Body Doubles: The Spermatorrhea Panic

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A PROMISING YOUNG MEDICAL STUDENT becomes reclusive, tearful, and despondent, neglecting his studies and spending his days in bed.[1] A banker becomes paranoid and aggressive, attacking a fellow businessman on the street for no reason and eventually going completely insane.[2] Desperate to stop masturbating and arrest his physical and mental deterioration, another man ties himself up.[3] If they had consulted their doctors, these men would have received treatments scarcely less frightening than the disease itself: they might find their penises encased in miniature iron maidens or have their testicles surgically removed.[4] These symptoms and responses are part of the panic over spermatorrhea, which we now know to be a nonexistent disease but which preoccupied surgeons and laymen alike for decades.[5] Defined as the excessive discharge of sperm caused by illicit or excessive sexual activity, especially masturbation, the disease was understood to cause anxiety, nervousness, lassitude, impotence, and, in its advanced stages, insanity and death. These tragic tales of ruined lives give a flavor of

This essay has been adapted from *Unauthorized Pleasures: Accounts of Victorian Erotic Experience* by Ellen Bayuk Rosenman, Cornell University, 2003.

[1]Claude François Lallemand, *A Practical Treatise on the Causes, Symptoms, and Treatment of Spermatorrhea*, trans. and ed. Henry J. McDougall (Philadelphia, 1865), xi.

[2]Ibid., x.

[3]William Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life* (Philadelphia, 1875), 159.

[4]John Laws Milton, *On Spermatorrhea: Its Pathology, Results, and Complications* (London, 1875), 95; Marris Wilson, "Contributions to the Physiology, Pathology, and Treatment of Spermatorrhea," *Lancet,* August 23, 1856: 215.

[5]Although some scholars have suggested that spermatorrhea was the invention of quacks, there is ample evidence that legitimate surgeons regarded it as a real disease, although they debated its prevalence. For useful overviews of the subject, see Michael Mason, *The Making of Victorian Sexuality* (Oxford, 1994), 295–98; and also Roy Porter and Lesley Hall, *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650–1950* (New Haven, CT, 1995), esp. 144–45.

Journal of the History of Sexuality, Vol. 12, No. 3, July 2003

the hysteria surrounding spermatorrhea. What led doctors to imagine this disease and patients to produce such symptoms? Why did both doctors and patients respond with such extraordinary and brutal interventions? Why, since it did not exist, did spermatorrhea have to be invented?

As my last question is meant to suggest, spermatorrhea's fictiveness is exactly what makes it important not as a quaint instance of primitive medicine but as a revealing cultural phenomenon. It is, as Stephen Heath says, "one of the diseases which . . . [although they have] nothing to do with the actual diseases of the period (the typhus fever of the slums of the new industrial cities, for example), are strictly Victorian," imagined into existence to embody historically specific anxieties.[6] The disease had one foot in the antimasturbatory hysteria inherited from the eighteenth century, but masturbation was not its sole cause; its pathologizing of all forms of sexual excess (however defined by Victorian writers) and intensity and its symbolic mapping of the male body speak directly to distinctively Victorian constraints on pleasure—including male pleasure—in contrast to the relative permissiveness of eighteenth-century and Regency models of upper-class sexuality.[7] Along with other venereal diseases, it played a key role in the medicalization of sexuality, especially as sexuality came under the auspices of scientific medicine, which introduced new means of diagnosis and new cures. Its moral and medical aspects were so closely intertwined that it seems to have died out as different models of sexuality emerged, though it is difficult to pinpoint the precise time and cause of death: as alienists increasingly linked sex and nervous debility to psychological rather than organic causes (an argument anticipated by some of the more adventurous spermatorrhea doctors discussed below) and as sexologists protested against moralistic definitions of sexual behaviors, spermatorrhea lost its hold on both the medical establishment and the popular imagination. It came and went with nineteenth-century beliefs about male sexuality.[8]

[6]Stephen Heath, *The Sexual Fix* (New York, 1982), 20.

[7]Though this broad generalization is subject to qualification, it is well established among historians of sexuality; see, for instance, Porter and Hall, esp. 14–32.

[8]Of course, legitimate medical advances played a role in its disappearance as a disease; spermatorrhea simply could not be definitively established through scientific experimentation. There is no moment at which the medical establishment declared that spermatorrhea was a bogus disease; instead, it was dealt with more and more as a rare ailment whose prevalence was exaggerated by quacks. The *British Medical Journal* published an article discussing its diagnosis and cure as late as 1872 (George G. Gascoyen, "On Spermatorrhea and Its Treatment," *British Medical Journal,* January 20, 1872: 68–69, and January 27, 1872: 95–96), and Courtenay's *On True and False Spermatorrhea* was published in 1882. Mason asserts that the disease "was on the British medical agenda" throughout the nineteenth century (298). But certainly by the early twentieth century, when the microorganisms causing syphilis and gonorrhea were discovered, spermatorrhea had already lost its status as a bona fide illness.

In its medical and moral pathologizing of sexual experience, spermatorrhea is a prime example of Foucault's *scientia sexualis*, with its authoritative scientific discourse, its monitory case studies and shameful confessions, and its categories of deviance. But spermatorrhea also complicates the power structure that often emerges in Foucauldian treatments of Victorian medicine, in which middle-class professionals objectify and dominate inferior "others," defined in terms of class and gender. Certainly, Victorian culture provides classic examples of this structure: the Contagious Diseases Acts authorized surgeons to forcibly treat prostitutes for venereal disease by painting their genitals with mercury, and the Anatomy Act of 1832 offered up the corpses of the poor to anatomists for dissection. These laws clearly depended on what one scholar has called a "medico-moral discourse that extensively deployed a set of class and gender related polarities" as a foundation for doctors' professional authority.[9] But, for several reasons, spermatorrhea was considered an ailment of middle-class men: they tended to postpone the legitimate sexual outlet of marriage until they were financially secure, they were prey to sexual panic because of class-specific constraints on erotic pleasure, and they could afford medical care.[10] Nearly every victim is identified as a gentleman: a lawyer, a military officer, a well-placed clerk, a banker, a student, or, frequently, a doctor. Of the many case studies of spermatorrhea I have read, only one involves a working-class man (a bricklayer), and his situation is presented as a startling anomaly.[11] Prohibitions on pleasure for both genders and all classes may have projected the stigma of sex onto "othered" social groups as groups (the rationales that drove the Contagious Diseases Acts and the Anatomy Act rested on such stereotyping), but it did not exempt middle-class men from sexual policing. On the contrary; middle-class men were caught in a contradiction: the double standard and the semitolerant regulation of prostitution offered the privilege of sexual experience, but such experience was tightly constrained if not forbidden by the ideal of self-discipline and

[9]Ornella Moscucci, "Clitoridectomy, Circumcision, and the Politics of Sexual Pleasure in Mid-Victorian Britain," in Andrew H. Miller and James Eli Adams, eds., *Sexualities in Victorian Britain* (Bloomington, IN, 1996), 60.

[10]Robert Ritchie, writing of the causes of insanity in the *Lancet*, claimed that there were twice as many middle-class men in insane asylums as men of other classes due to masturbation. He concludes, "This result is just that which might have been expected from the consideration of the inducements to the habit, having regard to morality . . . to occupation, recreation, social intercourse, and facilities for marriage" ("A Frequent Cause of Insanity in Young Men," reprinted in Jenny Bourne Taylor and Sally Shuttleworth, eds., *Embodied Selves: An Anthology of Psychological Texts, 1830–1890* [Oxford, 1998], 216).

[11]Richard Dawson, *An Essay on Spermatorrhea and Urinary Deposits with Observations on the Nature, Causes, and Treatment of the Various Disorders of the Generative System, Illustrated by Cases* (London, 1848), 78.

"virtuoso asceticism" that increasingly defined bourgeois manhood, distinguishing it from aristocratic licentiousness, on the one hand, and working-class bestiality, on the other.[12] Spermatorrhea enjoyed what can only be considered a kind of vogue because it compulsively restaged this impasse of opportunity and punishment. Moreover, the status of the doctors treating spermatorrhea gave them a complex investment in the disease: they were surgeons, a class of medical practitioners whose status was ambiguous and in flux. Instead of standing serenely above the contamination of embodiment, they were in the process of renegotiating their identities in order to achieve a specific version of middle-class manhood, that of the modern professional. Surgeons and patients shared a social position and anxieties about class status and the body that made it impossible for doctors simply to abject sexuality onto a different, depraved other. Instead, spermatorrhea served a different function: it provided the occasion for a sustained, conflicted investigation of a sexuality that doctors and patients both repudiated and laid claim to. It was an epidemic of ambivalence.

MEN AGAINST MEN: PUNISHING THE BODY

Spermatorrhea came to public and professional notice in the 1840s and, although ideas about its prevalence varied widely throughout the century, obsessed doctors and laymen alike until the late 1870s.[13] It gained attention in Britain through the influence of Claude François Lallemand's foundational (I can hardly resist the urge to say "seminal") work, *A Practical Treatise on the Causes, Symptoms, and Treatment of Spermatorrhea*, first translated in 1847. It was popularized through an extensive series of articles in the *Lancet* and other medical journals, the many editions of William Acton's *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life*, and a slew of books and pamphlets written for popular consumption.[14] I call it a "panic" not only because it was the subject of much medical and moral commentary during

[12]James Eli Adams, *Dandies and Desert Saints: Styles of Victorian Masculinity* (Ithaca, NY, 1995), 2.

[13]F. B. Courtenay, *A Practical Essay on the Debilities of the Generative System, Their Varieties, Causes, Treatment, and Cure* (London, 1839) was an early work in the field, but the wave of interest in spermatorrhea came a few years later.

[14]As this catalog suggests, a range of practitioners participated in the spermatorrhea panic. In this section, where I lay out medical beliefs, I quote only members of the Royal College of Surgeons, although I do not distinguish among different degrees of respectability. While the expertise of some of these doctors is at issue both in Victorian medicine and in modern studies, I have not found much difference between the arguments of these "borderline" surgeons and their better-esteemed colleagues. The passages I quote from popular pamphlets do not depart from the material in medical journals. True quacks, with no medical training, do not appear in this section but are discussed in detail in section 2.

its heyday but because it called forth intense public horror and dismay from patients, surgeons, and the popular press.[15] In this respect it was no different from other venereal diseases with which it was classified.

