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The Nervous Testicle

Urology and Psychiatry in Belle Époque France

Le testicule nerveux. Urologie et psychiatrie dans la France de la Belle Époque

El testículo nervioso. Urología y psiquiatría en la Francia de la Belle Époque

Camille Bajoux and Aude Fauvel



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The Nervous Testicle

Urology and Psychiatry in Belle Époque France

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The French press of the Belle Époque abounded with ads promising their readers mental invigoration through testicular beautification. Where did this link between the appearance of men's nether regions and mental health come from? This article examines the reasons behind French physicians' belief, at the eve of the 20th century, that in/sanity and testicular health were correlated. The first part reveals how, in the psychiatric field, certain organicist views led to the idea that inspecting testicles was key to understanding the male psyche. The second part explores how urologists integrated these findings when they treated "false urinary" patients—patients who suffered from mixed symptoms that associated testicular and mental ailments. Perceptions of "testicular angst" therefore prompted a dialogue between two seemingly distant fields—urology and psychiatry—and contributed to shaping new representations of manhood that stressed the vulnerability of male bodies and minds rather than the fortitude of the "stronger sex".

Keywords: France, Belle Époque, urology, psychiatry, testes, Charcot

La presse de la Belle Époque regorge de publicités dans lesquelles on promet de vivifier l'esprit des hommes en soignant la beauté de leurs testicules. Mais d'où venait cette idée d'un lien entre apparence des testicules et tranquillité d'esprit ? Cet article éclaire cette question en retraçant la façon dont les médecins français ont corrélié santé mentale et santé testiculaire à l'orée du xx^e siècle. La première partie montre comment, dans le champ des savoirs psy, l'avènement de certaines perspectives organicistes conduisit à penser qu'examiner les testicules offrait des clés pour comprendre la psyché masculine. La seconde partie révèle comment les urologues intégrèrent ces idées pour aborder les patients « faux urinaires » qui présentaient des symptômes mixtes associant troubles testiculaires et mentaux. Ces représentations communes de « l'angoisse testiculaire » permirent ainsi à deux spécialités a priori éloignées (l'urologie et la psychiatrie) de dialoguer, tout en façonnant de nouvelles images de la masculinité qui insistaient sur la vulnérabilité des corps et des esprits masculins plutôt que sur la vigueur du « sexe fort ».

Mots-clés : France, Belle Époque, urologie, psychiatrie, testicules, Charcot

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Fig. 1: Advertisement, *Le Petit Journal*, 01/04/1903, p. 6

Source: BnF, Gallica : <https://gallica.bnf.fr/ark:/12148/bpt6k616391h/f6.item> (accessed 04/04/2023).

During the Belle Époque, French popular journals such as *Le Petit Journal* abounded with advertisements that promised to soothe “the worries of men” by “boosting” their “manhood”.¹ These cryptic assertions came with descriptions of concoctions and/or devices that were more transparent about their aims. Be it by electric stimulation with the “Herculex belt” (see figure 1) or absorption of vitalising potions bearing suggestive names (e.g., “Vitaline”, “Force Virile”), the goal was the same: to preserve the soundness of the male mind by ensuring that

* An earlier version of this piece was presented at the EHESS seminar “Histoire de la médecine, des savoirs sur le corps et de la mort” (session of May 21, 2021, Paris). Thanks are due to the participants of this event for bringing forth new ideas, especially Anne Carol and Rafael Mandressi. The authors would also like to acknowledge the assistance of the anonymous reviewers for their helpful suggestions, as well as Alexandra Bacopoulos-Viau. 1 | On this general topic, see Pauline Mortas, “Forces viriles immédiatement retrouvées”. La fabrique des masculinités par les publicités contre l’impuissance dans la presse sous la III^e République”, *Le Temps des médias*, 36, 2021, p. 62-83.

their testicles were not only healthy... but also good-looking. Where did these testicular anxieties come from? Why were French men at the time convinced that there was a special link between the looks of their nether regions and mental health? These questions have attracted little interest so far. Medical historians have broached the topic of early 20th century testicular research mainly to explore the history of endocrinology and the discovery of testosterone. In this historiographical framework, the rejuvenating properties associated with sperm and testosterone have been objects of scrutiny², whereas the cultural images attached to the testicle *per se* have received less attention. More generally, historians have rarely focused on the interplay between medical discourses and lay perceptions of male bodies—hence this special issue. Current historiography mostly deals with the medicalisation of the female body. In this vein, scholars have primarily focused on the ways in which physicians defined women as creatures dominated by their reproductive organs, while positing that men's superiority stemmed from the fact that they were free of such bodily enslavements.³ As a result, historians have been primarily concerned with diseases that generated anxieties about masculinity, such as impotence and premature ejaculation.⁴ Specialists of Body Studies have delved into the ways in which the male body has been culturally shaped.⁵ However, to paraphrase Jean-Paul Aron, as far as male genitals are concerned, the focus of the “western gaze” has been on “the history of the penis”. This might be due to the legacy of Sigmund Freud's insistence on the phallus.⁶ Historians have studied how medical experts participated

2 | Among other works, see Chandak Sengoopta, *The Most Secret Quintessence of Life. Sex, Glands, and Hormones, 1850-1950*, Chicago/London, The University of Chicago Press, 2006; Chandak Sengoopta, “Dr Steinach Coming to Make Old Young! Sex Glands, Vasectomy and the Quest for Rejuvenation in the Roaring Twenties”, *Endeavour*, 27 (3), 2003, p. 122-126; Élodie Serna, *Faire et défaire la virilité. Les stérilisations masculines volontaires en Europe, 1919-1939*, Rennes, Presses universitaires de Rennes, 2021.

3 | For an overview of the francophone historiography on this issue, see “Quand la médecine fait le genre”, special issue of *Clio. Femmes, Genre, Histoire*, 2013, 1 (37), especially Sylvie Chaperon and Nahema Hanafi, “Médecine et sexualité, aperçus sur une rencontre historiographique (Recherches francophones, époques moderne et contemporaine)”, p. 123-142 ; Delphine Gardey, “Comment écrire l'histoire des relations corps, genre, médecine au xx^e siècle ?”, p. 143-162.

4 | See for example Camille Bajoux, “L'impuissance sexuelle au cabinet du Docteur Bourguignon (1924-1953)”, *Histoire, médecine et santé*, 16, 2021, p. 121-139; Anne Carol, “La virilité face à la médecine”, in Jean-Jacques Courtine (ed.), *Histoire de la virilité*, t. 3, *La virilité en crise ? Les xx^e-xxi^e siècles*, Paris, Éditions du Seuil, 2011, p. 31-70; André Béjin, “L'éjaculation prématurée selon les médecins et les sexologues français de 1830 à 1960”, *Sexologies*, 16 (3), 2007, p. 195-202; Angus McLaren, *Impotence. A Cultural History*, Chicago/London, The University of Chicago Press, 2007; Lesley A. Hall, *Hidden Anxieties. Male Sexuality, 1900-1950*, Cambridge, Polity Press, 1991.

