

# Men's Sexual Health in Early Modern England

## Contents

List of Illustrations

Acknowledgements

Introduction

Part One: Sexual Health and the Life Cycle

1. Disrupting Manly Development: Issues in Infancy and Childhood
2. A Moment of Crisis: Flagging Phalluses and Failing Fertility
3. Old Lechers: Ageing Bodies and Manhood in Decline

Part Two: Patients and Practitioners

4. Embarrassment and Reticence
5. 'Soe much payne he coud not indure it'
6. Family Matters
7. Unruly Patients

## 2. A moment of Crisis: Flagging phalluses and Failing Fertility

Men's bodies once they reached adulthood were compared against a model that suggested that the middle-aged man was strong, rational, and virile. His body was charged with the propagation of mankind, the government of a household, and earning a living to support his dependents. Scholars have suggested that men rarely suffered from conditions that afflicted the sexed body, and that when they did so that these conditions did not affect men's sexual self-image.<sup>1</sup> Manuscript records likewise show little anxiety about damage to men's sexual and reproductive function.<sup>2</sup> Yet medical texts presented a different image. They suggested that genitourinary ill health threatened to undermine these manly abilities. Furthermore, they implied that when they appeared, they constituted a moment of crisis where the body might be unmanned and undone by distressing symptoms and disastrous long-term effects. The concerns focused on three key issues, impotence, fertility, and the loss of facial hair. Medical and surgical texts were effusive in their descriptions of the male genitalia emphasising that the penis and testicles were requisite to be considered a man. Yet hernias, bladder stones, swellings, and injuries all risked damage to these vital organs. Alison Montgomery has suggested eighteenth-century medical and surgical writers generally displayed little concern for how these disorders could disrupt a man's body or potentially affect manhood; there was little evidence of anxiety about genital completeness, or penile problems.<sup>3</sup> Seventeenth-century texts demonstrate some ambivalence about men's bodies. They praised the complete body, but emphasised that injuries and illnesses that limited functionality were not total impediments to a full and active sexual life. Nonetheless they constructed and perpetuated across the centuries a cultural and intellectual milieu that presented genitourinary ill health as a point of crisis in which the men's vigour, fertility and prowess might be weakened or snatched from them.

### **Impotence and Infertility**

Much of the work that has considered men's sexual health, in both a medical and social context, has focused on the importance of potency to manliness, men's roles, and men's legal standing.<sup>4</sup> Male impotence and sexual failure was linked to ideas of disrupted

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<sup>1</sup> Edward Shorter, *A History of Women's Bodies* (Harmondsworth: Pelican Books, 1984), p. 281.

<sup>2</sup> Alison Montgomery, '(The) Man, His Body, and His Society: Masculinity and the Male Experience in English and Scottish Medicine c.1640-c.1780', (PhD Thesis, Durham University, 2011), p. 120.

<sup>3</sup> *Ibid.*, pp. 110-20.

<sup>4</sup> Judith C. Mueller, 'Fallen Men: Representations of Male Impotence in Britain', *Studies in Eighteenth Century Culture*, 28 (1999) 85-102; Jeffrey Merrick, 'Impotence in Court and at Court', *Studies in Eighteenth Century Culture*, 25 (1996), 187-202; Edward Behrend-Martinez, *Unfit for Marriage: Impotent Spouses on Trial in the Basque Region of Spain 1650-1750* (Reno: University of Nevada Press, 2007); Angus McLaren, *Impotence: A Cultural History* (Chicago: University of Chicago Press,

household harmony and economy. Popular rhetoric claimed that unsatisfied wives would find themselves new lovers, cuckolding their husbands and undermining his position as head of the household. Impotence throughout the seventeenth century was a slur on manhood. This could lead to derision by neighbours and community, which was widely reflected in pamphlet and ballad culture.<sup>5</sup> For example, *The Contented Cuckold* described a young man who married a beautiful maiden and was promised five hundred pounds on the birth of their first child. The bridegroom, however, was not capable of fathering a child and was laughed at by 'his old Cronies'.<sup>6</sup> Men's reputations could be publicly questioned if a wife claimed a husband was impotent during divorce proceedings. Richard Wilkes recorded in his diary in March 1743 that the 3rd Duke of Beaufort, Henry Somerset-Scudamore, was examined by six surgeons and as many physicians in London when he filed for divorce from his wife Frances who then countersued declaring that the Duke was impotent.<sup>7</sup> Wilkes noted that the Duke had proved his abilities to achieve an erection and ejaculation.<sup>8</sup> Medical writers understood and reflected these concerns, warning male readers that genitourinary conditions presented a moment of crisis where the body might lose its virility and potency.

Impotence and infertility throughout the early modern era were understood to be different conditions. Men could be impotent but still produce fertile seed – although this was clearly difficult to establish – and could be able to engage in sexual activity but unable to father children. The two conditions were, though, as we might expect, intimately connected. Moreover, the terms for designating impotence and infertility were not consistently applied, the conditions were blurred and the boundary between the two could be indistinct.<sup>9</sup> As will be seen, medical texts often directed their concern towards underlying infertility that impotence might suggest. This went against social and religious concerns which focused on impotence as grounds for separation of spouses, which barrenness was not.

Montgomery has shown there is little evidence that medical practitioners routinely treated men for impotence.<sup>10</sup> Nonetheless, impotence and the impotent man received a flurry of

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2007); Pierre Darmon, *Trial by Impotence: Virility and Marriage in Pre-Revolutionary France* (London, 1985).

<sup>5</sup> For examples see; Anonymous, *The contented cuckold: or, the fortunate fumbler* (London, 1686); Anonymous, *The London cuckold* (1685-8); Anonymous, *Fumblers-hall, kept and holden in feeble-court, at the sign of the labour-in-vain, in doe-little-lane* (London?, 1675). For further discussion of ridiculing impotent men see; McLaren, *Impotence*, pp. 58-76.

<sup>6</sup> *The Contented Cuckold: or The Fortunate Fumbler* (London, 1683-1703?). See also, *A Rare new Ballad, Entitled My Husband has no Courage in Him* (date and place unknown); *The Sorrowful Bride* (London, 1682-94?); *The Contented Cuckold: or The Fortunate Fumbler* (London, 1683-1703?).

<sup>7</sup> Wellcome Library MS5006, p. 166.

<sup>8</sup> Ibid.

<sup>9</sup> Jennifer Evans, *Aphrodisiacs, Fertility and Medicine in Early Modern England* (Woodbridge: Boydell & Brewer, 2014), pp. 65-6.

<sup>10</sup> Montgomery, '(The) Man, His Body, and His Society', p. 86.

attention from the late seventeenth century to the mid-eighteenth century amidst concerns about feminization and the loss of English vigour, which was mirrored by concern on the continent.<sup>11</sup> Impotent men were ridiculed as womanly, irrational, and highly emotional. Medical literature explored in detail the various physical and medical conditions that made men impotent. Medical texts and practitioners did not always linger on discussions about impotence and infertility, perhaps as a means of reassuring male readers that this was not a foregone conclusion in such cases. However, they underlined that genitourinary ailments could prove challenging to cure and that some men would be left without the means to father children and visibly prove their virility to their families, communities, and peers. Whether men experienced this condition or not, medical texts led them to believe that it was a cause for concern and that broader genitourinary health issues might result in this highly undesirable outcome.

Medical writers routinely described the size, shape, and formation of the male genitalia and its importance to the male body. For example, court physician to James I Helkiah Crooke explained in his treatise *Mikrokosmographia* (1615) that the penis was,

Long ... round, but not exactly, for the upper side of it, which they call the back, is somewhat broader, and endeth in a dudgeon or blunt point. The length and thicknesse of it is diverse, as well in respect of the kinde or species, as of the particular creature of *individuum*. In respect of the kinde, it is of such a length and magnitude as the necessity of the kinde requireth for procreation.<sup>12</sup>

Medical writers agreed that the 'yard's', as the penis was commonly called, role in reproduction was imperative as it facilitated the generation of heat in a woman's body – thus allowing her to experience pleasure and emit seed – and allowed for the swift transmission of male seed to the womb.<sup>13</sup> For much of the period the action of the penis was thought to be the product of a combination of imagination, muscle tension, blood flow, and wind. As Crooke described,

For when as in venerious appetites, the bloud & the spirits do in great quantity assemble themselves out of the veines and arteries, that member is as it were a gutte filled with winde, presently swelling and growing hard, which no question commeth to passe when as the sphincter muscle ... is contracted and presseth out the spirits abounding in those parts.<sup>14</sup>

Being born with a penis, according to medical writers, afforded men elevated status. The third edition of Peter Lowe's *Discourse of the whole art of Chyrurgerie* (1634) opined that 'Man doth many ways passe Women, but chiefly in one particular member, which is called by

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<sup>11</sup> Mueller, 'Fallen Men'.