Medically, however, spermatorrhea was understood as a separate disease with its own distinctive symptoms, development, and treatments (though "spermatorrhea" is now a descriptive term for the symptom of excessive seminal discharge).[16] While often included in discussions of other venereal diseases, it also produced its own literature, both in medical journals and more popular books: Dawson, Milton, and Wilson, among others, all followed Lallemand's lead in devoting separate works to the disease. Authorities linked it to the excessive discharge of sperm, although they differed on whether the problem was the emission itself—a throwback to the idea that semen was a vital fluid whose loss was intrinsically debilitating—or the depletion of energy caused by overstimulating the generative organs. Mason allies the vital fluid idea with the older "haematic theory," which held that sperm was an extremely precious form of blood; though most surgeons did not believe in a literal identity between the two substances, some, like Acton, still considered semen to be an essential substance for overall health.[17] More common was the belief in overstimulation; Wilson, for instance, calls attention to "the abnormal and over-excited condition of these organs in a state of disease."[18] Although accounts differ in their nomenclature and precise explanations, the disease was generally believed to have two stages. In the first stage, which involved excessive discharge, the body was overactive in its production and ejaculation of sperm; its symptoms were frequent nocturnal emissions and sometimes premature ejaculation. In the second, the exhausted body languished: the testicles shrank, semen infiltrated the urine, and the patient experienced languor, depression, and impotence. For several decades, surgeons considered the disease widespread and focused on causes, symptoms, and treatments. Then increasingly, as

[15]See Mason, 295–98, and Porter and Hall, 138–45, for similar assessments of spermatorrhea's prevalence and medical standing.

[16]Syphilis and gonorrhea differed from spermatorrhea in their symptoms and treatments. (Until 1837 syphilis and gonorrhea were considered the same disease; afterward their symptoms were sorted out into different trajectories rather than being considered different versions of the same ailment. The different microorganisms that caused them were not discovered until the twentieth century.) The main symptom of gonorrhea was a puslike discharge from the urethra and the nervous debility attributed to all venereal diseases, whether from an imputed organic cause or the shame and anxiety attendant upon illicit sexual activity. Along with these symptoms, syphilis involved visible sores, internal tumors, and the external emergence of the disease in its tertiary stage. Syphilis, gonorrhea, and spermatorrhea were all treated with mercury, though in the former two it might be administered orally rather than topically to induce the body to pass out its toxins through the saliva, a treatment called salivation. Various pills and syrups were also marketed as cures; as with spermatorrhea, other venereal diseases offered quacks the opportunity to fleece panic-stricken, secretive patients.

[17]Mason, 208–9.

[18]Wilson, 216.

quacks entered the territory, legitimate doctors began to insist that actual cases were infrequent and transferred their attention to the evils of their illicit competitors, who had quickly discovered that treating the sexual maladies of a guilt-ridden bourgeoisie was an extremely lucrative enterprise. Claims about the rarity of the disease hardly quelled the anxiety of patients, especially those who had engaged in some dubious sexual activity and then watched with dread for the signs of its consequences. One surgeon estimated that over two-thirds of his patients had or thought they had the disease.[19]

Spermatorrhea further departed from other venereal diseases in two crucial ways: first, only men could contract it, and second, it was not contagious. In other words, while unclean women could be blamed for syphilis and gonorrhea, spermatorrhea came from within, the result of male corporeality rather than female pollution. For this reason, spermatorrhea literature foregrounds the symbolics of the male body in a way that medical accounts of syphilis and gonorrhea do not, enacting in a particularly literal way the familiar tension between the penis and the phallus.[20] On the one hand, medical literature represented the ideal of a forceful, dominant masculinity grounded in the body (what we now call phallic masculinity), using the language of hardness, force, and size to describe male anatomy. Physical growth to maturity instills phallic properties in the body, as it is "hardened into the firm . . . frame of the man" and develops "a very powerful . . . sex-passion" signaled by "a copious discharge of well-formed semen."[21] Notable for its "intensity . . . [and] bulk," this manly fluid "jets" out during ejaculation.[22] Within the framework of Victorian medicine, which understood the sexual system as the basis for all physiology and psychology, these phallic properties permeated every corner of male identity.[23] The firm, erect penis is "the external sign of virility," displaying man's "consciousness of his dignity, of his character as head and ruler, and of his importance."[24] Since a healthy sexual function "has a direct effect upon the whole physical and mental conformation of the man . . . helping,

[19]Mason, 297.

[20]Indeed, as many critics argue, syphilis as a social problem was laid at the door of prostitutes, with their customers notably absent from accounts of its transmission; see Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (London, 1987); and Peter Lewis Allen, *The Wages of Sin: Sex and Disease, Past and Present* (Chicago, 2000).

[21]Acton, 120, 121; George G. Gascoyen, "On Spermatorrhea and Its Treatment," *British Medical Journal,* January 20, 1872: 68.

[22]Wilson, *Lancet,* September 3, 1856: 301; Acton, 105.

[23]See Heath, 20; and Michel Foucault, *The History of Sexuality: An Introduction*, trans. Robert Hurley (New York, 1990), 1:65–66. For Victorian sources in addition to Acton, see Richard Dawson, *An Essay on Marriage* (London, 1845), 1. Although Wilson took a somewhat more skeptical view of the prevalence of spermatorrhea than Acton, he asserted that, as a sexual ailment, it was "accompanied with complete disarrangement of all other functions of the body" (*Lancet,* August 23, 1856: 217).

[24]Acton, 191, 123.

in no small degree, to form character itself," the penis not only signifies but produces masculinity.[25]

This line of thinking, with its language of hardness, firmness, and jetting, would seem to lead directly to sexual self-assertion and sexual pleasure as virile men exercised their God-given equipment to the end for which it seems so obviously intended. From the standpoint of much feminist theory, the link between this phallic body and sexual domination is well-nigh inevitable.

But this signification was to be no more than symbolic, since, as many critics have argued, masculinity required self-discipline.[26] Virtuoso asceticism represented the essence of the bourgeois male ideal. Relinquishing erotic pleasure was a primary demonstration of this asceticism, as "manliness is divorced from sexuality; potentially dangerous psychic energy channeled into productive work."[27] Most spermatorrhea surgeons endorsed and contributed to this ideal, replacing the virile body with a disembodied and disembodying phallicism.[28] While endorsing conjugal sex in controlled doses, surgeons pathologized other forms of erotic pleasure in hierarchies of deviance, ranging from extramarital sex with a single partner through promiscuity and prostitution to the ultimate sin of masturbation, with minor variations in the order of these dangerous practices. Acton was most explicit in tailoring medical theories to this form of bourgeois masculinity. Grafting virtuoso asceticism onto virility, he produced a particularly self-denying version of male sexuality. Although he appears to support the link between sexuality and masculinity when he calls the erect penis "the external sign of virility," he sublimated this virility into self-control, an aspect of character rather than physiology. Man and body are not perfectly aligned in an attitude of domination; in fact, what needed to be dominated was the body itself.

[25]Ibid., 49.

[26]Herbert Sussman's assertion that Victorian masculinity was "consistently theorized as being grounded in the regulation of male sexual energy" and his extended discussion of this regulation in the realms of literature and art are highly germane to my discussion; see his *Victorian Masculinities: Manhood and Masculine Poetics in Early Victorian Literature and Art* (Cambridge, 1995), 11; see also Ed Cohen, *Talk on the Wilde Side: Toward a Genealogy of a Discourse on Male Sexualities* (London, 1993), 69–93.

[27]Sussman, 17.

[28]While this was the dominant understanding of male sexuality, it was not the only one. Nervous debility was understood to result from sexual frustration as well as sexual indulgence, for which doctors might propose marriage as a cure; see Janet Oppenheim, *Shattered Nerves: Doctors, Patients, and Depression in Victorian England* (Oxford, 1991), 164. She also asserts that masturbation began to lose its demonic associations later in the century, partly due to the arguments of the surgeon Sir James Paget (162). Lesley Hall, however, argues that antimasturbation sentiments were strongest from the late nineteenth century until the beginning of World War I ("Forbidden by God, Despised by Men: Masturbation, Medical Warnings, Moral Panic, and Manhood in Great Britain, 1850–1950," *Journal of the History of Sexuality* 2 [1992]: 371).

A new set of metaphors represented sexual self-denial in heroic terms. Evoking sport and war, doctors compared this mastery to training for a race or a boxing match.[29] They spoke of taking up "arms" in the "conflict" with the body.[30] Acton's term for victory is "continence": "The very word we have used—continence—admirably expresses the firm and watchful hold with which his trained and disciplined will grasps and guides all the circumstances and influences of his life."[31] His exhortations sublimated the masturbating hand into the abstract will, which "grasps" the body's desires with a "firm . . . hold," keeping them securely in check. Like the more obvious visual depictions of muscular bodies (those of Nazi propaganda, for example, analyzed by Klaus Theweleit), this body has been rigorously trained to harden and preserve its boundaries, resisting the incursions of desire.[32]

Without the vigilance of the virile will, the male body is anything but phallic. Spermatorrhea literature records a deep mistrust of bodies in their "natural" state, freely generating sensations and responses. Such an unsupervised body is a kind of hypersensitive protoplasm, trembling on the brink of dissolution because of its sexual susceptibility.[33] It is weak, almost permeable in its responsiveness to stimulation. The catalog of items and actions that might incite its unwanted arousal is astonishing. Nothing, it seems, is too quotidian to seduce it: soft beds, flannel trousers, sitting in front of a fire, a full bladder, sleeping on one's back, thunderstorms, sitting in railway carriages.[34] One unfortunate soul ejaculated twice on the Brighton-London train because he sat instead of standing.[35] When surgeons attempted a cure, they confronted the hyperresponsive body. On the one hand, the disease's most horrific consequence is impotence: one anecdote circulating in a number of pamphlets quotes a suicide note that simply reads "I am impotent," as if that fact alone would inevitably lead to self-destruction.[36] But at the same time, impotence is also an oddly desirable state, since it at

[29]Milton, 134.

[30]Acton, 61. Discussing Acton, Mason describes these mental violations as "semi-continence" (208–9).

[31]Acton, 68.

[32]Klaus Theweleit, *Male Fantasies: Women, Floods, Bodies, History*, trans. Stephen Conway (Minneapolis, 1987), vol. 1.