5 | See especially these collective volumes on the history of virility: Alain Corbin, Jean-Jacques Courtine, Georges Vigarello (eds.), *Histoire de la virilité*, Paris, Éditions du Seuil, 2011-2015, 3 vol.

6 | Jean-Paul Aron, Roger Kempf, *Le pénis et la démoralisation de l'Occident*, Paris, Grasset, 1978.

in “the normalisation” of the penis⁷ by pathologising all its socially disapproved uses (masturbation,⁸ homosexual practices,⁹ etc.). By comparison, other parts of the male anatomy, including testicles and the prostate, have remained in the shadows—at least until recently.¹⁰

In this article, we aim at shedding light on this underexplored aspect of medical history by examining how the idea of a correlation between testicular appearance and mental health emerged in late 19th century France. Using published literature (scientific journals and books), medical theses, as well as hospital archives, we show how testicular features became a primary concern in this period following the reconfiguration of two disciplines: psychiatry and urology. The first part of our paper reveals how the rise of certain organicist theories led some experts of the mind to believe that inspecting testicles was key to understanding the male psyche. The second part explores how urologists integrated these findings when they treated “false urinary” patients—patients who suffered from mixed symptoms that associated testicular and mental ailments. Such testicular anxieties thus contributed to initiating a dialogue between two seemingly distant fields: urology and psychiatry. They also helped to shape new representations on manhood by stressing the vulnerability of male bodies and minds rather than the fortitude of the “stronger sex”.

***Totus homo in testiculus?*¹¹ French psychiatrists and the male body**

From gendered alienation to sexual degeneration

Much as is the case today, 19th century physicians could not agree on the aetiology of insanity. Alienists, as French psychiatrists preferred to be called at the time,¹² continuously debated as to whether mental ailments could be traced back to

7 | David M. Friedman, *A Mind of its Own. A Cultural History of the Penis*, London, Robert Hale, 2003.

8 | Thomas W. Laqueur, *Solitary Sex. A cultural History of Masturbation*, New York, Zone Books, 2003; Elsa Dorlin and Grégoire Chamayou, “L’objet = X : nymphomanes et masturbateurs xviii^e-xix^e siècles”, *Nouvelles Questions Féministes*, 24 (1), 2005, p. 53-66.

9 | Jean-Paul Aron, Roger Kempf, *Le pénis...*, *op. cit.*

10 | Christopher D. O’Shea, “‘A Plea for the Prostate’. Doctors, Prostate Dysfunction, and Male Sexuality in late 19th and early 20th century Canada”, *Canadian Bulletin of Medical History*, 29 (1), 2012, p. 7-27; Maria Björkman and Alma Persson, “What’s in a Gland? Sexuality, Reproduction and the Prostate in Early Twentieth-Century Medicine”, *Gender and History*, 32 (3), 2020, p. 621-636; Ericka Johnson, *A Cultural Biography of the Prostate*, Cambridge Massachusetts/London, MIT Press, 2021.

11 | This is a play on the famous phrase *Tota mulier in utero*. Often attributed to Hippocrates, it was more likely coined in the modern era.

12 | Among other things, psychiatry was rejected as it was considered a German word (Aude Fauvel, “Les mots des sciences de l’homme. Psychiatrie”, *Pour l’histoire des sciences de l’homme*, 29, 2006, p. 43-51).

physical, psychological, or social causes, or a combination of these. Nonetheless, most historians agree that the century can be grossly divided into two parts: the first half, when the leading figures of alienism defended a so-called “moral” paradigm, and the second half, when they were more attached to organicist views.¹³ In France, Philippe Pinel (1745-1826) is generally credited with being the first to advocate for the creation of a branch of medicine devoted to treating the insane.¹⁴ However, it was Jean-Étienne Esquirol (1772-1840) who was responsible for the institutionalisation of the alienist profession.¹⁵ The Law of 1838, which founded the state system of asylums, was based on Esquirol’s perceptions of what insanity was and how it should be treated. Esquirol was clear on this point: the right approach (and indeed the approach that one needed to endorse if one wanted his support)¹⁶ was a “moral” one—which, at the time, was synonymous with “psychological” (hence the name of the first alienist association: The Medico-Psychological Society).

This context explains in part why the testicles—and any anatomical parts—were not central to early alienist discourse. According to Esquirol, alienation was caused by “passions” that derailed the “imagination” which, in turn, disrupted “vital [nervous] activities”¹⁷ and mental capacities.¹⁸ Esquirol therefore did not deny that organic elements played a part in the dynamics of madness. He admitted that nerves were involved, that some patients may suffer from “brain lesions”¹⁹ and others from “irritations of the reproductive organs” which could cause satyriasis in men, nymphomania and/or hysteria in women.²⁰ However, physicians had to be “honest”; in most cases they were “not knowledgeable

13 | Robert Castel, *The Regulation of Madness. The Origins of Incarceration in France*, Berkeley, University of California Press, 1988 (translated from: *Ordre psychiatrique. L'âge d'or de l'aliénisme*, Paris, Éditions de Minuit, 1976); Ian Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France*, Berkeley, University of California Press, 1991; Jan E. Goldstein, *Console and Classify. The French Psychiatric Profession in the Nineteenth century*, Chicago, University of Chicago Press, 2001.

14 | The role of Pinel as the “founding father” of French psychiatry is a major bone of contention among historians since Michel Foucault’s *History of Madness (Folie et déraison. Histoire de la folie à l'âge classique*, Paris, Plon, 1961; first English translation: *Madness and Civilization. A History of Insanity in the Age of Reason*, London, Tavistock, 1965). For a still valid overview of the terms of this debate, see Dora Weiner, “Philippe Pinel in the Twenty-First Century. The Myth and the Message”, in Mark Micale, Roy Porter (eds.), *Discovering the History of Psychiatry*, Oxford University Press, 1994, p. 305-312.

15 | On the role of Esquirol in the professionalisation of psychiatry, see Robert Castel, *The Regulation of Madness...*, *op. cit.*; Jan E. Goldstein, *Console and Classify...*, *op. cit.*

16 | On Esquirol’s “politics of patronage”, see Jan E. Goldstein, *Console and classify...*, *op. cit.*, p. 128-151.

17 | Jean-Étienne Esquirol, *Des passions considérées comme causes, symptômes et moyens curatifs de l'aliénation mentale*, Paris, PhD thesis, École de médecine de Paris, 1805, p. 9-12 (unpublished).

18 | All the translations are by the authors of this article.

19 | Jean-Étienne Esquirol, “Érotomanie”, in *Dictionnaire des sciences médicales*, vol. 13, Paris, Panckoucke, 1815, p. 192.