<sup>12</sup> Helkiah Crooke, *Mikrokosmographia* (1615), p. 210.

<sup>13</sup> *Ibid.*, p. 210; See also Evans, *Aphrodisiacs, Fertility and Medicine*, p. 82-3.

<sup>14</sup> Crooke, *Mikrokosmographia*, p. 212.

the Greekes *Caulos*, and by the Latines *Mentula*, or *Virga*.<sup>15</sup> In opening his chapter on complaints associated with the penis in this way, Lowe reasserted the belief that the possession of a penis was a primary physiological reason for mans' elevated social position. Likewise, Nicholas Venette in *Conjugal Love Reveal'd* (1707), translated from French into English in the eighteenth century, claimed not only that the testicles were a testament to manhood but that the '*Viril Member*' was to be revered as a sign of masculinity. Venette explained that 'the Ancients have ranked [the penis] among the number of their Gods under the Name of *Fascinus*' and that in former times and latter people had 'that part in great Veneration, because 'tis the father of human kind'.<sup>16</sup> These descriptions reinforced for a largely male audience that whole and functioning genitals were crucial to men's bodies.

As Crooke had suggested the expected size of the yard was variable. Nonetheless, writers were explicit that certain shapes and sizes were more suited to the task of reproduction.<sup>17</sup> Venette was careful to outline the expected size 'not, generally speaking, to be above six or seven inches' in length and three or four in circumference any 'longer or bigger' disrupted reproduction.<sup>18</sup> He was not alone in making this claim, Jane Sharp stated that 'Some men, but chiefly fools, have Yards so long that they are useless for generation'.<sup>19</sup> Venette and Sharp thus reinforced the notion that moderation of size and form was preferable to facilitate sexual activity and procreation. Comments like these created an expectation of a normative body for men, and implied that deviation from this norm impeded manliness.

Medical writers were equally emphatic that the testicles secured men's status. However, they noted that for reproductive purposes men only needed one testicle to function and produce sperm.<sup>20</sup> Given the potential for accidents to happen that damaged the testicles, it is perhaps unsurprising that medical writers did not wish to cause alarm in their readers. Nonetheless, readers were confronted with clear statements that the testicles were a crucial part of the adult male body. Nicholas Culpeper's *Directory for Midwives*, which dominated the field of midwifery publishing in the seventeenth century, explained that the testicles 'add heat, strength and courage to the Body, and that appears, because Eunuchs are neither so strong, hot, nor valiant as other Men'.<sup>21</sup> Likewise, the English translation of Isbrand

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<sup>15</sup> Peter Lowe, *A Discourse of the whole art of Chyrurgerie*. 3<sup>rd</sup> Edition corrected and much amended (London, 1634), p. 259.

<sup>16</sup> Nicholas Venette, *The Mysteries of Conjugal Love Reveal'd written in French by Nicholas de Venette, ... The 8th. edition. Done into English by a gentleman* (London, 1707), p. 3.

<sup>17</sup> Sharp, *The Midwives Book*, p. 21.

<sup>18</sup> Venette, *The Mysteries of Conjugal Love*, pp. 33-4.

<sup>19</sup> Sharp, *The Midwives Book*, p.22.

<sup>20</sup> See Evans, *Aphrodisiacs*, p. 84; Venette, *The mysteries of conjugal love reveal'd*, pp. 5-6; Thomas Bartholin, *Bartholinus Anatomy; made from the precepts of his father, and from the observation of all modern anatomists* (London, 1663), p. 55.

<sup>21</sup> Nicholas Culpeper, *A Directory for Midwives* (London, 1693), p. 11.

van Diemerbroeck claimed that 'They are call'd *Testes* or Stones, because they are a testimony of Virility or Manhood; and hence it was that the *Romans* of old admitted only Men to give testimony in all Causes and Trials, rejecting those that were depriv'd of their *Testes* as not men'.<sup>22</sup>

Having established the centrality of the male genitalia to men's status and position, if not to the health of the body, medical writers throughout the early modern period warned that some men were subject to impotence and that this made their bodies problematic.<sup>23</sup> For example, the posthumous translation of Felix Platter's *Golden Practice of Physic* (1662) detailed three types of sexual incapacity in men. The first he labelled 'Impotent' men, those who could not father children 'for want of erection', 'weak' men whose erection was 'with small extension' and 'Imperfect' men who failed to ejaculate.<sup>24</sup> These men were described as related to eunuchs, geldings, and hermaphrodites 'which resemble women'.<sup>25</sup> It was acknowledged that some men lost their penis 'by accident, or by force', and that men could be made impotent by crookedness, swellings, cold distempers, palsy and 'inchantments'. Readers were thereby forewarned of the fragility of the manliness provided by the physicality of the genitals; it could be damaged or removed at any time by a range of seemingly arbitrary events.

In the early eighteenth-century the medical text of Leipzig physician Michael Etmüller was translated into English. *Book III* was devoted to the *Diseases peculiar to the Male Sex* and described conditions that would cause both infertility and impotence. Describing the '*Disorders relating to the Erection of the Yard*', Etmüller subtly connected difficulties in this area to men's social and familial roles. He claimed that 'THERE are two main Qualifications requisit for performing the Office of a Husband; one is the due Erection and stiffness of the Yard; the other the regular Ejaculation of the Seed thro the Yard thus prepar'd'.<sup>26</sup> Etmüller said no more about the ways in which a lack of sexual activity, and importantly an inability to father children, would cause men problems, but in linking his medical discussion to men's roles as husbands he did suggest to readers that men suffering from impotence might be less able, or entirely, unable to fulfil this role adequately. Adding further details chapter one of the book described '*Impotency, or the Defect of Erection of the*

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<sup>22</sup> Isbrand van Diemerbroeck, *The Anatomy of Human Bodies, Comprehending the Most Modern Discoveries and Curiosities in that Art ...* (London, 1689), p. 134.

<sup>23</sup> Some authors noted that the testicles and penis were not essential to male bodily health and therefore were not worth of concern; Alexander Read, *Chirurgorum Comes: Or the Whole Practice of Chirurgery* (London, 1687), p. 405; James Cooke, *Mellificium Chirurgiae: or, the Marrow of Chirurgery much Enlarged* (London, 1676), p. 641.

<sup>24</sup> Felix Platter, Abdiah Cole, Nicholas Culpeper, *A Golden Practice of Physick. In Five Books, and Three Tomes* (London, 1662), p. 168

<sup>25</sup> Platter, *A Golden Practice of Physick*, p. 169.

<sup>26</sup> Michael Etmüller, *Etmullerus Abridg'd: or, a Compleat System of the Theory and Practice of Physic* (London, 1712), p. 572.

*Yard*.<sup>27</sup> Here Etmüller offered further commentary on impotent men. He related the condition, in some cases, to men who had not yet achieved full maturity and the rationality associated with it. These men were less than manly in that they let their 'Passions of the Mind' particularly 'Bashfulness and Fear' and 'hypochondriac Despondency' hinder their ability to maintain an erection.<sup>28</sup> With regard to bashfulness and fear he noted that this often happened to 'Youngsters', further reinforcing the idea that this type of impotence was a sign of those yet to achieve manliness.<sup>29</sup> His comments firmly tied men's sexual abilities to their capacity for emotional regulation. Another cause of impotence, according to Etmüller, was poorly produced seed that failed to titillate the organs, this he associated with a range of physical injuries and with 'old age'.<sup>30</sup> He thereby again relegated impotent men to categories associated with diminished manliness. For this medical writer at least, impotence was not an isolated factor that hindered masculinity, it was connected to a range of further less-than-manly traits.