[33]For a fascinating discussion of Carlyle's phobias about liquidity, see Sussman: "His fantasies of the male body turn upon a liquid interior whose touch is polluting" (20). Sussman links Carlyle's fears to spermatorrhea and anxieties about masturbation.

[34]This catalog is drawn from Acton, 239–40; Lallemand, 316; Gascoyen, 96; and Milton, 25; with many repetitions in other sources.

[35]Milton, 21.

[36]The anecdote originates with Courtenay (*Practical Essay,* 12) and is taken up in several quack pamphlets, including Walter De Roos, *The Medical Adviser [*sic*]: A Treatise on the Anatomy and Physiology of the Organs of Generation, with Practical Observations on the Premature Loss of Sexual Power, and Plain Directions for Its Perfect Restoration* (London, n.d. [1851?]), 13.

least protects the patient against further indulgence. Or, to put the matter in a slightly different way, if impotence is potentially lethal, potency is not much better, leading as it does to all the dire consequences of the disease. Several case studies detail this Catch-22 situation: masturbation and nocturnal emissions render the body impotent and unable to pursue its illicit pleasures, but treatment reinvigorates the body's appetites, along with its capacity for indulging in them, and the patient falls ill once more.[37] The body is a natural recidivist, lurching back and forth between dangerous hardness and sickly flaccidity. Its hardness is not a natural, healthy state but the cause and precursor of weakness, a collapse waiting to happen; hard or soft, the body is in a state of incipient self-destruction. The penis's natural transformation from softness to hardness and back again was pathologized into this vicious cycle of sexuality.

In the same way, semen was pathologized as the symbol of everything that is alarming about the body; it is not difficult to see why, symbolically, it became the centerpiece of the disease. Although it borrows the force of hardness in its healthy state as it "jet[s]" from the penis, semen returns to its liquid state when the disease strikes, giving rise to images of weakness and impotence: it becomes a "thin, imperfect fluid" that no longer spurts majestically but "dribbles from the end of the penis."[38] In a clear if unwitting image of castration anxiety, one doctor described the feeble spermatozoa of this diseased fluid as having broken tails.[39] Thus, although semen was identified with the "powerful sex-passion" of virility, it was also a kind of fifth column attacking the masculine ideal from within. Moreover, semen further compromised hardness by breaching body boundaries, symbolizing the body's inability to protect itself from sexual desire. The body that is made to penetrate is itself penetrated, as it were, from within by its own involuntary secretions. Nocturnal emissions were particularly disturbing. Because they occurred during sleep, they spoke directly to the difficult relationship between the will to sexual pleasure, representing a stubborn residue of bodily agency that managed to dodge the firm hold of conscious control.[40] These "wet and silvery dreams," as one doctor poetically called them, dramatize the gap between the phallus and the penis, as the phallic will struggles all day to subdue the penis's pleasures, only to be

[37]See, for instance, Dawson's description of such a case, which he claims is not at all atypical (22–23).

[38]Gascoyen, 68; Acton, 105. As theorists of the body argue, bodily fluids in themselves threaten masculinity, which contrasts itself to the flows and secretions of the female body, projecting the vulnerability of flesh and blood onto women; see Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington, IN, 1994), 194–99; and Theweleit, 1:409.

[39]Dawson, 9.

[40]See, for instance, William B. Carpenter, *Principles of Human Physiology, with Their Chief Applications to Pathology, Hygiene, and Forensic Medicine* (Philadelphia, 1843), 566.

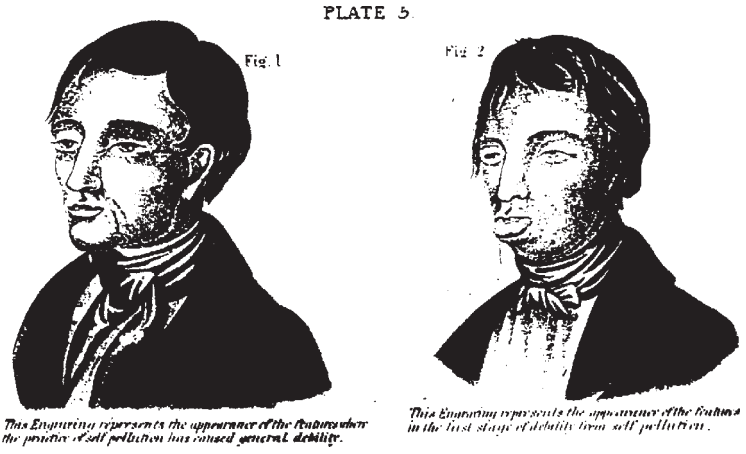


Figure 1. The masturbator's progress. Note the dripping saliva on the right-hand figure. This is another symptom of the body's loss of control over its boundaries and fluids. From Perry, *The Silent Friend* (4).

defeated at night: "[T]he will at that period is powerless."[41] To Acton, nocturnal emissions that are stimulated by sexual fantasies during waking hours are especially pernicious because they implicate consciousness in desire.[42] Other surgeons followed Acton in placing them under the jurisdiction of the will, seeing them as a kind of ultimate test of character: "[T]he patient can always master them if he will," Milton claimed, "if he do [*sic*] not, they will master him."[43] In the alarm over nocturnal emissions, a second meaning of Acton's celebrated "continence" becomes clear: it implies not only psychological self-control but bodily self-containment.

In spermatorrhea, the body becomes a sieve, losing vitality from every orifice. Semen leaks away not only in ejaculations and nocturnal emissions but in urination; sweat oozes from every pore, creating the clammy palms of the self-abuser (figure 1). Acton even recorded a case of death by diarrhea, which he regarded as a secondary complication of the disease. Over and over again, doctors imagined the body as a leaking vessel: "[T]he violated body becomes unable to contain its treasure, and as fast as it is

[41]Robert James Culverwell, *The Solitarian; or, The Physiology of Passions, Their Use and Abuse, with "A Philosophy of Loving and Being Loved" (A Medical Sketch)* (London, 1849), 4.

[42]Acton, 88. Perhaps the most consistent vestige of corporeally sanctioned phallic manhood is the omnipotent powers of discrimination granted to the penis, which can distinguish among these various outlets and activities and relay the information to the rest of the body so that it can respond with precisely calibrated pathology.

[43]Milton, 86.

elaborated the seed is poured away on the slightest provocation."[44] Small wonder that Acton used the metaphor of flooding to describe sexual incontinence: the man who falters in his purity "will open the floodgates of an ocean, and then attempt to prescribe a limit to the inundation."[45] Of course, no body can really "contain its treasure"; it is always passing elements from inside to outside.

Incontinence is a biological given, and no effort of will can completely plug up the body's orifices. The spermatorrhea panic responded to this reality by redefining a basic biological property as a disease, splitting off liquidity into "bad" seminal fluid—separating the dribbles from the jets—in order to maintain the ideal of the inviolate male body as an achievable norm rather than an impossible fantasy. The ideal of continence is really the dream of a decorporealized body, freed from the vicissitudes of organic and involuntary processes, entirely under conscious control.

In its obsession with the breakdown of continence, spermatorrhea literature provides an encyclopedic rendering of nonnormative masculinity.[46] These men suffer from paralysis, tremors, lassitude, and insomnia; they cannot concentrate, work, or get out of bed; they are nervous, weepy, distracted, afraid. Most case studies go well beyond physical symptoms to describe a complete characterological breakdown. One surgeon presented this portrait of the spermatorrhea sufferer: "A general fright pervades the system, and a feeling of incompetence adds to the despair of the misled sensualist."[47] Spermatorrhea offered a dumping ground for all the traits that bourgeois masculinity had to abjure, traits associated with lack of control over the body and the emotions and with a loss of confidence and power. The tone of sympathy that pervades these case studies suggests a certain covert understanding of these traits; under the aegis of illness, a man could relax his "firm hold" and wallow temporarily in weakness. As hysteria and the rest cure did for women, spermatorrhea offered a refuge from the demands of a rigid gender role, supplying a pretext for an otherwise unacceptable self-indulgence. But the label of illness also insured that these states would continue to be defined as deviant and undesirable. The dichotomy of sick and well underscored other dichotomies that preserved this version of phallic masculinity—soft and hard, open and closed, liquid and solid—as absolute. As it artificially isolated "bad" bodily states and symptoms such as

[44]Acton, 35. See also Culverwell's description of one of his patients, who experienced "constant drainage of seminal fluid—it oozed from him on all occasions—asleep, awake, passively or actively engaged" (*Lecture*, 93).

[45]Acton, 92.

[46]For a discussion of Victorian attitudes toward male sexuality and nervous debility, see Oppenheim, 158–65.

[47]Culverwell, *Solitarian*, 4.

weak semen, spermatorrhea also split off emotions and behaviors to preserve its impossible ideal of characterological continence.

Because of the threat it posed to masculinity, surgeons dealt with the body severely in the name of treatment. Spermatorrhea cures seem shockingly invasive, even punitive. It is as if, in violating the fantasy of continence, the body has forfeited any claim to intactness; its fate is to give up its boundaries altogether to the doctor. The various purgatives prescribed to patients seem designed to empty the body of fluids: anal leeches, diuretics, laxatives, enemas, and suppositories made of camphor, belladonna, and opium.[48] The penis was pierced with metal rings and coated with chemical irritants until it was "so sore that [the patient] could scarcely endure the slightest touch." Although he claimed that this latter treatment was unfailingly effective in preventing masturbation, one proponent remarked that it did have an inconvenient drawback: "[I]t is difficult to induce them [patients] to repeat it."[49]

One of the most common treatments was cauterization: first, a catheter is passed through the urethra to empty the bladder, and then a bougie, a thin metal instrument with a ball on the end, is coated with a caustic substance, usually nitrate of silver, and passed through the same canal. Cauterization "deadens and destroys" nerve endings so they will be less susceptible to excitement, presumably overcoming the body's promiscuous response to feather beds and trousers.[50] Although widely recommended, cauterization did provoke debate. Some surgeons swore by it, finding it safe and relatively painless, while others feared its dire effects: cold sweats, "violent spasmodic contractions," and "visible agony."[51] One doctor warned: "[O]ccasionally, even cautious, gentle, and successful cauterization is followed by alarming symptoms, and even by death."[52] Small wonder, then, that proper technique was imperative: the patient must lie absolutely flat on the examining table, the bougie must be introduced slowly, and the doctor must ensure that the urethral canal is straight and unblocked by holding the penis firmly upright. What could be a more striking example of Theweleit's insistence that the policing of bodies depends not only on ideology and discourse but on the actual co-option of corporeal experience, "the installation of displeasure and anxiety in the experience of pleasure itself," as the doctor's painful treatment replaces the masturbating hand.[53]

[48]Milton and Wilson recommend suppositories (Milton, 78; Wilson, 62; see also Wilson, *Lancet*, November 1, 1856: 483); Lallemand and Wilson recommend leeches (Lallemand, 63; Wilson, 483); and Lallemand and Acton prescribe diuretics, enemas, and purgatives (Lallemand, 67, 197; Acton, 237).

