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Classic Text No. 66

‘Madness from the Womb’

Introduction and transcription by

GERMAN E. BERRIOS*

The word ‘nymphomania’, the concept of ‘madness from the womb’ and the belief in the existence of a behaviour consisting in an abnormally high female sexual drive converged during the second half of the seventeenth century to give rise to a new clinical category which, with minor changes, has survived until the present (e.g., in ICD-10).

This Classic Text, an excerpt from the work of Lazare Rivière, provides a glimpse into the process whereby medical categories are constructed. According to Rivière (and many others) ‘madness from the womb’ was a disease which resulted from overheating and putrefaction of accumulated seed (female sperm) in the womb. Like all medical constructs, ‘madness from the womb’ (and soon nymphomania) included a symptomatology, natural history, aetiology, prognosis and cure. It is also clear that it was rehash of the earlier moral notion of ‘satyriasis’ (a male category applied to women) and the expression of seventeenth-century changing male attitudes towards, and fears of, female sexuality.

Keywords: *Cole; Culpeper; erotomania; female sexuality; history; hysteria; nymphomania; Rivière; satyriasis; womb; 17th century*

Introduction

The Classic Text that follows – ‘Madness from the womb’¹ – illustrates an early stage in the construction of ‘nymphomania’.² Still present in the ‘International Classification of Diseases’ (*ICD-10*, WHO, 1992),³ nymphomania shows a symptom-profile similar to the current notion of ‘sexual addiction’ (Goodman, 1998).⁴

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Sometime during the second half of the seventeenth century, ‘madness from the womb’ started to be called ‘nymphomania’. The new name reflected a change of view from the old claim that it was exclusively ‘caused’ by overheating of the seed in the womb to the view that pathological changes in other parts of the female anatomy (like the labia minora or nymphæ) were also implicated. This broadening of the concept led to the reclassification of nymphomania as a form of ‘erotomania’ (Berrios and Kennedy, 2002).

The author

Classic Text No. 66 is an excerpt from the English translation of the 1653 edition of *Praxis medica*, a book by Lazari Riverii, Lazarus Riverius or Lazare Rivière.⁵

Rivière (1589–1655) was born in Montpellier where he also trained as a physician. Having failed his medical examination in 1610, he managed to graduate only after Easter 1611. This inauspicious start seems to have stimulated Rivière into working harder, and in 1622 he succeeded Laurent Coudin as a Professor of Medicine at Montpellier. At the time of his death, Rivière was described as being ‘Counsellor and Physician to the Present King of France’ (the young Louis XIV).

Considered by Jean Astruc⁶ as more clever than scholarly (*‘Habile plutôt que réellement savant’*), Rivière was viewed by many, and particularly by the members of the Paris Medical School, as a medical popularizer or worse. For example, Guy Patin⁷ (1846) regularly referred to him as a ‘charlatan’. This notwithstanding, Rivière is credited with having introduced chemistry in the medical syllabus at Montpellier (Chéreau, 1877) and with having tried to reconcile the ideas of Galen and Paracelsus.

The translators of *Praxis medica* (as *The Practice of Physick*) were Nicholas Culpeper,⁸ Abdiah Cole and William Rowland. In his introduction to the text, Peter Cole⁹ (the publisher) intimated that a fourth translator had asked to remain anonymous. Cole also explained that the book was for the use of people without Latin or recourse to physicians. In addition to Rivière, Culpeper translated Platter, Sennert and others, and it is often not clear whether similarities in clinical description and treatment shown by the English renditions of these various books reflect, in fact, Culpeper’s¹⁰ own ideas.

In 17 sections, the book covers most known diseases and their treatments. The translation carries as an appendix a medical dictionary ‘explaining hard words used’. Section 15 is on the ‘Diseases of Women’ and includes 24 chapters, of which the Classic Text is Chapter 5. Chapter 6 deals, in turn, with ‘Of the Mother-Fits, or Womb Sickness’ (also called ‘hysteria’). It is of some interest that these two chapters, although dealing with what (anachronistically) would be called ‘psychiatric disorders’, are included by Rivière in the gynaecological section of his book rather than in the section of ‘Diseases of the Head’ together with phrenitis, melancholia and mania.

