224) footnotes « See Corbin (*Women for Hire 188–200*) for a summary of economic factors that contributed to sexual frustration among bachelors in the late nineteenth century » *Women for Hire* turns out to deal among other things with the sexual frustration of female bachelors... with their white-collar jobs. But, at the end of the century, Freud came to the rescue of women, revealing to the world that they were « particularly susceptible to sexual frustration » (Benjamin Moser, *Sontag: Her Life*, Penguin, 2019). A « new kind of theft appeared at the end of the XIXth century which « was often carried out by women who had no need to steal, and was studied with interest by the medical establishment. Doctors pondered the problem and came to the conclusion that shoplifting signalled a new female disease, and they christened it kleptomania. It was, they suggested, a disorder of the female sex who had no economic power, and was one of woman's natural infirmities. It was put down to her 'mental instability', a kind of 'larceny and eroticism with hysteria. Kleptomania was a class-based concept that didn't apply to the lower classes, for whom the word 'theft' sufficed. (One French newspaper suggested that the kleptomaniac was 'a kind of thief but of the better class'.) By the turn of the century Freudians were suggesting

that this new type of theft was the result of personal dissatisfaction, sexual frustration and a desire for the forbidden ». Freudians did not forget that their clientele was mainly female.