[49]Dawson, 10.

[50]Gascoyen, 96.

[51]Lallemand, 67, 77.

[52]John W. S. Gouley, *Diseases of the Urinary Organs* (New York, 1873), 31.

[53]Theweleit, 1:414.

The penis, symbol and site of virility, has been reduced to a vulnerable, flaccid body part manipulated by someone else. Who has the phallus during cauterization? Not the patient with the penis but the doctor with the unbending, never-flaccid instrument whose rigidity the shrinking organ must be made to accommodate. This tableau seems to insist that the professional has a special relationship to the body: unlike his patient, he sidesteps its weakness when he takes up the mantle of his authority and his metal instrument, harder than any flesh could be. The ideal of continence ultimately rests on the surgeon: he enacts the ultimate mastery of the body as if he did not also participate in its corporeality, as if his role as a professional exempted him from its weakness. Phallic mastery is most firmly claimed when it is positional, and this positionality is achieved not only through the perquisites of status but through relational categories—patient and doctor, body and science, sexuality and character, penis and bougie—in which each term is defined as the opposite of the other.

Surgeons against Quacks: Inventing a Scientific Discourse

There is another dimension to this violence against male bodies, one directly tied to the professional status of surgeons, the class of doctors who treated spermatorrhea. The apparently bodiless scientist I've described above, who substitutes the catheter for the penis and relies on his knowledge and expertise rather than his body for authority, was not a preexisting role into which individual surgeons stepped but a new identity in the process of being created. Surgeons did not come to spermatorrhea with ready-made prestige; instead, their history entangled them in many of the qualities of these sick bodies. Among all the emerging professionals of the nineteenth century, the status of medical men was the most problematic.[54] Originally classed with barbers, the kind of medicine they practiced and their overall reputation made them poor relations of middle-class masculinity precisely because of their too-close association with the incontinent bodies they treated. But with the Victorian creation of "the professional" as an elite category came opportunities for redefinition. For surgeons, becoming professionals depended on forging a new relationship to the body, one of distance and repudiation. The spermatorrhea panic was one of a series of medical events, including the cholera epidemics of the 1830s, the development of obstetrics,

[54]My discussion of medical history and the status of surgeons is drawn from the following sources: W. J. Reader, *Professional Men: The Rise of the Professional Classes in Nineteenth-Century England* (London, 1966), 16–68; Roy Porter, *Disease, Medicine, and Society in England, 1550–1860* (London, 1987), 48–54; Roger Cooter, *The Cultural Meaning of Popular Science: Phrenology and the Organization of Consent in Nineteenth-Century Britain* (Cambridge, 1984), 70; Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin, 1984); M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley, 1978); and Ann Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge, 1994).

and the administration of the Contagious Diseases Acts, that helped to transform the authority of the medical profession in the nineteenth century. Surgeons certainly did not invent spermatorrhea for the purposes of professional advancement (although they did invent it), but, in redefining their relationship to the body, it provided them with an ideal opportunity to enrich their cultural capital.[55]

To understand the symbolic importance of the male body in the construction of surgeons as professionals, we need to understand the history and structure of Victorian medicine as a whole. Because of the rules governing the treatment of various illnesses, which I will discuss in a moment, spermatorrhea doctors were surgeons. From the eighteenth century to the passage of the Medical Act of 1858, which loosened the boundaries between different echelons of medical practitioners, they occupied the middle tier of a three-part medical hierarchy, between the more prestigious physicians and the lowly apothecaries. (I omit further discussion of apothecaries because they are not germane to my discussion.) The aristocrats of medicine, physicians were schooled in the classics at Cambridge or Oxford, often with a somewhat limited medical training. Surgeons generally lacked a classical education, traveling to Scotland or the Continent to pursue a more purely medical training that was considered inferior because it was more technical, as if it were preparation for a trade. In fact, while physicians received honoraria, surgeons could set their fees, a dubious prerogative that also associated them with tradesmen. Physicians and surgeons had their own governing bodies, accreditation standards, and procedures for membership. More importantly, they had their own diseases and forms of practice. Approaching their patients through observation and examination, physicians engaged in activities that were primarily mental and visual. They were empowered by law to treat internal diseases, that is, diseases that remained safely inside the body, contained by the skin. In a sense, even in sickness physicians treated a body that decorously maintained its own boundaries and protected physicians from its interior.

On the other hand, surgical practice was a messier affair. Surgeons immersed themselves much more literally and directly in the bodies of their patients, and they did so with their own hands. In complaining of plans to train physicians in surgery, Sir Henry Halford, the president of the Royal College of Physicians, declared that such "manual labour" would "discredit" his caste.[56] Unlike the more mediated consultations of physicians, surgeons' work called attention to the corporeality of patients. Further,

[55]See Ivan Crozier on the need for nineteenth-century surgeons "to locate the kinds of symbolic capital available to its practitioners who were writing in order to position themselves in the struggle for acceptance"; "William Acton and the History of Sexuality: The Medical and Professional Context," *Journal of Victorian Culture* 5 (2000): 11.

[56]Quoted in Waddington, 40, 39. Convention had it that physicians, in contrast, "used their heads not their hands" (quoted in Waddington, 10).

surgeons treated external diseases that compromised the body's boundaries: venereal diseases, contagious ailments, illnesses requiring bloodletting, burns, sores, and open wounds.[57] For surgeons, bodies are visibly organic, composed of blood, muscle, bone, and tissue. The symptoms of their diseases break through the skin, and the surgeon must treat them by cutting bodies open, dressing their wounds, drawing off blood, and collecting urine. These sick bodies are unclean, improper, and, in a sense, incontinent. By midcentury, the status of surgeons ranged widely from high respectability to criminality, but the disreputable legacy of earlier eras haunted their practices. The simple fact that they treated venereal disorders stigmatized surgeons and tainted their work with specifically sexual connotations as well. Surgeons felt obliged to declare their obliviousness to these connotations; one prominent surgeon declared, "Who is not able, in the course of practice, to put the idea of sex out of his mind, is not fit for the medical profession at all."[58] With easy access to women's bodies, surgeons became obvious characters in scenarios of illicit sexuality. Walter of *My Secret Life* sometimes impersonated a surgeon to assist "some of his more difficult seductions," as Mason dryly remarks,[59] while a brothel owner and white slaver also found such a role useful in decoying young girls to his "office."[60] These associations were exploited with gusto in a pornographic text in which a lusty young surgeon puts his sexual knowledge to practical use in an endless series of seductions. "We medical men are not ignorant of the secret pangs and unruly desires which consume the bashful virgin," he remarks, noting that their understanding of erotic urges and their promise of confidentially make doctors highly desirable partners. (They are also able to provide abortions when needed as an additional convenience.)[61] This link between surgeons and sexuality was there for the taking, implied by the low associations of surgical practice.

When surgeons sought to increase their status, spermatorrhea offered an ideal context in which to attenuate their association with incontinent bodies and sexuality.[62] While many advances contributed to their increasing

[57]J. W. Willcock, *The Laws of the Medical Profession; with an Account of the Rise and Progress of Its Various Orders* (London, 1830), 30.

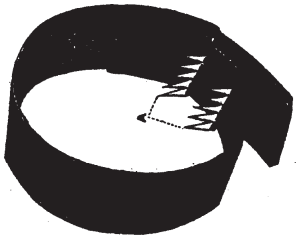
[58]Sophia Jex-Blake, *Medical Women, a Thesis and History* (Edinburgh, 1886), 8.

[59]Mason, 191.

[60]*Lancet,* August 16, 1862: 194. See Porter and Hall for further information about the association between sex doctors and brothels (135–36).

[61]*Amatory Experience of a Surgeon* (Moscow, 1881), 33.

[62]This redefinition of surgery clearly follows the widespread shift from "status professionalism" to "occupational professionalism" (Eliot, quoted in Waddington, 22). Chronologically, the spermatorrhea panic and changes in the profession were closely linked: the first edition of Acton's *Functions and Disorders* appeared in 1857, one year before the Medical Act of 1858. The *Lancet*, founded by the surgeon Thomas Wakley and established as the premier British medical journal by midcentury, devoted itself to the interrelated legitimization of surgeons and scientific medicine and published most of the literature on spermatorrhea.



TOOTHED URETHRAL RING.

Figure 2. One of many devices meant to punish the penis for its desires. From Milton, *On Spermatorrhea* (97).

medical authority—the discovery of anesthetics, the rise of germ theory, and the burgeoning of public health as a professional field—spermatorrhea enabled a rewriting of the symbolic connotations of surgeons' work. Resting on a more distant relationship to patients, the new scientific medicine aided in this revision. Technologies such as the microscope and the catheter stood between surgeons and their patients, mediating their physical

Fig. 33.—Natural size of Bougies, from the smallest to the largest usually employed.

Fig. 33.

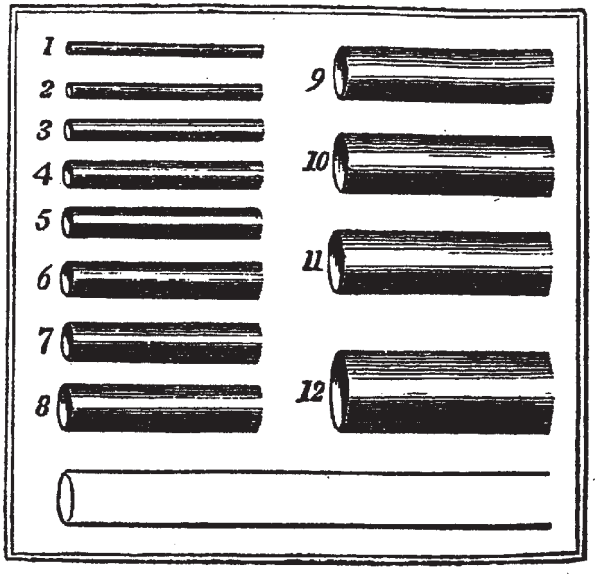


Figure 3. Devices for cauterizing the urethra. From Culverwell, *Lecture to Young Men* (169).