20 | *Ibid.*, p. 186.

enough” to pinpoint the bodily cause of madness.²¹ Not that it really mattered anyway. Given that lunacy was reportedly prompted by negative “moral jolts” (*secousses morales*),²² alienists wanting to cure the insane simply needed to reverse this effect and to find ways to re-moralise patients. To do that, one key aspect was to understand that men and women reacted to different kinds of *secousses*: men were unnerved by politics,²³ for example, while women were affected by more mundane issues, such as domestic troubles. In other words—to use an anachronistic turn of phrase—, Esquirol and his disciples claimed to be more interested in *gender* rather than *sex* variations. To treat mad women and men, it was “more relevant” to examine their “psychology” than their bodies. This, “admittedly”, made alienism a “special branch of medicine.”²⁴

Half a century afterwards, when the moral paradigm gave way to “degeneracy culture”,²⁵ alienists radically changed their view on that matter. The history of degeneracy is long and complex.²⁶ However, as Daniel Pick and others have argued, if the name and its associated concept originated long before, “it was only from the 1870s onwards that *dégénérescence* was taken to be of undisputed importance in clinical psychiatry”.²⁷ This change is mainly attributed to the influence of Valentin Magnan (1835-1916), who managed to clothe *dégénérescence* with a novel scientific allure. A disciple of Claude Bernard, Magnan was one of the first alienists to spend hours in laboratories, conduct large-scale animal testing, and use the rhetoric of experimentation²⁸ to prove the validity of organicist conceptions and conversely “disprove the psychological school”.²⁹

21 | *Ibid.*, p. 192.

22 | *Ibid.*, p. 192.

23 | On this aspect, see Laure Murat, *The Man Who Thought He Was Napoleon. Toward a Political History of Madness*, Chicago, University of Chicago Press, 2014 (translated from: *L'homme qui se prenait pour Napoléon. Pour une histoire politique de la folie*, Paris, Gallimard, 2011).

24 | Charles-Prosper Ollivier d'Angers, “À propos de François Leuret. Du traitement moral de la folie, 1840”, *Archives générales de médecine*, t. VIII, 1840, p. 381. This quote is excerpted from a report made for the Royal Academy of Medicine by Drs Ollivier, Adelon and Esquirol.

25 | Jean-Christophe Coffin, *La transmission de la folie 1850-1914*, Paris, L'Harmattan, 2003, p. 10.

26 | Among other works, on the history of *dégénérescence*, see Robert Nye, *Crime, Madness and Politics in Modern France. The Medical Concept of National Decline*, Princeton University Press, 1984; Daniel Pick, *Faces of Degeneration: Aspects of a European disorder, c.1848-1918*, Cambridge University Press, 1989; Ian Dowbiggin, *Inheriting Madness...*, *op. cit.*; Jean-Christophe Coffin, *La transmission de la folie*, *op. cit.*; Anne Carol, *Histoire de l'eugénisme en France. Les médecins et la procréation, XIX^e-XX^e siècle*, Paris, Éditions du Seuil, 1995; Claude-Olivier Doron, *L'homme altéré. Races et dégénérescence (XVII^e-XIX^e siècles)*, Paris, Champ Vallon, 2016.

27 | Daniel Pick, *Faces of Degeneration...*, *op. cit.*, p. 50.

28 | Jean-Christophe Coffin, *La transmission de la folie...*, *op. cit.*; Aude Fauvel, “Le chien naît misanthrope”. Animaux fous et fous des animaux dans la psychiatrie française du XIX^e siècle”, *Revue d'histoire des sciences humaines*, 28, 2016, p. 45-72.

29 | Paul Sérieux, *V. Magnan. Sa vie et son œuvre : 1835-1916*, Paris, Masson, 1918, p. 6.

Unlike Esquirol, Magnan did not think that alienism had to be a special branch of medicine. Mental diseases, for him, were just like any other: they had locatable physical origins. Specifically, Magnan contended that people who abused their bodies (especially alcoholics) not only ruined their health but also their children's, given that degenerations were hereditarily transmitted. If uninterrupted, this process could continue to replicate over generations, resulting in insane progenies—and, eventually, in the birth of the ultimate degenerate: the idiot.

Fin-de-siècle alienists thus put the body at the centre of psychiatry's endeavours. They posited that degeneracy imprinted “stigmas” on patients both internally and externally, in the peculiarities of their brains, the asymmetries of their faces, etc. And since these organicists were convinced that inspecting physical characteristics was pivotal in comprehending madness, they paid much closer attention to the variations between male and female bodies than their predecessors. The end of the 19th century therefore famously marked the beginning of the “gendered brain” era,³⁰ with physicians seeking to prove that female and male cerebral processes were drastically dissimilar. But while most of them focused on brain differences, some surmised that clues might be found in another part of their anatomies: the genitals. Surely, if degeneracy induced changes throughout the body, it had to impact this region too—and given that genitalia were more easily accessible than brains, it made sense to observe them.

A diagnostic tool? Looking at testicles to detect insanity

This was the opinion of Évariste Marandon de Montyel (1851-1908), the director of the men's section of Ville-Évrard, a public asylum located ten kilometres east of Paris. Marandon posited that the private parts of the insane could provide useful diagnostic clues. This was especially the case with men's genitalia, as they were easy to see and manipulate. To prove his point, he recruited seven interns to help him examine his 800 male patients. Together, they spent three years measuring and palpating penises, breasts, testes, etc. Marandon was the first to conduct such a large-scale study and, according to him, also the first psychiatrist to publish portraits of patients' intimate anatomies (see figure 2). In a three-part 1895 article, he concluded that one could tell whether a man had mental defects and/or criminal tendencies by looking at his sexual features.³¹

30 | Rachel Malane, *Sex in Mind. The Gendered Brain in Nineteenth-Century Literature and Mental Sciences*, New York, Peter Lang Publishing, 2005; Aude Fauvel, “Cerveaux fous et sexes faibles. Grande-Bretagne, 1860-1914”, *Clio*, 37, 2013, p. 41-64 (for an English translation, see “Crazy Brains and the Weaker Sex. The British Case, 1860-1900”, *Clio. Women, Gender, History*, 37, 2013, DOI: 10.4000/cliowgh.352).

31 | Évariste Marandon de Montyel, “Des anomalies des organes génitaux externes chez les aliénés et de leurs rapports avec la dégénérescence et la criminalité”, *Archives d'anthropologie criminelle, de médecine légale et de psychologie normale et pathologique*, 10, 1895, p. 13-36, 269-281 et 497-519.