A range of genitourinary conditions were described as resulting in impotence. Men afflicted with these disorders were thus taught to expect a moment of crisis where they might be disbarred from sexual activity. These warnings appeared in a range of texts. Peter Lowe explained in his surgical manual that tumors, inflammations, aposthumes (a large deep-seated abscess), ulcers and cankers impeded sexual ability, as did the close of prepuce, phimosis, warts, glandules, and priapism.<sup>31</sup> Lowe was clear that for many men the development of any one of these conditions was debilitating to sexual ability. He explained that growths or tumours could grow to the size of a tennis ball impeding 'in any sort the company with women'.<sup>32</sup> Translated surgical texts similarly warned of the dangers to virility that genitourinary ill health posed. Barthélemy Saviard's *Observations in Surgery* (1740) explained that treatment for suppressed urine, caused by bladder stones, caused haemorrhaging that carried with it the 'Danger of being impotent'.<sup>33</sup> However, he did note that he had not personally experienced any 'bad Consequences' when performing the operation.<sup>34</sup> Medical texts sometimes included comments on men's gender roles. William Salmon, who supposedly trained under a mountebank (an unregulated medical practitioner thought to be a charlatan), explained that palsy of the penis did not hinder the excretion of urine but did stop 'the ejection of the seed' and so was 'most troublesome and inconvenient

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<sup>27</sup> *Ibid.*, p. 573

<sup>28</sup> *Ibid.*, p. 573; The translation of John Johnston's medical treatise also listed fear and bashfulness as causes of impotence: John Johnston, *The Idea of Practical Physick in Twelve Books* (London, 1657), p. 64.

<sup>29</sup> Etmüller, *Etmullerus abridg'd*, p. 573.

<sup>30</sup> *Ibid.*, p. 573.

<sup>31</sup> *The Oxford Dictionary of National Biography*, [www.oxforddnb.com](http://www.oxforddnb.com), s.v. 'Peter Lowe', accessed 26.03.14; Lowe, *A Discourse of the whole art of Chyrurgerie*, p. 260.

<sup>32</sup> Lowe, *A Discourse of the whole art of Chyrurgerie*, p. 263.

<sup>33</sup> Barthélemy Saviard, *Observations in Surgery* (London, 1740), p. 164.

<sup>34</sup> *Ibid.*, p. 164.



to such as are married'.<sup>35</sup> Entering into a marriage aware of your own impotence was seen as dishonest and tantamount to fraud.<sup>36</sup>

More than any other condition medical writers and venereologists throughout the period were clear that inveterate pox caused impotence. This message was not always explicitly drawn out but the descriptions of chordee (A downward curving of the penis accompanied by pain and inflammation), priapism, chancres, and potential gangrene that the infection caused made it clear to readers that for some poxed men continued sexual activity was difficult, painful and in some cases impossible. Medical writers highlighted these warnings with case narratives that related these difficulties to supposedly real patients. They reveal that men from adolescence to old age might be struck impotent as the result of other conditions or their treatment. James Marten claimed to have treated a young man who had a mortification of the yard, following treatment for venereal disease by a 'pretended Surgeon'.<sup>37</sup> Marten stopped the mortification with scarification by removing the 'whole Prepuce or Fore-skin'.<sup>38</sup> Circumcision in an adult patient was a significant intervention and while Marten saved the patient's 'Yard, which he otherwise was in great danger of losing', this surgery can cause complications in terms of sexual performance and ability.<sup>39</sup> In underlining the danger the disease and its poor treatment posed to the young man's yard, Marten was clear that sexual ability was under threat and expected his readers to know that venereal disease caused eventual impotence.

The 1724 edition Daniel Turner's treatise detailed at length his practice of treating the disease. He included a prolonged description of a 'middle-aged man' whose venereal disease had caused a large tumour and inflammation stretching from the pubes (The rounded eminence of fatty tissue just above the external genitals) to the glans of the penis, that was beginning to gangrene.<sup>40</sup> Although Turner and the surgeon who assisted him eventually managed to cure the condition, there were problems with the healing process that left the man with the '*Stump* of an ill favour'd *Penis*'.<sup>41</sup> Turner finished by making a series of comments about the man's courtship questioning the suitability of the match given that the man's '*Abilities* are not answerable to his *Inclinations*'.<sup>42</sup> He concluded that if the woman was only after financial gain then she might not be as disappointed. Turner's

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<sup>35</sup> William Salmon, *Iatrica: Seu Praxis Medendi. The Practice of Curing: Being a Medicinal History of above Three Thousand famous Observations in the Cure of Diseases, performed by the Author Hereof. Together with several of the Choicest Observations of other Famous Men* (London, 1681), p.618.

<sup>36</sup> Pierre Darmon, *Trial by Impotence: virility and marriage in pre-revolutionary France*, trans. Paul Kegan (London, 1985), p. 59.

<sup>37</sup> John Marten, *A True and Succinct Account of the Venereal Disease* (London, 1706), p. 67.

<sup>38</sup> *Ibid.*, p. 67.

<sup>39</sup> *Ibid.*, p. 67.

<sup>40</sup> Daniel Turner, *Syphilis: A practical dissertation on the disease* (London, 1724), pp. 204-08.

<sup>41</sup> *Ibid.*, p. 207.

<sup>42</sup> *Ibid.*, p. 208.

curiosity and ambivalence about a relationship that could not be consummated emphasised that men's sexual prowess was a key part of their ability to form households and that genitourinary conditions caused anxiety and signalled a crisis about men's status and abilities. He further related this to men's poor behaviour; being a lascivious drunkard could lead to eventual impotence.

Men who were already married were further criticised for bringing venereal disease and impotence into the home. Lisa Smith has demonstrated that men's lack of control over their sexual appetites was partly blamed for the downfall of some families.<sup>43</sup> Medical and surgical writers, although predominantly inclined to blame women for the spread of the disease, did disdainfully describe instances where ignorant and innocent women were poxed by their husbands, perhaps, offering an implicit criticism of such men's honour and masculinity.<sup>44</sup> Men's lack of restraint and dishonesty placed their wives, and because the pox could be passed from mother to child, also their family at risk. Sarah Cowper recorded in her diary in 1704 that Lady Millbank's nose collapsed as a result of venereal disease she caught from her husband.<sup>45</sup> This risk was exacerbated when the woman did not know what ailment she suffered from and received inappropriate treatment. Men's integrity and honesty were bound to their sexual proclivities in these stories, to underline that failures in one aspect of manhood were likely connected to others.

The possibility that venereal disease would cause impotence was evidently prevalent beyond medical circles. Eighteenth-century sellers of patent remedies drew upon these concerns to advertise their wares to poxed men. These advertisements emphasised the need to restore virility and vigour. An edition of *The English Post* from December 1708 included three consecutive advertisements; the first for the sixth edition of John Marten's treatise on venereal disease; the second for the 'Electuarium Mirabile', which cured 'Malignant Clap, or Virulent Running of the Reins'; and the third for the 'Guttæ Cupidinæ' designed to 'quicken a frigid Constitution' and to restore 'Vigour'.<sup>46</sup> Impotence in these advertisements was closely connected to fertility. Emphasising that genitourinary disease threatened both sexual ability and fertility. For example, the author of the advert for the '*strengthening DROPS*', advertised in the *Country Journal or The Craftsman* (1737), explained in the first lines that they cured 'GLEETS [a morbid discharge from the urethra] and SEMINAL WEAKNESSES, and IMBECILITIES of the Generative Parts'.<sup>47</sup> These advertisements clearly signposted their use for impotent men; imbecility at this time meant feebleness, debility and impotence and was

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<sup>43</sup> Lisa Smith, 'The Relative Duties of a Man: Domestic Medicine in England and France, Ca. 1685-1740', *Journal of Family History*, 31.3 (2006), 237-56.

<sup>44</sup> Turner, *Syphilis*, p. 40.

<sup>45</sup> Alanna Skuse, *Surgery and Selfhood in Early Modern England: Altered Bodies and Contexts of Identity* (Cambridge: Cambridge University Press, 2021), p. 68.

<sup>46</sup> *English Post with News Foreign and Domestick*, London, England, Monday December 13, 1708, issue 1281.

<sup>47</sup> *Country Journal or The Craftsman* (London, England), Saturday, April 9, 1737; Issue 562.

used in numerous advertisements for aphrodisiac remedies. In the popular mindset venereal disease was closely linked to failed potency

The threat posed to the male body was more complex than simple discussions of virility allowed. Medical writers frequently expressed anxiety about the potential for illness and disease to disrupt men's fertility. In the late seventeenth century, in particular, there was a crisis in paternity and fears about the ability to identify one's offspring.<sup>48</sup> In this climate fears of infertility were heightened. Most medical discussion about potential disruption to men's fertility focused on the ability to produce potent seed, and thus focused on the testicles. The eighteenth-century surgeon John Marten followed this trope and commenced his discussion of diseases and disorders of the male reproductive organs by explaining that these problems 'frequently rendered [men] incapable of Generating, and even of Copulating'.<sup>49</sup> Chapter One has already explored the importance attributed to discussions of the developing male body and the concerns that the genitals would be damaged or removed before the body had reached full maturity. In some cases, genitourinary illnesses necessitated the removal of the testicles. Although self-castration was sometimes used as a means of defiance against social expectations, gelding reduced the manly body to that of a eunuch.<sup>50</sup> Moreover, judicial gelding had been used throughout the Middle Ages in Europe as a punishment for homosexual practices and traitors.<sup>51</sup> Gelding was therefore associated, albeit loosely in some cases, with undesirable body types and behaviours. The loss of the testicles had the potential to strip the body of its manliness, fertility, and bring shame and dishonour.