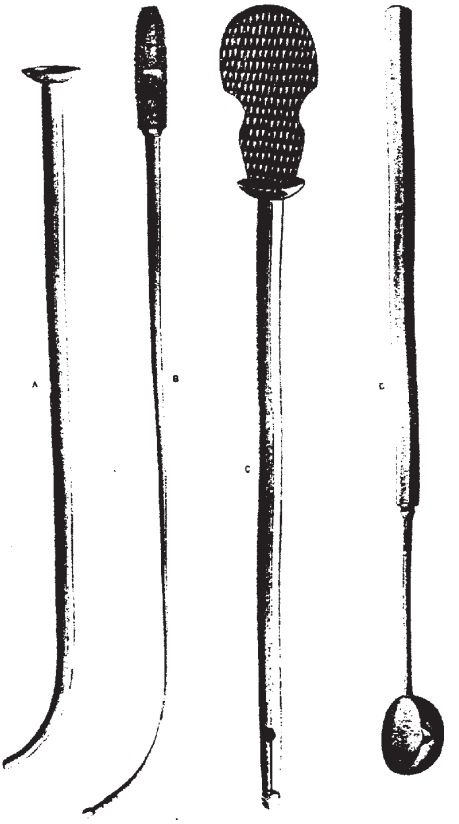


Figure 4. More devices for cauterizing the urethra. From Milton, *On Spermatorrhea* (109).

contact. The microscope was particularly important, since it was required to locate spermatozoa in the urine, which was considered one of the most reliable diagnostic protocols.[63] The spermatorrhea panic spawned an avalanche of specialized and often bizarre instruments: wires, bougies, belts, urethral rings, an electrical alarm designed to be set off by an erection, something called an achromatic magnifier for measuring sperm, and an illuminated urethral explorer—a kind of speculum for men. Books and articles abounded with illustrations of these devices to certify the expertise of the writer (figures 2–4). Along with these technologies came an up-to-date scientific vocabulary that disinfected the body disgust associated with surgeons' work. Founding their new identity on a sexual disease was a risky

[63]See Dawson, for instance, who sees the microscope as crucial to the developing science of sexual diseases and to establishing spermatorrhea as a distinct disease (vii).

strategy. Spermatorrhea doctors recognized that they were "touching pitch."[64] But by exploiting the framework of science, they redefined their interest in sexuality as a worthy medical endeavor rather than an inspiration for pornography.

In this enterprise, quacks were supremely useful. The level of anxiety aroused by spermatorrhea attracted pseudosurgeons eager to fleece middle-class patients. These frightened men formed a kind of captive audience, too desperate for help to question the doctors' fees or prescriptions and too fearful of being "outed" as masturbators or sex fiends to resist extortion. The quack invasion threatened to further depress the stock of surgeons by associating them with money-grubbing opportunists eager to profit from sex. Unwittingly, surgeons created this pot of gold for quacks with their early alarmist descriptions of the disease. When they found their area of specialization invaded by illicit competitors, they changed their approach so that they could define themselves against quacks, using the contrast between legitimate and illegitimate practitioners to enhance their prestige. Early commentaries on the disease stressed its prevalence and its grim consequences, but as quacks entered the field, surgeons insisted that it was not common at all and that, unlike their self-serving competitors, they would be perfectly happy to give a negative diagnosis even though it meant losing a patient, along with his fees. In contrast to early claims that the disease was rampant, later discussions argued that "false spermatorrhea" was the true epidemic, its hypochondriacal victims far outnumbering true sufferers thanks to the scare tactics of quacks. A letter to the *Lancet* entitled "The Future of Quackery" (and signed "Orthodox Medicine") stated: "Every medical man knows that nine-tenths of the cases of so-called spermatorrhea are really nothing of the kind."[65]

In fact, the target of surgeons' strongest rhetoric shifted from spermatorrhea to quack doctors, who came to stand in for the disease itself as the source of sexual depravity and human misery (figure 5). While the disease itself was on the wane as a subject of attention, quacks increasingly preoccupied the pages of medical journals and books, drawing off all pitch that might have adhered to surgeons. The heinous consequences originally laid at the door of the disease were increasingly attributed to quacks. Books and journals abounded with a familiar yet new kind of case study in which young men of promise were driven to panic, despair, and suicide—but by the manipulations of unscrupulous fakes rather than spermatorrhea.[66]

This struggle between quacks and surgeons is a complicated one to analyze with hindsight, since we now know that, to put it bluntly, surgeons did not know what they were doing either. In examining their attacks on their competitors, I do not mean to suggest that surgeons consciously sought a

[64] *Lancet,* May 17, 1862: 518.
[65] *Lancet,* February 21, 1859: 174.
[66] For reports of such cases, see the *Lancet,* January 28, 1865: 98, June 15, 1861: 582.

Figure 5. An example of anti-quack sentiment.

scapegoat on whom to pin their own bad reputations. Surgeons were ignorant in good faith; quacks deliberately pretended to knowledge they did not have and exploited their patients for profit. Quacks also aped real surgeons shamelessly, using variant spellings of the names of legitimate practitioners for their aliases or working under the names of legitimate doctors who had recently died so they would appear in the *Medical Directory*. Like bona fide surgeons, they quoted authorities such as Lallemand and Sir Astley Cooper; advertised their use of the very technologies with which surgeons hoped to distinguish themselves, practicing what one surgeon called "the microscopic

dodge" (figure 6); and, of course, denounced quacks in the strongest possible terms.[67] They even published their own list of practitioners, which was such a convincing facsimile that the real *Medical Directory* issued a public warning advising subscribers to "fully specify the EXACT TITLE" or risk receiving the "QUACK'S GUIDE" instead.[68]

But in other ways, the boundary between quackery and legitimate medicine was much more hazy.[69] The *Medical Directory* did not check up on the credentials of its listed doctors, nor was it comprehensive. It included some quacks under their real names and did not include surgeons who could not or would not pay the required fee. Moreover, it was sometimes difficult to decipher European systems of accreditation; the notorious Dr. Kahn, whom I'll discuss in a moment, had no medical training, but his brother, who was a partner in some of his enterprises, did hold some kind of European degree.[70] Sometimes legitimate surgeons who had trouble making ends meet took up spermatorrhea because it paid.[71] Their pamphlets, like those of quacks, were deliberately designed for a popular and perhaps credulous audience, though their knowledge was (from a historical point of view) sound. James Culverwell, a member of the Royal College of Surgeons, complained that he had been forced to go directly to the public because favoritism had prevented him from finding a hospital appointment; he protested that the term "quack" too often meant a doctor who had failed to curry favor.[72] It is true that, unlike legitimate surgeons, a few quacks recommended prostitution as a cure for nocturnal emissions and then offered preventive medicines for venereal disease in an obvious attempt to boost their income and that, on the whole, quacks used a slightly more overheated rhetoric to describe spermatorrhea's consequences and described slightly more miraculous cures. But aside from these distinctions, it is hard to see obvious, glaring differences between legitimate and illegitimate pamphlets, although scientific articles in medical journals use a distinctive tone and vocabulary.

[67]Gascoyen, 68.

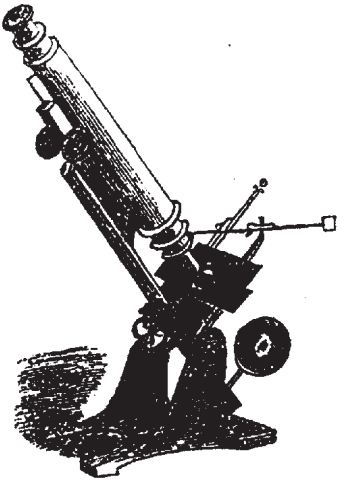
[68]*Lancet,* December 31, 1853: 632.

[69]Hall and Porter see this period as a time in which surgeons were "hypersensitive" about distinguishing themselves from quacks, perhaps because, in terms of the content of their writing, there was not much difference. See Hall and Porter, 145; see also Digby, 62.

[70]Mason, 190.

[71]Ibid., 188–89.

[72]Robert James Culverwell, *A Lecture to Young Men on Chastity and Its Infringements; A New and Original Medico-Philosophical Work on the Physiology of the Passions, Illustrative of the Rise, Progress, Attainment and Decline of the Human Reproductive Powers, Portraying the Results of Youthful Improvidence, the Indiscretions of Mature Age, and the Follies of Advanced Life* (London, 1847), 18–19. Mason accepts Culverwell's explanation of his status (188–89). See also Digby on the difficulty of establishing a successful practice, even for doctors with excellent training (161).



Microscope used by Mr. Curtis.

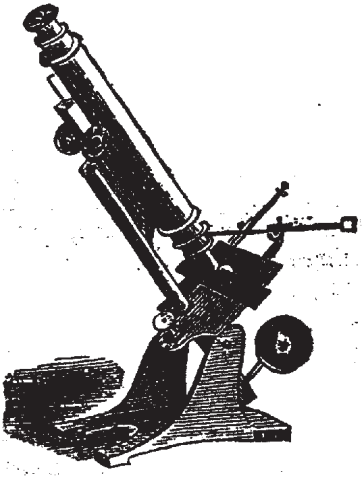


Fig. V.—Microscope used by Dr. Kahn.

Figure 6. The new scientific medicine, complete with specialized instruments, mediated surgeons' relationship to sick bodies and attested to their expert knowledge. But this cultural capital was easily appropriated by quacks such as Curtis and Kahn. Note that the illustrations are identical. From Curtis, *Manhood* (56) and Kahn, *Museum* (58).

Figure 7. The notorious Dr. Kahn, looking every inch the respectable surgeon. From Kahn, *Museum*.

The career of Dr. Kahn is instructive here (figure 7). To surgeons, he was perhaps the most offensive of all quacks because he "passed" as legitimate in the medical community, suggesting how indistinct the difference could be, even among doctors themselves. Sometime around 1850 he opened a medical museum in London. Judging from its catalog, it departed very little from the Anatomical Museum of St. Bartholomew's Hospital, which included descriptions, drawings, and models of the sexual organs among its other exhibits.