The text

Written in the same format as the rest of chapters, 'Madness from the Womb' comprises an introduction and then subsections on causes, signs, prognosis and cures. When dealing with the latter, the author occasionally refers to treatments included in the chapters on madness as also being of use for the problem

in hand. Rivière does not cite any other works except one by William Harvey.¹¹

Since the eighteenth century, it has been suggested that Rivière actually copied from Sennert's work¹² (Bayle and Thillaye, 1855; Dezeimeris, 1836). A comparison of Chapter 5 with the corresponding text by Sennert (1664) indeed shows some similarities. For example, both writers believed that the 'disease' (Sennert calls it 'frenzie of the womb') resulted from accumulation, heat and putrefaction of the seed in the womb, and that it affected virgins and widows. They believed that the condition could only be treated during its early stages. Sennert differentiates it from 'salacity', where there is 'delirium' (i.e., signs of infection, confusion and fever), and from 'the melancholy of virgins and widows'. Both authors recommend similar treatments: emulsions, electuaries and baths based on the same herbs and substances.

But Sennert was not the only one writing along those lines. For example, Platter (1664) also included a chapter (XVIII) 'Of lust and lechery' which he defined as an 'immoderate inclination to venery . . . this is sometimes in males and females but different, in that men are sooner hot; women are long cooling . . .' (p. 172). The cause of immoderate lust were plenty of seed and heat. He also recommended electuaries and purges.

It is of some interest that a number of books on diseases of women published during the first half of the seventeenth century do not actually include a condition of increased desire for venery. For example, in his *Gunaikeion* Tom Haywood (1624) dedicated a chapter to 'De Lænis, or of Bawdes' but does not conceptualize bawd behaviour as a disease: 'From the honour of women I now come to the disgrace and shame of their sex, in which I will strive to be as brief as I know the very name to be to all chaste minds odious. *Sotades Marionites Cinedus*, that is, one abused against nature or addicted to preposterous venerie . . .' (p. 343). In fact, most of the historical personages commented upon by Haywood are men,¹³ with only a few women being mentioned towards the end of the chapter.

The same is the case with *The Sicke Woman's Private Looking Glass* where, in 15 chapters, Sadler (1636) describes a variety of gynaecological disorders to 'enable women to inform the physician about the cause of their grief'. Chapter 6, on the 'Suffocation of the mother', is a standard account of Hippocratic and Galenic views on hysteria and includes no mention of an inordinate interest in venery.

In his interesting *Diseases of the Soule*, Adams (1616) discusses increased desire for venery but as a medical problem for men. In the chapter entitled 'Inflammation of the reines, or lustfulness', Adams states:

The signs are many. There is a beating paine about the first joint of the back, a litle above the bastard ribs, and with others, which modesty bids cover with the clock of silence. The lustful man is a monster . . . he affect Popery for nothing else, but the patronage of fornication, and frankness of indulgence . . . (p. 45).

The construct

By the second half of the seventeenth century, 'madness from the womb' was renamed nymphomania (e.g., Lochner, 1684). Indeed, the term had already appeared in Blancard (1684: 208): 'nymphomania, the same as *furor uterinus*'. The French *Encyclopédie* dutifully defined the term (Diderot and D'Alembert, 1753–1765):

FUREUR UTERINE, *nymphomania*, *furor uterinus*; c'est une maladie qui est une espece [*sic*] de délire attribué par cette dénomination aux seules personnes du sexe, qu'un appétit vénérien démesuré porte violemment à se satisfaire, à chercher sans pudeur les moyens de parvenir à ce but; à tenir les propos les plus obscènes, à faire les choses les plus indécentes pour exciter les hommes qui les approchent à éteindre l'ardeur dont elles sont dévorées . . .