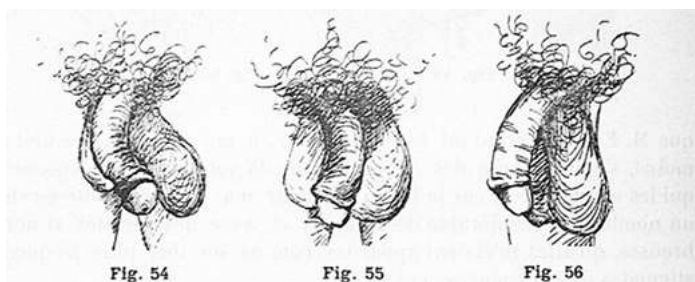


Fig. 2: Portraits of abnormal genital anatomies

Source: Évariste Marandon de Montyel, “Des anomalies des organes génitaux externes chez les aliénés et de leurs rapports avec la dégénérescence et la criminalité”, *Archives d'anthropologie criminelle, de médecine légale et de psychologie normale et pathologique*, 10, 1895, p. 274, URL: <https://criminocorpus.org/fr/bibliotheque/doc/10/?page=13> (accessed 07/04/2023).

Breasts, genitals, and hairs were all revealing; yet an overly intense focus on the organ of generation *per se* came with a caveat. Penises were not entirely reliable because of their erectility. Hence the importance of testes for an accurate appraisal. Testicles were the organisers of the male sexual anatomy, so to speak, as had previously been noted by other psychiatrists, such as Charles Féré (1852-1907) and P. Batigne who had probed the genitals of 185 patients.³² All of these researchers had come to the same conclusions: testicular abnormalities were sure signs of degeneracy. Doctors, therefore, had to pay close attention to size (atrophy/hypertrophy), shape (asymmetries, odd forms, torsions), and position (undescended/too descended).

It should be noted here that at the time of this study Marandon was a notoriously controversial figure of the medical milieu. In 1890, he had officially been blamed for writing that most of his colleagues were but lazy “asylum keepers” and that “French psychiatry [was] dying”.³³ This bold gesture made him the unofficial leader of a self-proclaimed group of “modern psychiatrists”.³⁴ Publishing portraits of male genitalia was thus another incarnation of his sulphurous style. Marandon indeed seemed amused and even proud that some of his patients had nicknamed him “the cock maniac” (*pinomane*)³⁵ and threatened to sue. Not everyone was as keen on scandal as he was, however, which may partly explain why no one appears to have tried to follow up on his study by replicating it on women.

32 | Charles Féré and P. Batigne, “Note sur les anomalies du testicule chez les dégénérés et en particulier sur les inversions de l'épididyme”, *Revue neurologique*, 1893, p. 384-386.

33 | Évariste Marandon de Montyel, “Du personnel médico-administratif des asiles et de son recrutement”, *Annales médico-psychologiques*, 1890, p. 403-422.

34 | Aude Fauvel, “Aliénistes contre psychiatres. La médecine mentale en crise (1890-1914)”, *Psychologie clinique*, 17, 2004, p. 61-76.

35 | Évariste Marandon de Montyel, “Des anomalies des organes génitaux...”, *op. cit.*, p. 25-27.

Although Marandon's research was uncharacteristically detailed, it only brought a more general trend to its extreme. As previously noted, most Belle Époque mental experts were keen on tracking bodily signs of insanity. Though the majority might have preferred to focus on other anatomical parts, Marandon was not the only one to gaze at genitals—notably male ones—, as evidenced by the abundance of male nudity in contemporary medical publications. Much has been written about the suggestive images of female patients published in the *Iconography* of Paris hospital La Salpêtrière.³⁶ Yet it should also be stressed, here, that the new version of this journal beginning in the late 1880s comprised more nude photos of men than women.³⁷ Among other examples, one finds a photographic ensemble edited by the Lausanne medical school which also displays a similar focus on so-called psychiatrically abnormal male genitalia.³⁸

As Mark Micale has remarked,³⁹ more studies are needed on the representations of men and male sex organs in the nascent psychiatric field. Much could thus be said of the fact that Marandon's genital portraits were published in a criminological journal or that the Lausanne photographs were signed by the crime scene photographer Rodolphe Reis. Indeed, the same visual prism was applied to male criminality and insanity; patients, like criminals, were stripped naked, measured, and photographed so that their madness could be caught *in flagrante delicto*. Suffice it to note, for the purposes of this paper, that these examples illustrate the fact that Marandon was not isolated in linking mental health to testicular appearance. But what about treatment? Did mental experts draw therapeutic options from these observations?

A therapeutic tool? Improving mental health by manipulating testes

Contrary to moral alienists, organicists doubted that insanity could be cured. They believed that degeneracy could be prevented by taking “hygienic” measures such as fighting alcoholism. But little could be done once the damage was there, except confine degenerates to prevent the spread of “rotten heredities”.⁴⁰ Like every other aspect of psychiatry's history, however, this point was never

36 | Georges Didi-Huberman's book has played a huge part in the contemporary fascination for Jean-Martin Charcot's female patients (*Invention of Hysteria. Charcot and the Photographic Iconography of the Salpêtrière*, MIT Press, 2004; translated from: *Invention de l'hystérie. Charcot et l'iconographie photographique de la Salpêtrière, sur l'École de la Salpêtrière*, Paris, Macula, 1982).

37 | While the first iconography (1876-80) is only comprised of photos of women, the second one (1888-1918) displays many naked men.

38 | Collections of the Institute of Humanities in Medicine, CHUV-University of Lausanne.

39 | Mark Micale, *Hysterical Men. The Hidden History of Male Nervous Illness*, Cambridge (Massachusetts), Harvard University Press, 2008, p. 216-227.

40 | On this aspect of the degeneracy doctrine, see the references mentioned in footnote 26.

fully consensual. “Modern psychiatrists” opposed this therapeutic pessimism⁴¹ and so did partisans of the new “psy sciences” that emerged in the late 19th century (psychology, psychotherapy, neurology).⁴² Not surprisingly, the idea that probing testes could be both diagnostically and therapeutically useful arose in these alternative milieux. Although Marandon did not elaborate on the topic of genital therapy, another expert of the mind did: Jean Martin Charcot (1825-1893).

Charcot is now mostly celebrated for his treatment of hysterical women. Yet it was men who provided him with a core piece of evidence. Men could be afflicted with hysteria, he claimed, which proved that it was a *neurological* disease (not a uterine one). However, if males were essential to Charcot’s demonstration, he was eager to keep gendered differences and doctored his cases of male hysterics to show, among other things, that their symptoms were much less extreme than those of women, as shown by Nicole Edelman and Mark Micale.⁴³

But what did these hysterical men say about their condition? A neglected source⁴⁴ casts light on this issue: notes written between 1879 and 1883⁴⁵ by unnamed assistants of Charcot to document his private practice.⁴⁶ This was a very different context than the usual “Charcotian setting”.⁴⁷ These patients were not poor institutionalised people; they paid a hefty price to consult the star of neurology and expected that he would pay undivided attention to their ills. And, as it happens, what they had to tell did not resemble Charcot’s vision of male hysteria. In this respect, the notes on the verbatim accounts of three patients are particularly interesting. One boy (approximately 5 years old) and his father complain that the boy has “convulsive seizures” during which he seems to “want to fly” and “flaps his arms” “like a bird”. Another boy, aged 10 and a half, also presents with “disordered movements” that, according to the Salpêtrière staff, suggest “hysterical chorea”.