Not all injuries or illnesses were considered severe. Samuel Pepys recorded in 1664 when suffering from painful urination that he initially 'not dreaming of any thing but my testicle that by some accident I might have bruised as I used to do' soon discovered it was actually a fit of the stone.<sup>52</sup> For Pepys, testicular bruising, and its associated pain, was a more favourable diagnosis than the stone which might have required medical or surgical intervention. Pepys reiterated this sentiment the following day stating, 'Though a bitter cold day, yet I rose, and though my pain and tenderness in my testicle remains a little, yet I do verily think that my pain yesterday was nothing else, and therefore I hope my disease of the

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<sup>48</sup> Mary Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004), pp. 196-243

<sup>49</sup> John Marten, *Gonosologium Novum: Or, a New System of All the Secret Infirm and Diseases, Natural, Accidental, and Venereal in Men and Women* (London, 1709), p. 13.

<sup>50</sup> Alanna Skuse, 'One Stroak of His Razour': Tales of Self-Gelding in Early Modern England, *Social History of Medicine* 33.2 (2020), 377-393 (p. 386).

<sup>51</sup> Skuse, 'One Stroak of His Razour', p. 381.

<sup>52</sup> Henry B. Wheatley (ed), *The Diary of Samuel Pepys. M.A. F.R.S. Clerk of the acts and Secretary to the admiralty. Transcribed from the shorthand manuscript in the Pepysian library Magdalene College Cambridge by the rev. Mynors bright m.a. Late fellow and president of the college* (London, 1893), accessed through internet archive, <https://archive.org/>, 20.10.2016.

stone may not return to me'.<sup>53</sup> Pepys suffered with bladder stones and, prior to this diary entry, had undergone lithotomy performed by Thomas Hollier in 1658. Pepys never fathered any children, and it is possible that the operation damaged his spermatic cord causing sterility. It is perhaps unsurprising, then, that he attempted to view his experiences as symptoms of another condition, given this experience.

Damage to the testicles could be the result of any number of everyday accidents. Nicholas Gaynsford, apprentice to Dr George Willet in Groombridge on the Sussex/Kent border in the early eighteenth century, recorded that Samuell Curde hurt his scrotum while climbing over some bars.<sup>54</sup> Diermerbroeck explained that '*Inflammation of the Stones*' (stones was the common term for testicles) was caused by gonorrhoea, contusions, and violent ligatures as well as 'Blows [&] Compression by Riding'.<sup>55</sup> Medical texts, as briefly discussed in Chapter One, frequently noted that men hurt themselves riding their horses, as the testicles were crushed against the pommel of the saddle. This could result in both bruising and contribute to the development of hernias.<sup>56</sup> These incidents were not always followed by an easy recovery. Medical observations and texts emphasise that for numerous patients serious testicular bruising necessitated orchiectomy. Richard Wilkes recorded in his journal that he attended when two surgeons removed a 'rotten, & ... pulpy' testicle weighing 'four Pounds & a Quarter' from a thirty-year-old butcher. The unfortunate man had been thrown from the horse and caught his testicle on the edge of the basket of meat he had been carrying.<sup>57</sup> In February 1736 he likewise recorded that he assisted a surgeon in removing a bruised testicle, weighing twenty-nine ounces, from a twenty-six-year-old man.<sup>58</sup> Given that a loss of the testicles was viewed as problematic for the male body and manly status, orchiectomy was not a popular option with patients.<sup>59</sup> Patients were perhaps familiar with descriptions found in medical treatises that emphasised that the loss of the testicles inevitably resulted in infertility. Isbrand van Diemerbroeck's treatise, *The Anatomy of Human Bodies* (1689), described the form and operation of the testicles and claimed that 'Men and

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<sup>53</sup> Ibid.

<sup>54</sup> Wellcome Library, MS 6919, Nicholas Gaynsford His Boke, Fol. 12<sup>v</sup>.

<sup>55</sup> Diemerbroeck, *The Anatomy of Human Bodies*, p. 550.

<sup>56</sup> Lowe, *A Discourse of the whole art of Chyrurgerie*, pp. 245, 249.

<sup>57</sup> Staffordshire Record Office, 5350, Dr Wilkes Journal, p. 3.

<sup>58</sup> Ibid., p. 9. Wilkes recorded another case from 1744 of a man who had a testicle removed. The offending organ, he recorded, weighed '19 Ounces' and had developed a sarcocele (a fleshy swelling) after the man had fallen from a horse, p. 208.

<sup>59</sup> Daniel Turner described a case where a man who repeatedly developed *hydroys testis* (watery swelling in the testicle) was advised that castration would be the only option that would completely remove the disorder. However, the 'demurr'd against that, by Reason the *Testis* must be thereby destroyed'. Turner felt that the patient's concerns were misplaced because the testicle was 'always swimming in a Puddle of Water' and therefore was probably not functioning anyway.<sup>59</sup> Nonetheless, the patient's concern was to retain his testicle. Daniel Turner, *The Art of Surgery in which is Laid Down Such a General Idea of the Same, as is ... Confirm'd by Practice* (London, 1722), p. 239.

brute Animals, having lost their Stones, become altogether barren and unfit for Generation; and that they never recover new Seed'.<sup>60</sup>

It was not only the testicular injury that threatened men's fertility. Seventeenth-century surgical writers consistently drew attention to the fact that hernias (also known as ruptures), and the operations used to treat them, caused infertility. **[INSERT FIGURE ONE HERE]** As can be seen in Stromayr's sixteenth-century depiction herniotomy required careful incision making around the genitals including the spermatic vessels. It was noted during the seventeenth century that men hid the condition more so than venereal patients did theirs and that marriage partners could be rejected on the grounds of existing hernias (as we have seen in Chapter One).<sup>61</sup> It has been suggested that in eighteenth-century England ruptures were considered an unmanly and embarrassing condition that allowed people to question men's virility.<sup>62</sup> Yet, medical literature acknowledged that hernias were a complex category of illnesses with varied outcomes – including gangrene and death. Hernias were categorised into distinct sorts, depending upon which part of the bowel descended through the peritoneum and to where, either the groin or the testicles. Testicular swellings caused by water, wind and varicose veins were also classed as hernias. For hernias where material had descended into or gathered in the testicles surgical treatises often advocated making an incision in the scrotum. This facilitated the manipulation of material back to its place of origin or allowed watery and windy humours to be expressed. While not all of these hernias and operations disrupted fertility, men were evidently concerned that hernias and their treatment could and did prevent men from engaging in sexual activity and fathering children. Eighteenth-century advocates of new steel trusses implied that these were a better method of treatment because they avoided unnecessary operations and castration.<sup>63</sup> As the eighteenth century progressed and trusses improved, concerns, concurrently outside of medical literature, shifted away from fertility to focus on the visual aesthetic of the body.<sup>64</sup>

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<sup>60</sup> Isbrand van Diemerbroeck, *The Anatomy of Human Bodies, Comprehending the Most Modern Discoveries and Curiosities in that Art ...* (London, 1689), p. 148. See also; de Mayerne, *Medicinal Councils*, p. 78. To support this assertion, he included several anecdotes. Predominantly these aimed to demonstrate that if a man without visible testicles produced children, then the testicles were merely hidden, not damaged or altogether absent: 'I my self, not many years ago, knew a Man in *Upper Holland*, that had more Children than Money, that had no Stones hanging down in his Cods', p. 148.

<sup>61</sup> Liliane Hilaire-Pérez and Christelle Rabier, 'Self-Machinery? Steel Trusses and the Management of Ruptures in Eighteenth-Century Europe', *Technology and Culture*, 54.3 (2013), 460-502 (465).

<sup>62</sup> Philip R. Mills 'Privates on Parade: Soldiers, Medicine and the Treatment of Inguinal Hernias in Georgian England', *British Military and Naval Medicine 1600-1830* ed. by Geoffrey L. Hudson (Amsterdam: Rodopi, 2007), pp. 149-182 (p. 151).

<sup>63</sup> Hilaire-Pérez and Rabier. "Self-Machinery?", p. 466.