References to nymphomania are abundant throughout the eighteenth century, and the great nosologists of this period included it in their classifications. For example, Boissier de Sauvages (1771: 691) provides a detailed account of nymphomania: 'violent desire shown by certain women for the pleasures of love-making'. Boissier offers a four-fold classification: *salacitas* (Sennert) which starts in adolescence and affects virgins; *furiosa*, an advanced form of the condition which leads to madness and dementia; *ardor uteri*, which results from pathology of the womb, leading the sufferer to desire coitus in spite of the pain that it may cause her; and *pruritus uteri*, when it is a vulvar itch which starts the condition. Boissier agreed with Sennert (and others) that the latter may not, in fact, be a genuine form of nymphomania.

A book by M. D. T. Bienville¹⁴ entitled *Nymphomanie* also appeared in 1771, published in Amsterdam and later in Paris (Bienville, 1886). It is often quoted by historians as the starting point in the process of construction of nymphomania. In its six chapters this short work covers well-known ground: female anatomy, definition of nymphomania, aetiology, symptoms and levels of severity, diagnosis and prognosis and treatment. The author includes at the end of his book an interesting chapter on the role of the imagination in the production of nymphomania. Given the organic and moralistic approach taken by earlier writers, Bienville's effort to understand the condition in

psychological terms was original and useful.

After listing about 20 different names for the ‘disease’, Louyer-Villermay (1819) refers to two important dissertations published between 1650 and 1700 in which the term ‘nymphomania’ appears in their title.¹⁵ Refusing to pass moral judgement, Louyer-Villermay agreed with Rivière that nymphomania was a veritable ‘mental disorder’ and suggested that it went through three stages. In the third stage the patient becomes violent, attacks men and even dogs in her search for sexual satisfaction, and prognosis is sombre. Believing that nymphomania had existed since antiquity, Louyer-Villermay wondered why the great classical authors had not mentioned it (except Soranus).¹⁶

Nothing new was said about nymphomania during the rest of the nineteenth century. Views continued oscillating between it resulting from a local pathology of the uterus or of the brain. Although all authors seemed to suggest that it was very frequent, they borrowed cases from each other with worrying regularity (Ball, 1888; Bouchereau, 1892; Moreau, 1884).

Notes

1. Chapter 5 in Riverius (1668); see also Note 5.
2. The literature on the history of nymphomania is extensive, e.g., Groneman, 2000.
3. It corresponds to category F52.7: ‘Excessive sexual drive: Both men and women may occasionally complain of excessive drive as a problem in its own right, usually during late teenage or early adulthood (includes: nymphomania and satyriasis)’.
4. The following are commonly listed as defining criteria:
 ‘1) Frequently engaging in more sex and with more partners than intended; 2) Being preoccupied with or persistently craving sex; wanting to cut down and unsuccessfully attempting to limit sexual activity; 3) Thinking of sex to the detriment of other activities or continually engaging in excessive sexual practices despite a desire to stop; 4) Spending considerable time in activities related to sex, such as cruising for partners or spending hours online visiting pornographic Web sites; 5) Neglecting obligations such as work, school or family in pursuit of sex; 6) Continually engaging in the sexual behaviour despite negative consequences, such as broken relationships or potential health risks; 7) Escalating scope or frequency of sexual activity to achieve the desired effect, such as more frequent visits to prostitutes or more sex partners; and 8) Feeling irritable when unable to engage in the desired behaviour.’
5. The first Latin edition of this book was published in Paris in 1640 (Riverii, 1640).
6. Montpellier trained, Jean Astruc (1684–1766) was the first provincial physician to be incorporated without taking a series of examinations into the ‘Noble Medical School of Paris’ (Chéreau, 1867). He wrote widely on matters medical, surgical, historical, psychological and gynaecological. His book on the diseases of women was translated into English (Astruc, 1740/1743).
7. Guy Patin (1601–1672), a famous physician, historian and essayist, and for a time Dean of the Paris School of Medicine. Conservative in medical theory and in politics, he opposed Harvey’s ideas on the circulation of the blood and also Renaudot’s (1640) efforts to develop health services for the poor (Chéreau, 1885; Jestaz, 2001; Reveille-Paris, 1846).