41 | Aude Fauvel, “Aliénistes contre psychiatres...”, *op. cit.*

42 | Magnan failed to obtain the Chair of Mental Diseases on two different occasions (1877, 1893). It was given to disciples of Charcot instead. At the time, this was seen as a sign that neurologists were gaining more influence than alienists in the field of mental medicine. See Jean Garrabé, “Les Chaires de clinique des maladies mentales et des maladies nerveuses à Paris”, *L’Information psychiatrique*, 88 (7), 2012, p. 549-557.

43 | Nicole Edelman, “Masculin et féminin selon Jean-Martin Charcot”, in *Les métamorphoses de l’hystérique. Du début du XIX^e siècle à la Grande Guerre*, Paris, La Découverte, 2003, p. 147-178; Mark Micale, “Charcot and La Grande Hystérie Masculine”, in *Hysterical Men...*, *op. cit.*, p. 117-161.

44 | Mark Micale made a passing allusion to this source and mostly evokes one case (*Hysterical Men...*, *op. cit.*, p. 121).

45 | Archives of AP-HP, La Salpêtrière hospital, “Registre des diagnostics”, 6 R 90 1880-83 (despite this title, the notebook documents cases that go back to 1879).

46 | Though the Salpêtrière was supposed to be an all-female hospital, Charcot was authorised to receive a private male clientele.

47 | Andres Mayer, *Sites of the Unconscious. Hypnosis and the Emergence of the Psychoanalytic Setting*, Chicago, University of Chicago Press, 2013.

A 26-year-old man feels a “sensation of heaviness in the testicles” followed by an agitative state during which he “dances”, “jumps” and “gets erections”, a clinical tableau that is interpreted as “hysterical disorders of a genital nature”. Space does not allow us to discuss the revealing way in which all these patients linked dancing to insanity. We will merely point out that far from presenting with limited symptoms, they all displayed highly sexualised and theatrical behaviours—“symptoms” similar to those Charcot claimed could only be found in women.

But Charcot discarded this aspect as he did all the other elements that did not fit his theoretical model. Even though these patients were men, even though they were rich, the neurologist was not interested in the anxieties they were trying to convey (the boy who wishes to fly and be free, the sexually ambiguous dancer). Hysteria had to be a purely somatic condition. This meant “putting aside the desires, sufferings, and sexual miseries”⁴⁸ of patients and treating them all the same. In all cases, Charcot used the same manoeuvre: a testicular compression to “stop the attack”. He agreed with Marandon that mental health and testicular health were linked. Charcot did, however, go one step further by translating this rationale into therapeutics. If testes regulated the male nervous economy, physicians could improve (or deteriorate) men’s mental status by manipulating them, as they could in women by compressing their ovaries. The description of the five-year-old boy even states that he suffers in his “ovarian region”, a telling expression that Charcot never used in his publications, as it implied that male and female bodies were exactly symmetrical, which he was not ready to concede openly.⁴⁹ Charcot also pinches the boy’s “spermatic cord between the fingers” to help reposition testes that are “too descended”. Like Marandon, he sees a sign of mental illness in descended testicles. He thus attempts to raise them, expecting that their new appearance will result in a newfound soundness of mind.

When patients consulted the most famous mind expert of the Belle Époque with concerns about the ab/normality of some male behaviours (erections, movements), they got a unidimensional therapeutic answer: testicular compression. Was that what they expected? Probably not. In fact, notes suggest that the father of the 5-year-old boy was not happy with this treatment and the 26-year-old man never came back for a follow-up. Is this discontentment the reason for which so few archives can be found on male private patients of La Salpêtrière? It is impossible to say. In any case, although Charcot and some of his disciples readily clenched testes,⁵⁰ this practice failed to win support outside of his circle.

48 | This is how Nicole Edelman describes Charcot’s treatment of hysterical women (*Les Métamorphoses de l’hystérique...*, *op. cit.*, p. 168). We believe it also applies to men.

49 | Charcot was even reticent with the use of the term “pseudo-ovarian” (Mark Micale, *Hysterical Men...*, *op. cit.*, p. 155).

50 | *Ibid.*, p. 188-89.

This was the case not only because patients resisted it, but also because other physicians pointed out that it was dangerous and could even result in death.⁵¹

Although mind specialists popularised the notion of a connection between mental and testicular health, they only offered limited and mostly violent solutions for those whose testes they considered abnormal. As Swiss psychiatrist Auguste Forel (1848-1931) stated regretfully, the treatment of male “sexual depression” was a blind spot of the discipline.⁵² It is unsurprising, then, that patients should look for answers elsewhere. Some tried commercial devices such as the “Herculex belt” (figure 1). Others consulted urologists who proved to be more innovative than their psychiatry colleagues in this area.

The urologists’ proposal: caring for testes is caring for minds

The rise of a new specialty

Starting in the Belle Époque, men who suffered from genitourinary diseases could turn to a new discipline, urology, which had become an independent and recognised medical specialty. In France, the rise of urology began in 1829 when Paris Necker Hospital created a service for Jean Civiale (1792-1867), a surgeon who specialised in the treatment of urinary stones.⁵³ Nominated head of Civiale’s service in 1867, the surgeon Félix Guyon (1831-1920) broadened the service’s activity, which had been initially restricted to urinary stones, to include other “diseases of the urinary tract”. By 1890, the Paris Medical Faculty had bestowed on Guyon the first clinical Chair in “diseases of the urinary tract”, introducing the new specialty into medical training. His students and colleagues interested in genitourinary diseases united around a scientific journal, the *Annales des maladies des organes génito-urinaires*, created in 1883, and a French Association of Urology beginning in 1896.⁵⁴ These new specialists, who later went by the name “urologists”, extended their jurisdiction to include not only diseases of urinary organs (e.g., the bladder, kidneys, or urethra), but also diseases of male genitalia including the penis, the prostate, and the testicles.⁵⁵

51 | For example: Félix Roubaud, *Traité de l'impuissance et de la stérilité chez l'homme et chez la femme*, Paris, J.-B. Baillière et fils, 1876, p. 62; Humbert Mollière, *De la mort subite pendant la crise hystérique*, Bâle/Lyon/Genève, H. Georg, 1884, p. 9.

52 | Auguste Forel, *Die sexuelle Frage. Eine naturwissenschaftliche, psychologische, hygienische und soziologische Studie*, München, Reinhardt, 1905; this book was a best-seller that was promptly translated into French (Forel was bilingual) and English.