Enthusiastically endorsing it in 1851, the *Lancet* pronounced itself "much gratified" with the collection, including its doctors-only exhibits on venereal diseases, and singled out Kahn's Anatomical Venus, a life-size model of the female body, for special commendation.[73] Two years later, the *Lancet* again praised the museum, noting that its traveling exhibits had impressed the "leading medical men of Scotland and Ireland," who "thus stamped our opinion with their approval."[74] The *Lancet*'s only complaint was that Dr. Kahn opened his exhibit on the male body to ladies on certain days but added, "Upon mature reflection, we feel confident that Dr. Kahn will in future only permit male adults to view his museum," implying a strong sense of solidarity with the good doctor.[75] But a few years later the *Lancet* began receiving indignant letters scolding the journal for recommending the museum's "filthy" models and pamphlets.[76] Once he received the stamp of respectability, Kahn may well have altered his exhibits to appeal to more prurient tastes, although I could find no record of such a change. The change in his reception, however, is dramatic. Striving to make up for its earlier endorsement, the *Lancet* declared its outrage about the sexual explicitness of Kahn's materials, especially the Anatomical Venus it had specifically praised in its initial article. The museum became a collection of "revolting, filthy, and disgusting" models, a "chamber of horrors," and the *Lancet* disingenuously insisted that it had never granted it more than "qualified approbation."[77] But, although there was evidence that Kahn's activities were those of a quack, it is not clear to what extent or in what ways his display materials and pamphlets differed from legitimate medical representations of sexuality and the human body.[78]

[73] *Lancet,* April 26, 1851: 474.

[74] *Lancet,* April 13, 1853: 156.

[75] Ibid.

[76] *Lancet,* January 5, 1856: 28.

[77] *Lancet,* April 5, 1856: 376.

[78] Certainly, Kahn deserved to be attacked for his practices: in 1857 he was successfully sued for extortion by one of his patients, with Acton appearing as an expert witness—a trial that the *Lancet* reprinted with relish. Interestingly, Acton and the prosecutor continually tried to make Kahn's credentials, not his extortion, the subject of the trial, but the judge would have none of it, rejecting another surgeon's statement that Kahn could not be a

Faced with the difficulty of distinguishing their credentials and practices from those of quacks, surgeons developed another strategy: distinguishing their discourse from quack pamphlets by identifying the latter as pornography. Surgeons sought to establish a zone of strictly scientific writing, impervious to sexual interests and implications. The sexual markings of their work, exploited by pornographers, white slavers, and libertines such as Walter, were disavowed and abjected onto the visible obscenity of quack pamphlets, which were attacked even more obsessively than bogus cures and extortionate tactics. The sexual impact of these materials became the definitive outrage for surgeons, who chose to differentiate themselves most emphatically on this basis.

The *Lancet* hurled invectives at such materials, blasting them as "abominable" and filthy."[79] The surgical community coupled the wide circulation of these materials with the racy postcards and suggestive prints displayed in the shops of Holywell Street, itself synonymous with urban vice in the popular imagination.[80] The scandal of these sexually explicit materials, both pamphlets and pictures, was that they were visible for all to see on the city streets; they were not safely cordoned off for a self-selecting, already-depraved set of viewers but forced themselves onto anyone who might wander by. Quack materials outstripped even the Holywell Street displays in their corrupting potential, for they might easily find their way into the home through the anxiety of a male family member, the irresponsible practices of a respectable newspaper displaying bogus ads, or the presumptuous solicitation of a quack. In an article reprinted in its entirety in the *Lancet*, *Punch* asserted: "The nuisance of quack doctors' advertisements equals if it does not exceed, the Holywell-Street nuisance in turpitude, and far surpasses it in magnitude.

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doctor since his name did not appear in the *London and Provincial Medical Directory* by saying, "It would be hard to say that a man was not a barrister because his name was not in the 'Law List.' I don't see that the matter is worth much" (*Lancet,* August 8, 1857: 152). Even at the moment of Kahn's undoing, the court refused to pass judgment on the issue of professional legitimacy, reminding the surgeons of the difficulty of establishing an incontrovertible distinction. But if the courts would not draw the line, the surgical establishment did. Using Kahn to assert the distance between contemporary surgeons and their degraded origins, one commentator called Kahn "nothing more . . . than a German barber" (Frances Courtenay, *Revelations of Quacks and Quackery; a Series of Letters by "the Detector," Reprinted from "the Medical Circular," by Their Author, F. B. Courtenay* [London, 1865], 57).

Surgeons reached for other discrediting labels for quacks in general, sometimes racializing them as Jews. This characterization was often explicit (see Culverwell, *Solitarian*, 5; *Punch,* August 22, 1857: 73) and sometimes more snide, playing on the stereotype of the money-grubbing Jew with attacks on nouveau-riche tastes and "notorious luxury" financed by exorbitant fees and extortion (Courtenay, *Revelations*, 11). De Roos, himself a quack, also identified quacks as Jews, showing how easily quacks appropriated the "othering" strategies of surgeons to legitimize themselves (48).

[79] *Lancet,* February 3, 1849: 133.

[80] See *Punch,* August 22, 1857: 73; *Lancet,* August 15, 1857: 175, September 5, 1857: 251.

Instead of being confined to an obscure lane, it is spread over a vast proportion of the newspaper-press, and thus extended upon parlour and drawing-room tables. Immediately under the eyes of the female portion of innumerable respectable families throughout the kingdom, are lying about advertisement unfit for the vilest blackguard."[81]

As always, women's delicate sensibilities provided a useful ground from which to launch an attack on sexually explicit materials, as they did in the uproar over W. T. Stead's exposé of the white slave trade in "The Maiden Tribute of Modern Babylon." I mention this largely unrelated scandal to clarify the category into which surgeons successfully maneuvered quack pamphlets. Like Stead's incendiary articles, these pamphlets were caught in the rhetoric of urban contagion, in which the uncontrolled circulation of noxious things—miasmic air, raw sewage, unclean water, prostitutes, sexual texts and images—was understood as the unwelcome consequence of city living, with its networks of avenues and sewers linking respectable homes to sources of contamination.[82] Surgeons exploited the idea of urban depravity explicitly, as they repeatedly exhorted the Society for the Suppression of Vice to take up their cause and called for the prosecution of quacks under the Police Causes Act and Obscene Publications Act, designed to curb the displays in Holywell Street.[83] In fact, one purveyor of such pamphlets was successfully prosecuted under the Police Causes Act for distributing "indecent or obscene" books; only by agreeing to leave London permanently did he manage to avoid imprisonment.[84]

But, as with the issue of professional credentials, surgeons asserted a categorical distinction between medical and pornographic discourses that was not really so absolute. In a culture that declared naked bodies off-limits for moral reasons, bodily representations could hardly escape sexual inflection. In spite of the double standard, representations of the bodies and sexual experiences of men remained nearly as taboo as those of women. Even a confirmed libertine such as Walter in *My Secret Life* declared, after a lifetime of nearly unbroken sexual activity, that what he sought most is "knowledge of . . . the penis."[85] Implicitly, surgeons declared that they could control the sexual connotations of representations by placing them within the context of science. But Dr. Kahn's Anatomical Venus changed

[81] *Lancet,* August 22, 1857: 73.

[82] For a brilliant discussion of the rhetoric of urban contagion, see Peter Stallybrass and Allon White, *The Politics and Poetics of Transgression* (Ithaca, NY, 1986), 125–48.

[83] See the *Lancet,* November 21, 1857: 537, September 5, 1857, and February 20, 1858; *Punch,* August 22, 1857: 73.

[84] *Lancet,* November 4, 1865: 518.

[85] *My Secret Life* (New York, 1966), 393. For a wide-ranging discussion of Victorian veiling of the penis in the context of art, see Joseph Kestner, *Masculinities in Victorian Painting* (Aldershot, 1995). Accounts of this veiling and of the gap between the penis and the phallus in contemporary representations are legion, but see especially Susan Bordo, *The Male Body: A New Look at Men in Public and Private* (New York, 1999).

so quickly from a respectable medical exhibit to a pornographic outrage not only because Kahn changed other exhibits and eroticized his address to the public—if indeed he did so—but because the sexual meanings of such representations were already there. Insisting on discursive and legal distinctions between themselves and quacks, surgeons labored to create a context in which their own representations could claim immunity from titillating implications or uses. But in Victorian Britain, images of naked bodies, diagrams of the penis, and descriptions of sexual activities were always potentially erotic.

Even the participants in the Police Causes Act trial agreed that "everything recorded in the publications might be met with in medical books."[86] Lesley Hall reports a similar case, in which the apothecary Samuel La' Mert was eliminated from the Medical Register for publishing an "indecent and unprofessional treatise." As Hall argues, "It was not the matter of La' Mert's work that caused scandal—his arguments about the dangerous neglect of this delicate subject by the profession parallel those in the pages of *The Lancet*, and like Acton he warned of the dangers of overindulgence in sexual pleasures."[87] Nor did La' Mert employ unusually graphic or explicit sexual representations or present them in a particularly salacious way. Instead, he was guilty of speaking about sex to a popular audience in ordinary language, without the prophylactic of a scientific vocabulary. His pamphlet, and others like it, represented a kind of discursive promiscuity, circulating sex-talk rather than disinfecting it and confining it within an expert community. Surgeons needed to disavow the sexual possibilities of their work because the line between quackery and respectability was so fine. Even the references to Holywell Street reinscribe rather than erase the difficulty of making this distinction. Linda Nead has argued that "Holywell Street" became shorthand for urban vice precisely to control its ambiguity.[88] Despite its reputation as a repository of unrelieved depravity, it housed not only pornographers' shops but respectable businesses as well, including medical bookstores. Concretely, the physical proximity of these different shops suggests the varying uses to which scientific materials could be put. Any customer in the medical bookstore might slip into a pornographer's shop for further reading, and any bona fide medical student might purchase a textbook with multiple motives and responses. Though invoked to affix the label of "pornography," with its jumble of businesses, Holywell Street demonstrated spatially how indistinct the boundary between scientific and sexual representations actually was. It was

[86]*Lancet*, November 4, 1865: 518.