<sup>64</sup> Turner, D.M. and Withey, A., 'Technologies of the Body', *History*, 99 (2014), 775-796; Fertility was still obliquely mentioned in relation to the treatment of hernias and the fitting of trusses. Robert Brand explained in his 1771 treatise that practitioners should be careful not to mistake swellings of the

Varicose hernias were the most threatening to fertility. Peter Lowe explained that in such cases there was a dilation of the veins that nourish the testicles, this swelling could be caused by the membranes becoming full of melancholic blood or gross humours.<sup>65</sup> Alexander Read and his anonymous co-author framed these as a characteristically manly condition. They explained that ruptures afflicted the 'masculine sex' rather than women and that Eunuchs were not likely to suffer from them because they were 'deprived of Seed and Spirits'. Moreover, he suggested that if they affected one, rather than both, testicles they would deepen the tone of a man's voice, allowing him to be perceived as more manly.<sup>66</sup> Yet readers were told in no uncertain terms that 'If this affection invades the Stones, the party becomes barren' and 'that they who have their Testicles varicous are barren, because the Spirits of Generation pass to the *Varices*, and so leave the Seed unfruitful, being deprived of Spirits'.<sup>67</sup> Translations of two French treatises also warned readers that varicose hernias made men impotent and infertile.<sup>68</sup> Although both of these treatises referred to the patient as impotent, they were describing infertility as the damage related specifically to the testicles and the production of seed. The term impotence was used increasingly across the period to describe all kinds of male sexual and reproductive failure.<sup>69</sup> In addition to the condition itself, medical treatises warned that, similarly to cases of testicular bruising, the treatment for the condition often required the removal of damaged testicles. As William Clowes summarised 'There is no rupture cured by incision, but that one of the testicles is taken away'.<sup>70</sup> While men were aware that removing one testicle might still leave them with their fertility it is evident that both medical writers and patients were concerned that genitourinary ill health necessitated the surgical removal of the testicles and so disrupted the production of potent seed.

The potential for this outcome to occur shaped the ways in which surgical treatises presented observations of patients facing treatments for orchiectomy and lithotomy. Katherine Walker has suggested that surgeon's concerns about male reproductive ability were secondary to thoughts of success in their considerations of performing castration.<sup>71</sup>

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spermatic chord or in the groin for hernias as mishandling or rough handling might 'do great mischief'. Robert Brand, *The Rupture Curers Displayed* (London, 1771), p. 14.

<sup>65</sup> Lowe, *A Discourse of the Whole Art of Chyrurgerie*, p. 254. See also, Etmüller, *Etmullerus Abridg'd*; p. 566; Diemberoeck, *The Anatomy of Human Bodies*, p.133.

<sup>66</sup> Read, *Chirurgorum Comes*, pp.175-76.

<sup>67</sup> *Ibid.*, p. 175.

<sup>68</sup> Joseph De la Charrier, *A Treatise of Chirurgical Operations* (London, 1695), p. 72; M. de la Vauguion, *A Compleat Body of Chirurgical Operations* (London, 1699), p. 38.

<sup>69</sup> Jennifer Evans, "'It is caused of the womans part or of the mans part': the role of gender in the diagnosis and treatment of sexual dysfunction in early modern England" *Women's History Review*, 20.3 (2011), 439-57.

<sup>70</sup> William Clowes, *A Prooved Practise for all Young Chirurgians, Concerning Burnings with Gunpowder, and Woundes made with Gunshot, Sword, Halbard, Pyke, Launce, or Such Other* (London, 1588), p.159.

<sup>71</sup> Walker, 'Pain and Surgery', at 270-71.



Survival was the key factor in establishing whether surgery was successful. This does not accurately capture the way surgeons presented these cases in print, however. Rather than being secondary, surgeons were clear and unequivocal that if surgery was performed well men's fertility would be assured. In doing so they both served to ameliorate concerns about undergoing the treatment and underlined the potential danger that men faced. In selecting and presenting cases where explicit comment was made about men's lasting fertility, surgeons tied their reputations and notions of skill to men's ability to father children. In so doing they connected their honour and status as practitioners to a particular facet of men's expressions of manliness. This was useful to them in the sense that in bearing children men produced physical and tangible demonstrations of surgeons' healing skills. This helped them to avoid disgrace, which has been identified as a key motivating factor of surgical practice in later eras.<sup>72</sup> This also acted to encourage men to seek medical help in a timely manner by emphasising that failure to act might jeopardise fertility, but expertly conducted interventions would reduce this risk.

Medical texts reflected these ideas. Diemerbroeck included several brief observations that underlined that men who had undergone orchiectomy retained one functioning testicle that served to prove their fertility:

Captain *Couper*, becoming bursten, by reason of a violent fall from his Horse, and not being to be cur'd but by the taking away of one Stone, had afterwards by his Wife several Children of both Sexes. The same Accident happen'd to *Bernard Z.* who when a young Man, had one Stone taken from him by reason of his being bursten; who therefore was wont to brag that he could got [sic] more Children with one Stone, than others could get with two: For he was very much addicted to Venery, and had a great number of Children by five Wives, and several Illegitimates'.<sup>73</sup>

Observations were didactic examples.<sup>74</sup> They served to illustrate to other practitioners what they might expect to encounter in the course of their work, however, they also functioned to educate readers. The story, therefore, emphasised that expert treatment could resolve and mitigate fears of infertility.

Surgical writers drew clear distinctions between expert and dubious practitioners by highlighting the ways in which poorly performed surgery endangered men's reproductive abilities. The late sixteenth-century treatise of Peter Lowe, a surgeon who worked in France and Glasgow, explained the hazardous position a patient was in if both testicles became herniated and required orchiectomy. He claimed that such surgery 'is very incommodious, for after, the partie is disabled to ingender, and the hayre of the beard becommeth thin and falleth, for the which cause and divers, I am of the opinion with the learned, not to attempt

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<sup>72</sup> Michael Brown, *Emotions and Surgery in Britain, 1793-1912* (Cambridge: Cambridge University Press, 2021), p. 74.

<sup>73</sup> Van Diemerbroeck, *The Anatomy of Human Bodies*, p. 148.

<sup>74</sup> Lisa Smith, 'The Body Embarrassed? Rethinking the Leaky Male Body in Eighteenth-century England and France', *Gender and History*, 23.1 (April 2010), 26-46, (p. 27).

this operation, but rather to use a trusse'.<sup>75</sup> Here Lowe was clear that even though this surgery might be required a competent surgeon with the requisite learning and knowledge would not jeopardise their patient's fertility by removing both testicles. A later, seventeenth-century, edition of Lowe's treatise was not so lenient and vociferously decried the actions of surgeons who rashly endangered men's reproductive organs:

In this disease there is great abuses committed by a number of un-skillfull ignorant people, voyde of all good conscience and feare of God, who for every simple kinde of rupture, makes incision and cuts away the production of the Periton and Stone: if the dissent be on both sides, they cut off both the stones, which randers [sic] a man sterile, and causeth the haire of the beard to fall.<sup>76</sup>

In this version of his text, cutting away the testicles to cure a hernia became a far clearer means of differentiating between expert surgeons and the unskilful and unlearned; men's retention of their fertility was thus a sign of the quality, knowledge, and efficacy of their surgeon. The English translation of Joseph de la Charrier's treatise (1696) likewise warned that some practitioners removed the testicles but complained that this did not in fact help to cure a hernia. Rather it 'makes the Patient suffer without necessity, and deprives him of the proper means of Propagation'.<sup>77</sup> Charrier, like Lowe, suggested to his readers that any surgeon who performed the operation in this way was not knowledgeable about the treatments they were offering.

The shift in tone in the editions of Lowe's texts suggests that these concerns were more acute for mid-seventeenth-century writers. This perhaps reflected the numbers of medical practitioners and those claiming medical skills. Work on Canterbury and London has suggested that in the early seventeenth century there were thriving populations of medical practitioners.<sup>78</sup> Moreover, it has been suggested that people were more readily paying for medical services in the seventeenth century and that there was a drastic increase in the importing of medical substances.<sup>79</sup> Writers were, in such a context, likely to have been aware of the increasing competition for their services and the need to distinguish themselves from other healers. Popular medical texts further emphasised the message. Treatises posthumously attributed to Nicholas Culpeper highlighted that learned and skilful surgeons who were knowledgeable about hernia surgeries would never cut into the body without due consideration. *The Chirurgeon's Guide: Or the Errors of Some Unskilful Practitioners in Chirurgery* (1677) argued that 'Runners' or 'Cutters for the Stone or Rupture' do miserably

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<sup>75</sup> Peter Lowe, *The Whole Course of Chirurgerie* (London, 1597), sig. Q<sup>f</sup>.