53 | Raymond Gervais, *Histoire de l'hôpital Necker, 1778-1885*, Paris, A. Parent, 1885.

54 | Patrice Pinell, “Champ médical et processus de spécialisation”, *Actes de la recherche en sciences sociales*, 156-157, 2005, p. 4-36.

55 | *Ibid.*

To this day, urology remains a male-dominated specialty.⁵⁶ With some exceptions,⁵⁷ medical interactions have essentially involved male doctors and male patients.⁵⁸ While it is very likely that urologists' depictions were grounded in their projections of patients' feelings, urologists and surgeons, faced with what seemed like unexplainable cases, posited that men experienced a special connection between their genitourinary organs and their mental health. Not only could men cause urinary disorders by excessively worrying about their health, but genitourinary conditions themselves could also lead to mental disorders.

Faux urinaires, *urinary neurasthenics*, and *hypochondriacs*

In professional journals and monographs, one type of patient in particular attracted urologists' attention: men who had trouble urinating, or felt pain when urinating, but showed no lesions or anatomical problems upon examination. Guyon named them "false urinary" patients (*faux urinaires*) and considered that their symptoms were originating in a nervous disorder. Within this category, he made a distinction between patients suffering from lesions of the nervous system—as in the case of multiple sclerosis—and others who showed no lesions at all. The latter category, which he called "urinary neurasthenics",⁵⁹ comprised both "hysterics [and] degenerates".⁶⁰ This was a revealing choice of words. What did the urologist mean by male "hysterics" and "degenerates"?

According to Guyon, "urinary neurasthenics" were usually referred to a urologist because they experienced pain in the genitourinary area or because they had trouble urinating.⁶¹ Most of them were young men, usually aged from 25 to 35 on average; therefore, Guyon believed, a diagnosis of prostate hypertrophy, which was usually associated with such symptoms, had to be ruled out. He argued conversely that "urinary neurasthenics" exhibited specific characteristics that were easy to recognise for an experienced doctor. Rather than looking at the

56 | In the US, only about 8% of practicing urologists are female, according to NPR and WebMD.

57 | The case of Vera [Guedroytz] de Beloseroff, a Russian princess who became an intern and student of César Roux at the University of Lausanne (Switzerland) in 1899 is particularly interesting. She practiced and published articles on diseases of the male genitourinary system, before moving back to Russia (see Lucie Begert, Izel Demirbas, Aude Fauvel, "Terre promise ou terre interdite ? La Suisse : l'eldorado ambigu des premières femmes médecins, 1867-1939", *Revue d'histoire des sciences humaines*, 35, 2019, p. 67).

58 | For more information about doctor-patient relations in urology, see the forthcoming article by Maria Björkman to be published in issue 25 of *Histoire, médecine et santé*.

59 | Félix Guyon, "Les neurasthéniques urinaires", *Annales des maladies des organes génito-urinaires*, September 1893, p. 641.

60 | *Ibid.*

61 | *Ibid.*

body for signs of a lesion or disease, he advised examining the man's behaviour, his moral inclination, and personality:

If you have enough experience, you will have understood and recognised his character, from a moral standpoint. Those neurasthenics are, above all, scrupulous, meticulous, they scrutinise everything: from their social duties to their sensations, and sufferings. [...] They all self-examine, self-analyse, and are highly concerned with their health. [...]

They go to great lengths to explain a thousand tedious details, and, not only glad to talk, they write: beware of patients who come with a story already written, with impeccable handwriting.⁶²

The description appealed to a hierarchical idea of masculinities, in which men who paid attention and cared “too much” about their genitals were depicted in effeminate terms. In this way, the descriptions of urinary neurasthenics reveal similarities with those of “sexual inverts” during the same period. Portraits of sexual inversion were widely disseminated among doctors, but also among laymen (notably by pseudo-medical treatises or popular novels), and presented a relationship between testicular conformation, masculinity, and effeminacy.⁶³

The language used to refer to “urinary neurasthenics” was part of a broader set of anxieties around a “crisis of masculinity” illustrated by the rise of white-collar jobs in a changing society. The use of the term “neurasthenia” supports this assumption. Introduced by the American doctor George Miller Beard (1839-1883), the term “neurasthenia” referred to an exhaustion of the central nervous system which caused a variety of symptoms, among which exhaustion, headaches, anxiety, and depression. Beard described “neurasthenia” as a disease of civilisation, associated with urbanisation, increased communications, and a competitive business environment in the United States. Beard's most influential book, *Sexual Neurasthenia*, was translated into French in 1895 by hydrologist Paul Rodet (1854-1933), with Charcot's successor Fulgence Raymond (1844-1910) writing the preface.⁶⁴ For Beard as for French neurologists, neurasthenia was a middle-class disease that targeted white-collar men. As historian Christopher E. Forth argues, “neurasthenia represented not only physical and moral weakness, but a certain *vulnerability* that undermined what had come to be viewed as normative conceptions of the bounded and autonomous male self”.⁶⁵ Although

62 | *Ibid.*, p. 639.

63 | Laure Murat, *La loi du genre. Une histoire culturelle du troisième sexe*, Paris, Fayard, 2006; Sylvie Chaperon, *Les origines de la sexologie (1850-1900)*, Paris, Payot, 2012.

64 | Georges Beard, *La neurasthénie sexuelle. Hygiène, causes, symptômes et traitement*, trad. par Paul Rodet, Paris, Société d'éditions scientifiques, 1895.

65 | Christopher E. Forth, “Neurasthenia and Manhood in *Fin-de-siècle* France”, in Marijke Gijswijt-Hofstra and Roy Porter (eds.), *Cultures of Neurasthenia from Beard to the First World War*, Amsterdam, Rodopi, 2001, p. 334.

the diagnosis was also used to label women, most doctors diagnosed men as neurasthenics to avoid the feminine connotation that “hysteria” retained even after Charcot’s attempts at masculinising it.⁶⁶

The fact that urologists used a psychiatric vocabulary reveals how much concepts and ideas circulated between specialties that were not yet well established at the turn of the century. In 1891, urologist Jules Janet (1861-1945), brother of the famous psychologist Pierre Janet (1859-1947), published a book on the *Psychopathology of Urination* in which he described three kinds of *faux urinaires*⁶⁷. He distinguished patients who developed urinary disorders after a brain or spinal cord injury from hysterics and epileptics who suffered from urinary symptoms, but also from “hypochondriacs” who caused their urinary symptoms because they cared too much about their private parts. As Janet Oppenheim has shown, hypochondria had mostly been constructed as a male disease and sometimes presented as the counterpart of hysteria in women.⁶⁸ Urinary hypochondriacs and neurasthenics shared common characteristics: they were nervous, shy, and often complained of sexual disorders such as involuntary seminal discharges known as spermatorrhea.