[87]Lesley Hall, "'The English Have Hot-Water Bottles': The Morganatic Marriage between Medicine and Sexology in Britain since William Acton," in Roy Porter and Mikulas Teich, eds., *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality* (Cambridge, 1994), 351, 352.

[88]Lynda Nead, "Mapping the Self: Gender, Space, and Modernity in Mid-Victorian London," *Environment and Planning* 29 (1997): 659–72.

not that surgeons were recovering a categorical distinction that quacks had deceptively blurred; rather, they were forcing a distinction upon a situation that was, in fact, ambiguous. Surgeons fought so strenuously to disavow the sexual import of quack pamphlets not because it was so alien but because it was uncomfortably similar.

Back to the Body

In the midst of hysteria about male sexuality, doctors and patients engaged in and discussed erotic pleasure through the very framework that constrained them. Spermatorrhea provided the occasion for them to explore the forbidden territory of the middle-class male body, to discuss and represent sexuality, bodies, and penises. Sometimes when patients announced that they had the disease, doctors understood that they had found a "euphemistic way" to open a discussion of masturbation.[89] Such confidences could go beyond the guilty acknowledgment of deviance, for, under the cloak of science, some consultations produced narratives of erotic experience and even—in spite of the apocalyptic warnings that permeate much medical literature—erotic pleasure.

While on opposite ends of the spectrum both quacks and respectable surgeons demonized sex, an ambiguous group in the middle produced a small but significant collection of sexual success stories. While they sometimes contributed to the panic over male sexuality, these men—Culverwell, Milton, Dawson, and especially Courtenay—also wrote in a very different key, with different assumptions and values. They were all members of the Royal College of Surgeons and possessed genuine credentials, but in the main they published books and pamphlets rather than articles in medical journals, and they advertised their addresses, hours of consultation, and fees in these publications as if they were mere tradesmen. Some of them ran afoul of the medical establishment at some point in their careers, perhaps because their accepting attitude toward sexual pleasure made them likely targets.[90] But if their brand of medicine compromised their status,

[89]Quoted in Mason, 298.

[90]Considered one of the "shadier" members of the surgical profession by Mason (189), Dawson published an article in the *Lancet* early in his career but was later accused in the same journal of killing a patient with overzealous cauterization, although nothing ever ensued from the accusation as far as I can tell (June 15, 1861). Courtenay and Culverwell were both singled out by the *Lancet* in an essay entitled "Mesmeric Humbug and Quackery" (June 28, 1851: 705–6); Courtenay fired off an irate letter demanding an apology, but I could find no response (September 6, 1851: 242). He continued his career without any apparent ill effects, writing a number of books on both spermatorrhea and stricture of the urethra as well as a famous attack on quackery, all of which were published both in England and internationally by H. Bailliere, identified on one publication as "Foreign Bookseller to the Royal College of Surgeons." Mason cites him without any qualification, as if his respectability were not in question, which, along with his extensive publications, leads me to believe that he should be considered a legitimate surgeon, albeit not one at the top of the

their borderline position may have led them to construct a different, more tolerant sexual discourse. Without lucrative appointments at established hospitals, these men had a built-in economic motivation to develop one implicit thread in spermatorrhea literature. They discussed sexual experiences unfolding over time in the context of relationships, with special attention to the emotional and psychological dimensions of erotic life. The aim of these borderline surgeons was less to correct the body as if it were a malfunctioning machine than to calm and counsel the anxious human beings who arrived at their offices with detailed, idiosyncratic, and highly emotional stories. With one foot still in the realm of scientific medicine, their consultations also anticipate the talking cure.

The happy endings of these stories do not involve sexual renunciation but a return to sexual potency; unlike fearful predictions about backsliding masturbators, their case studies express an unusual confidence in the body's capacity for pleasure. Dawson, for instance, quoted the testimonial of a longtime spermatorrhea sufferer after the miracle cure of cauterization: "[T]he erections are more vigorous, and the ejaculation not so precipitate; it is accompanied by sensations, the vivacity of which were unknown to me."[91] Although generally opposed to sex as a cure, Milton does claim that "connexion [intercourse] is, under a surgeon's care, often a most valuable aid to treatment."[92] Culverwell speaks of sexual pleasure as "one of the greatest ecstasies allowed to [the male] sex," insisting that "sexual association is indispensable."[93] Most interesting and extensive are the case studies advanced by Frances Courtenay in *Practical Essays on the Debilities of the Generative System* (1838). Perhaps the early publication date of *Practical Essays* helps to account for its unusual freedom and sympathy in discussing sexual experience, as the imputed distinction between respectable medical texts and pornography had not yet been asserted. In contrast to the usual thunderous denouncements of sexual self-indulgence, these case histories read like tamer, more credible versions of the *Playboy* "Advisor," airing men's frustrations and offering common-sense solutions so that they can get on with their sex lives.

These histories are surprising enough for me to reproduce their details here. One man became impotent when he saw his lover during the day instead of making his usual nighttime visit. Remarking in an aside about the powerful hold consciousness has on the body, Courtenay convinced

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status hierarchy. I do not consider him a quack. Mason sees both Culverwell and Milton as surgeons who were sometimes attacked for their sexual specialties but "managed to stay within the pale" of legitimacy (189).

[91]Dawson, 50.

[92]Milton, 136, italics in original.

[93]Culverwell, *Solitarian*, 7, 14, italics in original. Culverwell also declared that "sensual gratification" is a natural propensity of both men and women and should not be repudiated (*Lecture*, 34).

him that his imagination, not his penis, was at fault, and the man took up where he left off, perfectly potent at any time of day. When he married, he began to fear failure again, but Courtenay reminded him that his debility was "only imaginary," cautioned him against "the folly of indulging in such idle fancies" (a nice counterpart to the usual warnings against indulging in happy sexual fantasies), and cured him once again. Another man, suffering from real spermatorrhea as a result of schoolboy masturbation, could not sustain an erection. Again advising his patient of "the necessity of discarding from his mind the painful impressions naturally caused by his distressing situation," Courtenay prescribed tonics, cold baths, regular exercise, and "moderate sexual intercourse."[94] Finding himself for the first time with "opportunities for sexual intercourse" after moving from his parents' home, another victim of masturbation suffered from premature ejaculations and gave up sex altogether. Courtenay prescribed "regular sexual intercourse" with the added stipulation that the man "remain the whole night with his lady."[95] Courtenay's final case study involves a middle-aged men who spent many years in India with his wife until she returned to England to supervise their children's education. He had no trouble leading an active sexual life during her absence, but on returning to England he found himself unable to make love to her. Ever understanding, Courtenay "addressed myself to removing the painful feelings caused in his breast by his failures" (and perhaps by his guilt over his affairs), prescribed more tonics, and saw him "perfectly restored to the manly powers" four months later.[96]

Significantly, all of these case studies involve pre- or extramarital sex (whether with prostitutes or other women is not clear, although the first suggests regular assignations of some sort). Although they do not provide enough evidence to suggest conclusions about the behavior of middle-class men in general, they have a matter-of-factness that suggests more tolerance of such sexual adventuring than Victorian ideology would seem to allow. They appear, in fact, perfectly routine. While there is certainly evidence that Victorian husbands and wives enjoyed their sexual lives and that doctors advised them privately on the pleasurable possibilities of sex, these case studies go further in their shared and unremarked assumption that an active, pleasurable sex life outside of marriage is a reasonable goal for middle-class men, in their willingness to engage in conversation about such a life, and—perhaps most noteworthy of all—in their publication. Courtenay did not present his case studies as tales of deviance or of the wages of sin; on the contrary, they appear as normal if not normative erotic biographies, narrated by doctor and patient together.

[94]Courtenay, *Practical Essay*, 65.
[95]Ibid., 70.
[96]Ibid., 73.

In fact, these case studies imply a countertheory of sexuality that enabled a different kind of conversation between doctor and patient. If the symptoms of spermatorrhea were produced by organic causes, and if sexuality drove all other physiological systems so that any sexual derangement had wide-ranging physiological consequences throughout the body, then doctors would of course strictly police sexual behavior. But if sexual symptoms were produced not by deviant behavior but by fear, fantasy, and anxiety, then the doctor's job was not to condemn but to comfort, indeed, in most of Courtenay's case studies, to minimize the anxiety his patients felt about their illicit sexual experiences. Unlike the anxiety-inducing diatribes of most spermatorrhea literature, Courtenay urged men to concentrate on sexual success and pleasure: "There must be a perfect acquiescence of the mind, which should be totally absorbed in the immediate object. There must be no doubts, no cares, no apprehensions, no want of confidence as to the physical power to complete the act; nor should there even exist an anxiety to its perfect performance, as that very anxiety has itself not infrequently been the cause of failure."[97] The category of "imaginary spermatorrhea" provided the model for this new understanding of sexuality by identifying the emotions and the imagination rather than organic dysfunction as the source of sexual symptoms. Frequently diagnosing imaginary spermatorrhea in his anxious patients, Courtenay also extended this model of emotion-driven sex to real spermatorrhea, counseling all of his patients to take heart and return to a pleasurable sex life. As I have said, in many ways spermatorrhea falls neatly into the Foucauldian framework of *scientia sexualis*, in which the doctor performs the "hermeneutic function" of the confessor and is necessarily "scandalized" and "repelled" by these confessions.[98] But these intimate and apparently nonjudgmental conversations depart from this model, implying moments of self-disclosure and reassurance rather than playing out ideologically scripted postures of abjection and authority.[99] This small batch of narratives undermined the power imbalance Foucault describes, drawing the doctor and patient into partnership with a shared interest in sexual pleasure.

This recognition leads me back to the tableau of the surgeon inserting a catheter into his patient's penis, which I presented at the end of section 1. Paradoxically, this moment of graphic violence also suggests a shared, collaborative investment in sexuality. While spermatorrhea treatments punished and "othered" male bodies, the recurring double image of the masturbator and the surgeon suggests a covert, displaced participation in those deviant practices that medical advice was supposed to end. The doctor

[97]Ibid., 41–42.

[98]Foucault, 67, 64.

[99]Perhaps, too, because these nervous patients violated norms of masculinity, they cried out for a cure, even if it involved some illicit pleasure; a philandering colonel was probably a more acceptable figure than a panic-stricken, impotent hypochondriac.