<sup>76</sup> Peter Lowe, *A Discourse of the Whole Art of Chyrurgerie* (London, 1634), p. 249.

<sup>77</sup> De la Charrier, *A Treatise of Chirurgical Operations*, pp. 84-85.

<sup>78</sup> Ian Mortimer, 'The Rural Medical Marketplace in Southern England, c.1570-1720', in Mark S. R. Jenner and Patrick Wallis (eds), *Medicine and the Market in England and its Colonies, c. 1450-c.1850* (Palgrave, 2007), pp. 69-87, at p. 74.

<sup>79</sup> Mark S. R. Jenner and Patrick Wallis, 'The Medical Marketplace' in Mark S. R. Jenner and Patrick Wallis (eds), *Medicine and the Market in England and its Colonies, c. 1450-c.1850* (Palgrave, 2007), pp. 1-23, at p. 8; Patrick Wallis, 'Exotic Drugs and English Medicine: England's Drug Trade, c. 1550-c. 1800', *Social History of Medicine*, 25.1, (2012), 20-46



take away the Stone'.<sup>80</sup> Although the author was more concerned about the possibly fatal nature of this surgery, he also lamented that some men had their testicles removed unnecessarily. He continued, reflecting the discourse described in Chapter One, that removal before puberty diminished a boy's fertility before it had fully developed.<sup>81</sup> This criticism was aimed both at the surgeons who carried out these operations and those who sought out their services.<sup>82</sup> Implicitly this text suggested that learned surgeons would possess the skill to adequately assess and treat hernias without the loss of the testicles. It painted a damning picture of those who operated poorly in this manner announcing that 'we know by woful experience what harm they have done both by the murdering cruelly, and also lameness, and continual pain'.<sup>83</sup> Lameness, at this time, was used to describe imperfection and defective organs, so would have understood that fertility was being discussed here.<sup>84</sup>

Matthew Purmann highlighted that skilled surgeons would leave the testicles intact but that '*Quacks* at this very Day, never Cut a Rupture but they bring away the *Testicle*'. He declared that this was 'a Cruel and Barbarous Operation that seldom has a good Issue' and instead advocated a method of treatment that retained both testicles.<sup>85</sup> When discussing hernias created by carnosity (fleshiness) he explained that men's fertility was at risk when surgeons failed to give the surgery the necessary time and diligence it required.<sup>86</sup> Orchiectomy, he stated, made 'short work' of the treatment. He then emphasised the importance of fertility to this discussion stating, in language reflective of Culpeper, that this was 'a barbarous Practice' in those whose testicles and spermatic vessels were sound and that these practitioners did not deserve the epithet of surgeon but should be called '*Castrators* or *Guelders*'.<sup>87</sup> Purmann was thus emphatic in underscoring the difference between surgeons who would safeguard men's fertility and dubious practitioners who exacerbated the condition and put men in a perilous position. Against this backdrop Purmann espoused the faultlessness of his own theory and practice. He recited an observation from September 1679 where a butcher sought his advice for a sarcocele (a fleshy swelling of the testicle) caused by a '*watry* Rupture'. Purmann first established that the testicles were sound and proceeded with treatment that left the genitals intact.<sup>88</sup> Purmann's

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<sup>80</sup> Nicholas Culpeper, *The Chirurgeon's Guide: Or the Errors of Some Unskilful Practitioners in Chirurgery* (London, 1677), p. 205. Bound into a copy of Nicholas Culpeper, *Culpeper's School of Physick: Or the Experimental Practice of the whole Art* (London, 1678).

<sup>81</sup> *Ibid.*, pp. 205-06.

<sup>82</sup> *Ibid.*, pp. 205-06.

<sup>83</sup> *Ibid.*, p. 206.

<sup>84</sup> The OED states that lameness could mean imperfection and defective; *The Oxford English Dictionary Online* [www.oed.com](http://www.oed.com) s.v. 'Lameness'. Accessed 22.03.13.

<sup>85</sup> Mattheus Gothofredus Purmannus, *Chirurgia Curiosa: Or, The Newest and most Curious Observations and Operations in the Whole Art of Chirurgery* (London, 1706), p. 160.

<sup>86</sup> *Ibid.*, p. 165.

<sup>87</sup> *Ibid.*, p. 165.

<sup>88</sup> *Ibid.*, p. 166.

work was published in an English edition in 1706 and so disseminated this focus on the skill to preserve fertility to an eighteenth-century audience.

It was not only treatment by incision that some eighteenth-century surgeons feared would lead to infertility. John Marten worried that when treating inflamed hernias 'too many practice by Tradition, and that when they have gone round of all they either have read of, or seen us'd ineffectually, are at a stand what to do'.<sup>89</sup> These surgeons, Marten chided, would use the wrong medications and inappropriately truss and bandage their patients, whereupon 'mischiefs do ensue, such as Infertility, &c. for ever irrecoverable'.<sup>90</sup> J. Sparrow's translation of François le Dran's *Observations in Surgery* emphasised the importance of the testicles for 'the Propagation of the Species' when describing the treatment of scirrhus tumours.<sup>91</sup> He qualified skilful practitioners as those who 'preserved [these] if possible' while treating patients and made clear to readers that he did so when treating a journeyman peruke maker in 1728.<sup>92</sup> Authors of surgical texts therefore consistently aligned themselves with diligent consideration of testicular soundness and function to emphasise their own skills and enhance their reputations.

To further bolster these claims, and to emphasise the precariousness of the body in these conditions, several authors included observations like van Diemberbroeck's that commented on men's retained virility and fertility following treatment for genitourinary conditions. In *Severall Chirurgical Treatises* Richard Wiseman described the treatment of a newly married couple for gonorrhoea explaining that he undertook their cure through appropriate purging and astringents.<sup>93</sup> He concluded by stating that 'They have both enjoyed their healths [sic] well since, and have Children'.<sup>94</sup> Comments such as this are rare in Wiseman's treatise, particularly in the section dealing with venereal disease which was widely understood to disrupt fertility. As a didactic example or 'composite characters' a newly married couple would be expected to demonstrate the harmony of their marriage and their virility through the production of children.<sup>95</sup> Emphasising that couples that underwent skilled treatment went on to have families not only implied that fathering children was an indicator of successful recovery but that it was a measure of his own efficacy as a healer.<sup>96</sup>

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<sup>89</sup> Marten, *Gonosologium Novum*, p. 29. Marten also blamed the infertility and impotence of a patient with scirrhus tumours of both testicles on the poor management and treatment of his surgeon; p. 31.

<sup>90</sup> *Ibid.*, p. 29.

<sup>91</sup> Henri-François Le Dran, *Observations in Surgery: Containing One Hundred and Fifteen Different Cases ... Translated by J.S. Surgeon* (London, 1739), p. 253.

<sup>92</sup> *Ibid.*, p. 254

<sup>93</sup> Wiseman, *Severall Chirurgical Treatises*, p. 63 (in an appendix on the Lues Venerea).

<sup>94</sup> *Ibid.*, p. 63.

<sup>95</sup> Smith, 'The Body Embarrassed', p. 27.

<sup>96</sup> La Vauguion's *Chirurgical Operations* (1699) repeated an observation of Fabricius Hildanus where a forty-year-old man's fertility was retained after treatment for a hydrocele (watery hernia). de la Vauguion, *A Compleat Body of Chirurgical Operations*, pp. 35-36. See also; Barthélemy Saviard, *Observations in Surgery: Being a Collection of One Hundred and Twenty Eight Different Remarks* (London, 1740), p. 62.

La Vauguion's late seventeenth-century treatise included observations where the ability of surgeons to maintain fertility was central. Several of these focused on restoring the ability to have intercourse, yet as the visible and tangible evidence of this the production of healthy children was invoked. One observation detailed sixteenth-century German surgeon Fabricius Hildanus' cure of paraphimosis. The patient went through an extensive treatment regime that meant 'The Swelling of the Yard abated soon, the Patient was cured, and had several Children after'.<sup>97</sup> Nicolas Venette in *Conjugal Love Reveal'd* (1720) similarly argued that one method of curing phimosis was preferred over others because it meant that upon recovery the patient was better disposed to 'get children'.<sup>98</sup> In choosing to include this case in his treatise and in making explicit comment on the ability to get children la Vauguion and Venette aligned themselves with the skilful practice of preserving men's fertility during treatments for ailments that posed a fundamental threat to virility and vigour.