Coined by Claude-François Lallemand (1790-1854) to refer to the excessive discharge of sperm caused by illicit sexual activity (such as masturbation), spermatorrhea had become the object of a real “moral panic” in the mid-19th century.⁶⁹ According to Lallemand, spermatorrhea could cause anxiety, nervousness, lassitude, and impotence, as well as insanity and death.⁷⁰ By the end of the 19th century, however, and by the time Janet published his work, the dangers of spermatorrhea had been strongly attenuated. Most practitioners believed the disease was a rare condition of which quacks exaggerated the frequency.⁷¹ There is no doubt, however, that the shadow of spermatorrhea still permeated urologists’ encounters, as Alfred Pousson complained in 1899: “the somber image of spermatorrhea portrayed by Lallemand and darkened further by self-serving publications will keep haunting the minds of some patients.”⁷²

66 | *Ibid.*; Barbara Sicherman, “The Uses of a Diagnosis. Doctors, Patients, and Neurasthenia”, *Journal of the History of Medicine and Allied Sciences*, 32 (1), 1977, p. 33-54.

67 | Jules Janet, *Les troubles psychopathiques de la miction. Essai de psycho-physiologie normale et pathologique*, Paris, Lefrançois, 1890.

68 | Janet Oppenheim, “Shattered Nerves”. *Doctors, Patients, and Depression in Victorian England*, New York/Oxford, Oxford University Press, 1991.

69 | Ellen Bayuk Rosenman, “Body Doubles. The Spermatorrhea Panic”, *Journal of the History of Sexuality*, 12 (3), 2003, p. 365-399; Alain Corbin, *L’harmonie des plaisirs. Les manières de jouir du siècle des Lumières à l’avènement de la sexologie*, Paris, Flammarion, 2008.

70 | Alain Corbin, *L’Harmonie des plaisirs*, *op. cit.* ; Ellen Bayuk Rosenman, “Body Doubles...”, *art. cit.*

71 | Ellen Bayuk Rosenman, “Body Doubles...”, *art. cit.*

72 | Alfred Pousson, “Du dyspermatisme”, *Annales des maladies des organes génito-urinaires*, 1899, p. 373.

In this context, most specialists agreed that men were more likely to be affected by “urinary neurasthenia” than women: Guyon often mentioned a stronger “genital sentiment” among men. Urologists explained this difference in terms of anatomical configuration: as the male urethra served both genital and urinary functions, men were more likely to connect urinary disorders with a genital condition. Jules Janet explained in 1891:

One of the main causes that explain the frequency of psychopathologic urination disorders is the fact that he [the man] connects them in one way or another to the genitalia. [...] If the man cares so much about his urinary organs, it is because he knows that these organs are also used for generation; [...] except for the heart [...], lesions on organs associated with pleasure cause hypochondria: the stomach and the male genitourinary apparatus are among those. [...] Women, whose urinary tract has no connection with the genitals and for whom intercourse is possible even when their bladder or urethra is damaged, are never affected by urinary hypochondria.⁷³

The existence and depreciated description of *faux urinaires*, urinary neurasthenics and hypochondriacs suggests that urologists showed little interest in patients whose complaints did not require surgical or technical treatment. In 1912, urologist René Le Fur (1872-1933) complained that men who suffered from impotence did not dare confide in a doctor and those who did were “treated as a neurasthenic, a phobic, an imaginary patient; [were] most often barely examined and sometimes even scolded a little for being an uninteresting patient”.⁷⁴ Yet, as Le Fur suggested, though urologists rarely published or studied sexual disorders, they still had to face men’s fears and the mental consequences of genital conditions in their practice.

Surgery as a treatment for mental disorders?

It appears, then, that men’s feelings were taken more seriously by urologists as long as they were connected to surgical practices. This was particularly true for the case of castration. Although the notion of a connection between the testes and manhood had a longstanding history, castration was seldom practiced in most Western countries throughout the 19th century.⁷⁵ By the end of the century, however, castration as a therapeutic method against prostate hypertrophy

73 | Jules Janet, *Les troubles psychopathiques de la miction...*, *op. cit.*, p. 79-80.

74 | René Le Fur, *L'impuissance génitale et son traitement*, Clermont, Daix Frères et Thiron, 1912, p. 2-3.

75 | Chandak Sengoopta, *The Most Secret Quintessence of Life...*, *op. cit.* In France, doctors’ reluctance to remove testicles were also probably grounded in the fear of legal repercussions. The “crime of castration” included in the Penal Code of 1810 condemned all non-medically necessary removal of reproductive glands. On this subject, see Emmanuelle Burgaud, “La castration en droit pénal au XIX^e siècle”, *Revue historique de droit français et étranger*, 91 (4) 2013, p. 639-657.

was discussed and debated in specialised journals.⁷⁶ Surgeons and urologists in Western countries agreed that patients who underwent castration often experienced an acute distress that sometimes led to suicidal thoughts.⁷⁷ Handbooks insisted that surgeons should aim to preserve the testes as much as possible in an attempt to preserve the morale of patients. Even in cases where only one testicle was removed and where sexual functions were preserved, a risk of demoralisation persisted. Doctor Vouillac explained, for example, that men who lost a testicle “dread[ed] that [...] someone might notice the absence of testicle, which, they fear[ed], would cause contempt in women and ridicule from their friends.”⁷⁸

In 1896, the French Association of Urology discussed the uses of testicular prostheses after castration.⁷⁹ Artificial testes made in silk, rubber, celluloid, or silver were developed as an attempt to fight any “idea of degradation of the individual”.⁸⁰ Whether men should be informed that they had been implanted with prosthetic testes was up for debate. While some, such as doctor Loumeau, assumed that men could only lead fulfilling lives with testicular prostheses as long as they could believe “in the illusion of the persistence of their virility”,⁸¹ others considered that the risk of infection was too high for patients not to be informed of the procedure.⁸² The fact that this was an object of discussion reveals, nonetheless, that surgeons and urologists engaged in “sentimental work” to protect what they imagined to be their patients’ feelings of masculinity.⁸³

As Ericka Johnson and Elin Björk have pointed out, the fact that doctors reported mental disorders after castration “meant that, in the late 1800s, removal of the gonads was being used *for* psychological problems in women, but thought to *cause* them in men, disrupting the parallel in how male and female treatment of the reproductive organs was theorised at the time”.⁸⁴

Men’s mental health also served to justify surgical interventions. The development of antisepsis and sepsis had made operations much safer. In the case of varicocele, an enlargement of the veins within the scrotum, several urologists and surgeons argued that the benefits of operating now outweighed the

76 | Elin Björk, *Att bota en prostata. Kastrering som behandlingsmetod för prostatahypertrofi 1893-1910*, Linköping, Linköping University Electronic Press, 2019.