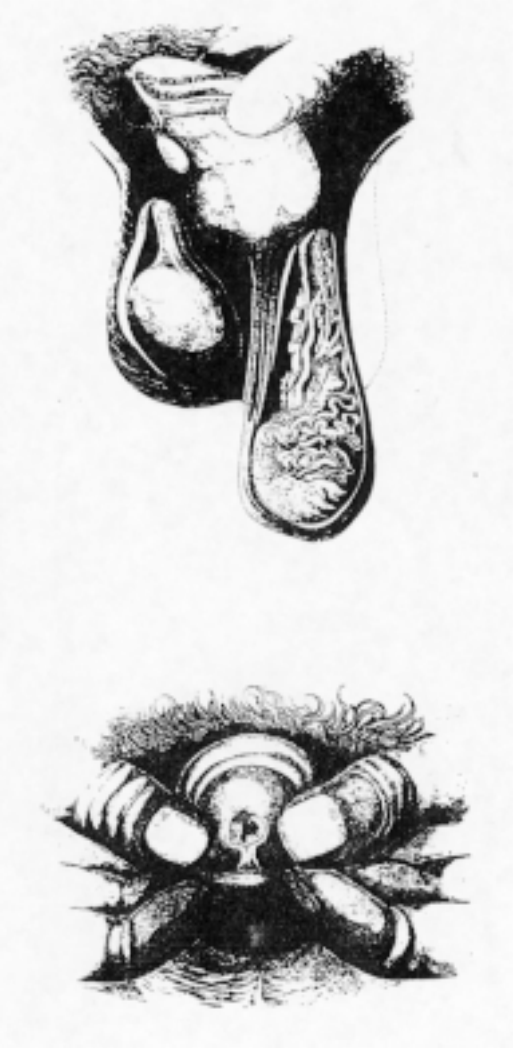

Figure 8. The surgeon replaces the masturbator. From Curtis, *Manhood*.

who holds his patient's penis to insert a catheter, the doctor who pulls down his patient's trousers and "put[s] his hand down there," the doctor who supervises his patient's sex life, as Milton recommended—even Acton's continent man, who "grasps" his desires with a "firm . . hold" simultaneously expel the masturbator and take his place (figure 8).[100]

For, despite the paradigm of phallic-professional/incontinent-other that structured the violence of spermatorrhea treatments, doctors and patients

[100]Acton, 335, 68.

were also more or less interchangeable. Both occupied the same social position, that of the bourgeois man who ought to be defined by Adams's virtuoso asceticism, so both were equally in need of special circumstances to justify their bodily curiosity. Surgeons invented spermatorrhea not only to repudiate the incontinent bodies represented by their patients but also to instate themselves by proxy in bodies much like their own. Patients were body doubles, performing dangerous sexual stunts that doctors experienced vicariously through their consultations and treatments. And—a striking and recurring feature of many of these case studies—patients were often medical students or doctors themselves.[101] In the manner of an ex–drug addict who leads a D.A.R.E. program, one military officer suffering from spermatorrhea became a surgeon in order to help combat the disease.[102] The figures of patient and doctor collapse completely in Dawson's warning to his "numerous anonymous medical correspondents" that they should not attempt to cauterize themselves—a scenario that again conjures up the tableau of the doctor holding a penis, except in this instance the penis is, literally, his own.[103] Surgeons and patients were mirror images of each other—and sometimes, according to Dawson, even the same person. It was this doubling, in part, that engaged surgeons in the disease, since they themselves were deeply enmeshed in the painful process of eschewing their own bodies both as ordinary middle-class men and as aspiring professionals. Their demonizing of quack pornographers reflects the fact that, for all its scientific trappings, spermatorrhea literature inevitably gave rise to erotic narratives and physical self-exploration. Perhaps this doubling helps to account for the accepting tone of Courtenay's case studies. As positions in medical discourse, the dyads of doctor/patient, confessor/confessee, expert/deviant, scientist/sex fiend mapped out a hierarchy of power that encouraged authority figures to meet sexual confessions with disapproval, as Foucault suggests. But these positions were occupied by multidimensional and mobile social subjects who shared experiences and values and who could and often did change places. Their movement altered the dynamics of the confession, muting the pathologizing function of the expert's hermeneutic role.

I suspect, too, that the dyad of surgeon and patient re-created what was perhaps the formative sexual experience for middle-class men: schoolboy sex. Articles, pamphlets, and case studies consistently locate the practice of masturbation in boys schools, where pupils learned self-abuse in ways that are never spelled out.[104] These sources do not mention the obvious

[101]Dawson, 72; Courtenay, *Practical Essay*, 11, 21; Dawson, 56, 72; Milton, 17; Lallemand, xi; *Lancet,* June 15, 1861: 583.

[102]Dawson, 46.

[103]Ibid., 73.

[104]For sources that locate the practice of masturbation in boys schools, see Courtenay, 33; Dawson, 23; Wilson, *Lancet,* August 23, 1856: 215. For a useful overview of the medical history of masturbation, see Porter and Hall, 135–53.

factors of privacy or lack of adult supervision; instead, they blame boys' physical proximity to one another. Suggestively describing schools as places "where the bodies of boys or young men are collected," Acton expressed his concern about "the platonic attachments that sometimes become fashionable in a school" and that deviate from the "ordinary boyish friendship . . . cemented by scrapes, fights, sports, [and] sorrows" into a "manly, happy connection."[105] Acton emphatically condemned these "sentimental" friendships as a kind of "moral infection" that boys could catch at school and that could later emerge as the physical infection of spermatorrhea.[106] These comments lead me to think that "the solitary vice" may not have been solitary enough, that schoolboy "self-abuse" may be a euphemism for mutual masturbation and perhaps for homosexual intercourse—activities that, if we are to believe the memoirs of Walter in *My Secret Life* and of John Addington Symonds, among others, were hardly unknown in boarding schools.[107] Looking, touching, and exchanging erotic pleasures with each other was one of the fullest and perhaps the only sexual initiation middle-class boys had.[108] Although these adventures were to be abruptly replaced by heterosexuality in adulthood, it is hard to believe that some remnant of same-sex desire did not haunt the self-defined heterosexuals who complained of and treated spermatorrhea. Because of the importance of this phase of life in the nineteenth century, Victorian men might well have experienced the tension between homosociality and homosexuality with special intensity and may have found it irresistible to straddle the divide once again, even momentarily and with the stigma of deviance.[109] Spermatorrhea literature evokes moments of lost erotic pleasures in its consultations, case studies, and illustrations (figure 9).

Spermatorrhea reconfigured these sexual initiations both to discredit and to preserve them. Acton, Courtenay, Dawson, Milton, Kahn—respected surgeons, borderline practitioners, and outright quacks alike—all decried masturbation, and, if they allowed for any erotic pleasure, it was exclusively heterosexual. Paradoxically, these middle-class men had

[105]Acton, 40, italics in original.

[106]Ibid., 40, 39.

[107]Scholarship on Victorian homosexuality has now become so extensive that it is almost impossible to enumerate sources, but it is worth noting that even *Tom Brown's Schooldays* acknowledges the presence of homoerotic friendships at Rugby in much the same terms as Acton.

[108]Perhaps spermatorrhea even replicated their pissing contests when surgeons watched their patients urinate to gauge the strength of the flow; see Dawson, 36.

[109]Hall has argued that Victorians did not see schoolboy erotics as leading to the development of "a permanent homosexual or 'inverted' tendency" ("Forbidden by God," 374). I agree; I see no reason to link schoolboy sex play or the homoerotics of spermatorrhea to an abiding homosexual identity in any absolute or inevitable way. I see this continuity as reflecting men's unacknowledged, probably unconscious longing for lost practices and pleasures rather than as evidence of an abiding, coherent form of subjectivity.

Figure 9. Recovering lost erotic pleasures through medical literature. From La' Mert, *Self-Preservation*.

to repudiate masturbation and its associated erotic rituals to continue to experience their bygone pleasures in a different context and with vastly different connotations. Spermatorrhea provided a kind of alias for homoerotic activity, apparently disavowing it while allowing it to travel under an assumed name. I am not claiming that medical consultations were a version of the "frigging parties" that Walter describes in *My Secret Life* or that spermatorrhea patients and doctors were "really" homosexuals but rather that these consultations allowed men to keep alive, in a deeply encoded and displaced form, the experiences they were obliged to give up when they entered the world of heterosexual middle-class manhood. A man could reexperience these feelings only by pathologizing their origin so completely that they seemed unwanted, disgraceful, and degrading. Through this shame and disgust over masturbation, averred in every document of the spermatorrhea panic, middle-class men maintained a subterranean contact with their erotic pasts.

In the spermatorrhea panic, surgeons acted out their own mastery over—and perhaps revenge on—the oozing bodies that had tainted their

professional identities. This is one important message of the spermatorrhea panic and its onerous treatments: middle-class men also lived under the oppressive abstractions of "patriarchy" and "masculinity," and their bodies were equally subject to appropriation in the name of the phallic ideal. Spermatorrhea surgeons objectified, dismembered, and invaded middle-class male bodies as quickly as they did those of prostitutes and paupers. The spermatorrhea panic is a concrete reminder of the virulent antipleasure ideology that literally made itself felt on the bodies of real people. Negotiating taboos on erotic experience, bodily self-knowledge, and embodiment itself may require an other to bear the stigma of sexuality, but anyone can be impressed into this role. Feminist, race, and postcolonial theorists have ably analyzed the physical differences that have rationalized many forms of othering. Counterintuitively, it is the *sameness* of the spermatorrhea patient that makes him so useful.

But at the same time, this sameness insured that the spermatorrhea panic was more than a simple "othering" of sexualized bodies. It reminds us of the multiple positions of these middle-class men, who appear in this medical literature as doctors and patients, scientists and sexual deviants, phallic professionals and guilty masturbators. This sameness allows for the complex interplay of disgust and desire, abjection and identification, that gave men access to their own bodies in the very act of repudiating them. When I discovered Courtenay's case studies, I found myself applauding the resourcefulness of doctors and patients and wondering how many similar conversations went unrecorded in the literature. I cannot completely account for these case studies—how they were received by the medical community or by lay readers of Courtenay's pamphlets, how typical they were of sexual behavior. But they suggest that, if one outcome of spermatorrhea was to demonize sex, another was to authorize it not only as a form of deviance but also as a source of pleasure.