Eighteenth-century treatises continued to claim the efficacy of cures by referencing fertility.<sup>99</sup> Hernia treatments continued to be an important locus of these conversations. Robert Houston's *History of Ruptures* (1726) described how two 'eminent' sixteenth-century surgeons healed a thirty-year-old shoemaker of a rupture in Blois in 1559. The patient was in a terrible condition suffering from a strangulated inguinal hernia 'he got by playing Foot-Ball.' He was treated over the course of five months and the narrative concluded that, 'He liv'd sound and free from that Ail full nine Years at *Blois*, without any Truss, and often strain'd in playing at the Hand-Ball. He after that married twice, had Children in both, and not the least Vestige or Mark of his former Ail', except a slowness in his digestion.<sup>100</sup> Similarly, Daniel Turner's *Art of Surgery* (1722) included a detailed observation of a weaver with a fleshy testicular tumour. Turner, working with the 'artful Practicer' Mr Jacob Babington, eventually removed the patient's testicle because it was interfering with his ability to work. Despite a difficult recovery, in which the patient suffered a fever, Turner concluded with the happy report that the man was 'soon after into his *Loom*, prosecuting his Business, without Let or Inconvenience; and after, performing more with one, than he had done before with both his *Witnesses*, his Wife bearing him a Child, within the Year, after the Operation'.<sup>101</sup> Turner was careful here to note that even when castrations were necessary if performed by skilled men and 'artful' surgeons the potential crisis of lost fertility could be overcome. He thereby perpetuated a theme from seventeenth-century surgical literature that strove to educate readers about the dangers of 'gelders', 'castrators', or 'barbarous' operators who posed a considerable threat to men's fertility and virility.

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<sup>97</sup> de la Vauguion, *A Compleat Body of Chirurgical Operations*, pp. 55-56.

<sup>98</sup> Venette, *Conjugal Love*, p. 54.

<sup>99</sup> For an example not related to hernia treatment see, Marten *Gonosologium Novum*, p. 16

<sup>100</sup> Robert Houston, *The history of ruptures and rupture-curers &c.* (London, 1726), p 179.

<sup>101</sup> Daniel Turner, *The Art of Surgery: in Which is Laid Down Such a General Idea of the Same, as is ... Confirm'd by Practice* (London, 1722), p. 247. The term 'Witnesses' was used here reflecting the understanding that 'THE Stones in Latin are called *Testes*, either because they testified one to be a man, or because amongst the Romans none was admitted to bear witness but he that had them'. See Thomas Gibson, *The Anatomy of Humane Bodies Epitomized* (London, 1682), p. 109.

## Falling Facial Hair

Medical and surgical texts explained to readers the inherent threat posed to potency and fertility by genitourinary conditions and their treatments. Experiencing these problems, in theory, for married men disrupted the sexual relations of the household that allowed power to be negotiated and wives and children to be brought under control.<sup>102</sup> These consequences were troubling but might remain hidden from the wider community. However, medical texts also warned of the disturbing potential for the loss of virility to be writ large on the face. Medical theory explained that facial hair was a visible marker of manliness generated by excess spermatic matter. Alexander Read offered a simple explanation to his readers stating that melancholic humours being gathered in the 'Testicles, Vapors ascend to the Head, which afford sufficient Matter for producing of Hair'.<sup>103</sup> Beard wearing was popular during the sixteenth and early seventeenth centuries, and throughout society it was acknowledged that the beard signified manliness.<sup>104</sup> Shakespearean plays drew upon these ideas and used sparse chin hair to connote the ripening of adolescent men's bodies: Coriolanus was described as demonstrating adult manliness at sixteen by his 'Amazonian chin' and 'bristled lip'.<sup>105</sup> Facial hair could be called upon by those whose reputation was questioned. Baron d'Argenton made such an argument when his wife accused him of impotency in 1599. An inspection concluded that he lacked testicles, having only an empty scrotum, but he maintained that he was clearly not a eunuch because he had a beard and a strong and manly voice.<sup>106</sup> Beard thickness and colour, dictated by the humoral complexion of the body, signified different temperaments and qualities.<sup>107</sup> Beardlessness was associated with the subordinate position of young men.<sup>108</sup> Apprenticed youths, whose beard growth was regulated and limited to fifteen days, jostled for position and status on the basis of fuzz that elevated them above smooth chinned boys.<sup>109</sup> Lacking a beard when young was not

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<sup>102</sup> Alexandra Shepard 'From Anxious Patriarchs to Refined Gentlemen? Manhood in Britain, circa 1500-1700' in *Journal of British Studies* 44.2 (2005), 281-95 (pp. 282-83); Katie Barclay, *Love, Intimacy and Power: Marriage and Patriarchy in Scotland, 1650-1850* (Manchester: Manchester University Press, 2011), p. 54.

<sup>103</sup> Alexander Read, *Chirurgorum Comes: Or the Whole Practice of Chirurgery* (London, 1687), p. 177.

<sup>104</sup> Will Fisher, 'The Renaissance Beard: Masculinity in Early Modern England', *Renaissance Quarterly*, 54.1 (2001), 155-87; Christopher Oldstone-Moore, 'Social Science, Gender Theory and the History of Hair', in *New Perspectives on the History of Facial Hair: Framing the Face* ed. by Jennifer Evans and Alun Withey (Palgrave Macmillan, 2018), pp.15-32, (p. 27); Alun Withey, *Concerning Beards: Facial Hair, Health and Practice in England 1650-1900* (London: Bloomsbury Academic, 2021).

<sup>105</sup> Victoria Sparey, 'Performing Puberty: Fertile Complexions in Shakespeare's Plays', *Shakespeare Bulletin*, 33.3 (2015), 441-67, (p. 451).

<sup>106</sup> Patricia Simons, *The Sex of Men in Premodern Europe: A Cultural History, Cambridge Social and Cultural Histories* (Cambridge: Cambridge University Press, 2011), pp. 29-30.

<sup>107</sup> See Withey, *Concerning Beards*, p. 23.

<sup>108</sup> Mark Albert Johnston, *Beard Fetish in Early Modern England: Sex, Gender and Registers of Value* (Farnham: Ashgate, 2011), p 107.

<sup>109</sup> *Ibid.*, pp. 107-8.

inherently problematic as there was still time for the body to ripen and demonstrate its virility. Alopecia and the loss of facial hair was also more broadly connected to poor health. Leprosy, hectic fevers and phthisic (various diseases characterized by coughing or wheezing) were also associated with hair loss.<sup>110</sup> Nonetheless, sexual health problems because of their propensity to affect the testicles were also emphatically associated with hair loss and a disruption to the body's ability to grow facial hair, removing a visible sign of the manly body.

Testicular trauma and hernias were thought to cause disruption to the growth of facial hair. Medical writers were unequivocal that this was problematic and would cause men to appear womanish and eunuch-like. Talking about bodily deformities, a posthumous English translation of Felix Platter's *Golden Practice of Physick* (1662) claimed that facial hair growth would be stunted by early 'gelding', or castration:

as the chin where mans beard should grow hair come forth slowly and make them who are men seem still Children, this is a kind of Deformity: especially if by reason of Gelding before the beard grew, it never come forth; and they remain beardless, it is uncomely and makes them wrinkled in the face as years increase, and as the Comædian saith look like old Women.<sup>111</sup>

He elsewhere noted that those who were gelded young, would retain a womanlike voice, fail to grow a beard and would remain 'Eunuches'.<sup>112</sup> Will Fisher has suggested that beardless youths constituted a third gender in early modern society, showing that beard growth was a key moment in a man's life.<sup>113</sup> Genitourinary conditions threatened this development and condemned men to be viewed as 'smock faced'.<sup>114</sup>

Ambroise Paré, Likewise, warned that removing the testicles condemned men to a wretched state of being:

for it is far more important to live well, than simply and absolutely to live; therefore Eunuches degenerate into a womanish nature, for they remain without beards, their voice is weak, their courage fails them, and they turn cowards; and seeing they are unfit for all humane actions, their life cannot but be miserable. Wherefore I wil never subscribe to the cutting out of the stones, unless a *Sarcocele* or Gangrene invade them.<sup>115</sup>

In trying to emphasise to readers that operating on the testicles should be a last resort he also reminded readers that hernias would require such an intervention. Peter Lowe similarly warned readers that hernias were problematic because they required the removal of

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<sup>110</sup> Michael Etmüller, *Etmullerus Abridg'd: or, A Compleat System of the Theory and Practice of Physic* (London, 1699), pp. 348, 251-52, 294.

<sup>111</sup> Felix Platter, Abdiah Cole, Nicholas Culpeper, *A Golden Practice of Physick. In Five Books, and Three Tomes* (London, 1662), p. 501.