8. Nicholas Culpeper (1616–1654), English botanist, astrologer, apothecary and medical translator. Destined for the church, he attended Cambridge University for a time but left without graduating after his girlfriend was killed by lightning. In 1643, fighting on the side of Parliament, he received a serious chest wound. An antinomian, a republican and a severe critic of the monopoly on health exercised by the Royal College of Physicians, he translated their *Pharmacopoeia* into the vernacular, adding to it new definitions, remedies and methods of making medicines. He formed a useful partnership with Peter Cole (Furdell, 2004), who continued publishing works by Culpeper after his premature death aged 38 (Curry, 2004).
9. A well-known London printer and bookseller, Peter Cole (?–1665) was often in trouble with the governments of the day for his outspoken views and publications. In addition to the many medical works he did with Culpeper, he also printed theological and political tracts (Furdell, 2004).
10. For example, in *Directory for Midwives*, a posthumous publication attributed to Culpeper (1676), there is a chapter on the ‘Frenzie of the womb’ which is a direct copy of one in Sennert (1664).
11. Rivière quotes a case from Harvey’s (1653) *Anatomical Exercitations concerning the Generation of Living Creatures*: ‘A knew a noble lady, which was wild by reason of a *uterine melancholy and distemper*, for above 10 years together: and when all remedies had been in vain employed, she fell at last into the bearing down of the uterus; which accident, contrary to others judgment, I did prognosticated would conduce to her health; and persuaded her not to return her womb, until its distemper was assuaged by the outwards cold air: the success was answerable to my persuasion, and in a short time she was perfectly cured; and her womb being at last restored to its seat, did remain there, and she lives a healthy life, even to this day ...’ (p. 502; original italics).
12. Daniel Sennert was born in Breslau on 25 November 1572. Trained in philosophy at Wittenberg and then in medicine at Leipzig, Jena and Berlin. In 1602 Jean Jessen, his teacher, resigned his chair in favour of Sennert. In addition to his great medical erudition, Sennert actively participated in the theoretical debate of the period trying to harmonize Galenic medicine with the new iatro-chemistry of Paracelsus (e.g., Sennert, 1662). He was six times vice-chancellor of Wittenberg. Sennert died in 1637 (Dezeimeris, 1839).
13. Before the 17th century, writers tended to discuss excessive sexual drive under the general category of satyriasis. For example, Bernardus Gordonii (1574: 602) wrote: ‘*Satyriasis est continua virgæ erectio cum desiderio de appetitu ad coitu. Priapismus es immoderata & continua virgæ erectio sine appetite & desiderio ...*’. This differentiation Gordon borrowed from Caelius Aurelianus (1950).
14. It is claimed that although M. D. T. Bienville was born in France, he trained as a physician in Holland and practised in the Hague and Amsterdam. In addition to his book on nymphomania, he wrote on smallpox and issues pertaining to health and therapy. He died sometime after 1780 (Michaud, 1843).
15. One was by Lochner (1684) and the other by Crausius (1691), the latter having been submitted to the University of Jena.
16. In his *Gynaecology*, Soranus (1956), discussed excessive sexual need in women but in the section on ‘satyriasis’. Caelius Aurelianus (1950) expands upon these comments: ‘All these symptoms [of satyriasis] occur also in women who are affected by the disease, but the itching is stronger in their case because of their nature. This itching of the genitalia makes them put their hands to these parts in shameless fashion; they accost all who come to see them, and on their knees beg their visitors to relieve their lust ...’ (Acute Diseases, III: 178).

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‘Madness from the Womb’¹

Womb-fury is a sort of madness arising from a vehement and unbridled desire of carnal imbracement, which desire disthrones the rational faculty so far, that the patient utters wanton and lascivious speeches, in all places, and

1. Chapter 5 in: Riverius, Lazarus (1668) *The Practice of Physick. In Seventeen Several Books*. Translated by Nicholas Culpeper, Abdiah Cole and William Rowland (London: Peter Cole). In the transcription below, the original spelling, punctuation and italicization are retained, but not the capitalization of nouns.