77 | *Ibid.* ; Élodie Serna, *Faire et défaire la virilité...*, *op. cit.*.

78 | F. Vouillac, *Étude sur la prothèse testiculaire*, thèse de la faculté de médecine de Paris, 1899, p. 16.

79 | This episode has also been explored in Élodie Serna, *Faire et défaire la virilité...*, *op. cit.*

80 | Docteur Carlier, “Prothèse testiculaire après castration”, *Association française d’urologie, Comptes rendus du congrès de l’Association française d’urologie*, Paris, Octave Doin, 1896, p. 94.

81 | *Ibid.*, p. 95.

82 | *Ibid.*

83 | Camille Bajoux, “Managing Masculinities. Doctors, Men, and Men’s Partners Facing Male Infertility in France and French-Speaking Switzerland (c.1890-1970)”, *NORMA. International Journal for Masculinity Studies*, 15 (3-4), 2020, p. 235-250.

84 | Ericka Johnson, *A Cultural Biography of the Prostate*, *op. cit.*, p. 41.

risks. Although the use of a jockstrap was usually good enough to reduce pain, Edmond Wickham claimed that “this deformation of the generative organs produce[d] such a demoralising effect, that waiting can no longer be advised unless one [gave] up on preventing suicide or an attack of insanity”.⁸⁵ By highlighting the dangers of not operating testicular diseases, he also sought to legitimise invasive interventions on bodies and, by doing so, to extend his and other surgeons’ field of jurisdiction.

In other words, surgical interventions were reframed not only as a solution to bodily disorders but also as a treatment for mental issues and a means to preserve men’s feelings of manhood. According to urologist M. L. Saussol, most surgeons agreed to operate men’s varicocele because patients were “constantly obsessed by their tumour, tormented by their intolerable pain, worried by their impotence or testicular atrophy”.⁸⁶ He described the operation as a “harmless” method that relieved patients of “both their physical symptoms and their melancholy”.⁸⁷ Saussol likened hypochondria to the alteration of personal, professional, and physical dimensions central to the constitution of male bourgeois identity. A varicocele, he argued, did not only cause pain but could also impede young men’s professional aspirations:

Let’s say that a young man is inclined towards the military. A slight varicocele hinders his projects and makes him fail utterly. Those patients, who often have an intellectual culture, and are therefore more impressionable, are deeply disturbed by such a rebuttal. They will become hypochondriacs, will be sad without reason, and will only feel a deep revulsion for the things of life.

Although Saussol described hypochondria as a by-product of social and psychological impairment caused by varicocele, he also reported two cases of patients who, unaware that they had any genitourinary disease, were tormented by dark and suicidal ideas. Upon examination, it was revealed that both suffered from a testicular condition. As such, Saussol explained, the body could maintain an “obscure consciousness”⁸⁸ of its “virile decline”.⁸⁹

The chief surgeon of the Seine Asylums, Lucien Picqué (1852-1917), supported a similar idea. He reaffirmed the particularly serious character of nervous disorders and claimed that they had been ignored for too long by alienists and underestimated by urologists. “If the specialists have, until now, considered these psychopathies as benign, it is because they can only observe their first stages.

85 | Edmond Wickham, *De la cure radicale du varicocèle par la résection du scrotum*, Paris, A. Parent, 1885, p. 14-15.

86 | M. L. Saussol, *Varicocèle et hypochondrie*, thèse de la faculté de médecine de Paris, Jouve, 1897, p. 9.

87 | *Ibid.*

88 | *Ibid.*, p. 31.

89 | *Ibid.*

As soon as the disorders become exaggerated, patients disappear and we find them in the asylum”.⁹⁰ In sum, at the beginning of the 20th century, surgeons and urologists no longer thought patients who had both mental and testicular disorders “uninteresting”.⁹¹ On the contrary—they now asserted that such cases highlighted the fact that surgery had its place in the field of mental medicine, as it could play a pivotal role in preventing and even curing psychic ailments.

Conclusion

Historians have often portrayed women as central victims of modern medical discourses. Yet the history of testicular angst suggests that this narrative might need to be complicated. At the end of the 19th century, physicians also painted men as having weak, genitally defined bodies. The anxieties that these new medical discourses and practices provoked in the population did not disappear after World War I. During the interwar period, surgeons such as Serge Voronoff (1866-1951) continued to play on the idea that male minds could be helped by taking care of their testes. And one could argue that, although testicular massages *à la* Charcot or Voronoff’s grafting of monkey’s testes may be discredited (or are they?)⁹², there still exist numerous remedies that promise to “cheer up” men’s spirits by “revitalising” their testes.⁹³ We therefore argue that Belle Époque medical representations of the links between mental and testicular health should not be dismissed as ridiculous examples of *savoirs à plaisanterie* (joking sciences).⁹⁴ Studying them provides a novel angle on the history of the mental sciences and their hitherto little-explored links with urology.

In this piece we illustrated how the organicist visions of *fin-de-siècle* psychiatry bolstered the idea that intervening manually and surgically on genitals might improve mental health. But one should also study how urologists later reciprocally influenced the “psy sciences”. As we showed in our final section, urologists of the Belle Époque progressively changed their viewpoint on the

90 | Lucien Picqué and Jules Dagonet, *Chirurgie des aliénés*, t. 2, Masson et Cie, Paris, 1902, p. 231.

91 | René Le Fur, *L'impuissance génitale et son traitement*, *op. cit.*, p. 2-3.

92 | By way of example, in 2014, the Swiss surveillance authority for medicines and medical devices, inventoried four private institutions that still proposed animal cellular therapy for “regenerative” purposes.

93 | For copyright reasons, we cannot cite specific brands, but products can still be found in today’s French pharmacies (and elsewhere), which promise to “energise” male minds by “boosting” their testicles.

94 | Based on Claude Lévi-Strauss’ notion of *parenté à plaisanterie* (joking relationship), this concept was proposed by Jacqueline Carroy to characterise scientific disciplines and fields of research that have been culturally mocked, such as proctology (see workshop “Savoirs sérieux, savoirs à plaisanterie”, Centre Koyré, Paris, 2008).

relationships between body and mind. They considered that testicle reconstruction after necessary ablations was not truly organically relevant, but rather that its main benefits were psychological, as it helped patients feel more manly and less depressed. In other words, surgery had a positive suggestive impact on the male psyche. We mentioned in passing that one of the main proponents of this idea was none other than Jules Janet, brother of the psychologist Pierre Janet, who famously popularised the word and concept of the subconscious. This is perhaps a good closing note. Where one might think that everything has been said on all the influences that inspired Sigmund Freud and Janet's models of mind, it seems to us that one aspect still needs to be further explored—the ways in which urologists participated in the “discovery of the unconscious”.⁹⁵

95 | Henri Ellenberger, *The Discovery of the Unconscious*, New York, Basic Books, 1970.