<sup>112</sup> *Ibid.*, p. 501.

<sup>113</sup> For discussion on this issue see Withey, *Concerning Beards*, p. 25.

<sup>114</sup> *Ibid.*, p.25.

<sup>115</sup> Paré, *The Works of that Famous Chirurgion*, p. 311.

both testicles leaving the patient 'disabled to ingender' and with a beard that 'becommeth thin and falleth'.<sup>116</sup> Like Paré, Lowe presented this as a particularly troubling issue and encouraged practitioners to use trusses rather than operations to cure hernias. Worries about hernia operations continued to be expressed in the eighteenth century. John Marten explained that hernia treatment that removed the testicles deprived men of their manhood. He expressed concern that men would submit to such treatment as they would be left 'hateful to a Woman' lacking virility indicated by a high-pitched voice and lack of a beard.<sup>117</sup> Absent facial hair, according to these texts, functioned as a clear signifier of infertility, when related to hernia treatment.

These discussions foregrounded the relationship between an absent beard and damaged fertility; they emphasised the connections between the beardless body, barrenness, and the bodies of effeminate eunuchs. Nicholas Fonteyne's *The Womans Doctour* (1652) explained that one of the symptoms of barrenness in men was their inability to grow a beard: 'Barren men are commonly beardless, slow in imagination, and dull in practice, because their seed is cold, and contains not any spirit to tickle, and warme their Phantasies'.<sup>118</sup> Here beardlessness was explicitly configured as the visible sign of diminished bodily manliness that manifested as impotence and infertility. Seed that was cold and unable to stimulate was widely acknowledged to be infertile.<sup>119</sup>

Medical writers repeatedly warned male readers that the pox would cause their beards to fall out.<sup>120</sup> The 1660 medical tract *Two Treatises. The first of the Venereal Pocks ... The second Treatise of the Gout* based on the work of Daniel Sennert and translated by Nicholas Culpeper and Abdiah Cole claimed that 'the shedding of the haire made men almost ridiculous, some appearing without beard, some without hair on their eyebrows, others with bald pates'.<sup>121</sup> It was not only severe cases that might cause the beard to fall out. In *Little Venus Unmask'd* (1670) Gideon Harvey explained that even in the 'slightest sort' of infection the 'hair of the head and beard sheds'.<sup>122</sup> These authors focused on facial hair

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<sup>116</sup> Peter Lowe, *The Whole Course of Chirurgerie* (London, 1597), sig. Q<sup>r</sup>, p. 249.

<sup>117</sup> Marten, *A Treatise of All the Degrees and Symptoms of the Venereal Disease*, p. 360.

<sup>118</sup> Nicholas Fonteyn, *The Womans Doctour* (London, 1652), p. 131-2; see also, John Tanner, *The Hidden Treasures of the Art of Physick* (London, 1659), p. 346; Thomas Willis, *The Remaining Medical Works of that Famous and Renowned Physician Dr. Thomas Willis* (London, 1681), p. 15.

<sup>119</sup> Evans, *Aphrodisiacs*, p. 77.

<sup>120</sup> Leonardo Fioravanti, *A Discourse Vpon Chyrurgery: Written by that Famous Doctour and Knight, Signior Leonardo Phiorauanti, Bolognese ... Translated out of Italian by Iohn Hester, and Now Newly Published and Augmented, for the Benefite of this Country: by Richard Booth, Gent* (London, 1626), p. 39; John Johnston, *The Idea of Practical Physick in Twelve Books* (London, 1657), p. 1. (in the Eleventh book); Alexander Ross, *Arcana Microcosmi, or, the Hid Secrets of Man's Body* (London, 1652), p. 104.

<sup>121</sup> Daniel Sennert, Nicholas Culpeper, Abdiah Cole, *Two Treatises. The first of the Venereal Pocks ... The Second Treatise of the Gout* (London, 1660), p. 4.

<sup>122</sup> Gideon Harvey, *Little Venus Unmask'd, or A Perfect Discovery of the French Pox* (London, 1670), p. 29.



without explicit connection to underlying infertility but late seventeenth-century readers would have known to read a head displaying alopecia universalis as pocky, and likely impotent and infertile. The patchy nature of a beard disrupted by pustules and scabs was both a visible marker of potentially compromised fertility and of immorality.<sup>123</sup> As the one area of the body that was not easily hidden, the face, when damaged by the symptoms of syphilis, communicated to family, friends, and the wider community the state of the reproductive organs.

Some medical case notes reveal that practitioners assessed potential venereal disease patients by considering the state of their beards. The medical journal of John Locke described how the 20-year-old Earl of Warwick had suffered from venereal disease for three years but 'can stand strong pressure everywhere on his body; there are not spots or pustules on his whole face, no ulcers on his mouth, no shedding of his hair'.<sup>124</sup> This implies that not all men suffered a loss of their facial hair when they were infected. Moreover, for some men the loss of the beard was a small price to pay if they recovered. The Plymouth navy surgeon James Yonge recorded in his journal that in 1664 as they sailed towards 'Scilia' one man who developed a bubo in 'Genoe' was cured, by purging and sweating, 'and nothing showed but the want of hair'.<sup>125</sup> Neither of these surgeons connected the loss of hair to failing fertility, but both cases demonstrate that men's facial hair was scrutinised by medical practitioners in real cases as a visible sign of the damage the disease did to the body.

In the eighteenth century the explicit connection between fertility and beard growth was undermined in discussions of venereal disease. Writers such as John Marten offered different explanations for hair loss that did not relate to disrupted seed production. Marten stated that the 'exhalation or steam' of the disease infested the roots of the hair, loosening it from the body.<sup>126</sup> Elsewhere he also cautioned that 'Crude and Unprepar'd' mercury could cause 'shedding of the Hair'.<sup>127</sup> Both the disease itself and the cure revealed the patient's illness, but potentially allowed them to avoid questions about their sexual vigour. Daniel

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<sup>123</sup> The damage venereal disease did to the nose was also dishonouring. Emily Cock, "Lead[ing] "Em by the Nose into Publick Shame and Derision": Gaspare Tagliacozzi, Alexander Read and the Lost History of Plastic Surgery, 1600-1800', *Social History of Medicine*, 28.1 (2015), 1-21, (pp. 2-3).

<sup>124</sup> Kenneth Dewhurst, *John Locke, 1632-1704, Physician and Philosopher: A Medical Biography* (London: Wellcome Historical Medical Library, 1963), p. 240.

<sup>125</sup> *The journal of James Yonge (1647-1721), Plymouth Surgeon*, ed. by F. L. Poynter (London, 1963), p. 75.

<sup>126</sup> John Marten, *A Treatise of the Venereal Disease* (London, 1711), p. 478.

<sup>127</sup> John Marten, *A True and Succinct Account of the Venereal Disease; from the Mildest Clap ... to the Most Radicated Pox* (London, 1706), pp. 166-7. Marten's suggestion differed from some earlier accounts. Ambrose Paré explained that mercury could cause several complications but did not list hair loss amongst these, whether this was because it was not considered serious enough for note is not possible to ascertain. Conversely the translation of Platter's works claimed that mercury and other cures would resolve issues of hair loss associated with the pox. See, Ambrose Paré, *The workes of that famous chirurgion Ambrose Parey translated out of Latin and compared with the French. by Tho: Johnson* (London, 1669), p. 469; Platter, *A Golden Practice of Physick*, p. 597.

Turner likewise explained that beard loss from the pox was attributed to the way that the disease 'externally rots and corrupts their Roots' or vitiated the juices meant to nourish the 'Bulb' of the hair.<sup>128</sup> Turner mentioned that this particular symptom carried a 'Turpitude or Disgrace' but this was not because the loss of the beard signalled infertility, but rather an association with people enslaved by the Romans who were sold for a lower price if their beards fell out.<sup>129</sup>

Yet pejorative descriptions of beardless men persisted in eighteenth-century medical treatises, including in the 1708 edition of Marten's venereal disease treatise. Here Marten was hyperbolic in his disparagement of such men.<sup>130</sup> He wrote,

How Sheepish and Womanish does a *Castrated* Man, depriv'd of his manly Parts, appear? How dead and wither'd, cold in Love Affairs, Beardless and Effeminate, is he? Women shun his Company, laugh at him, ridicule and deride him, as not fit (as indeed he is not) for their Conversation and Company.<sup>131</sup>

Women did not always shun castrated men, and despite being mocked, and ridiculed castrati singers managed to carve out a new form of masculine identity.<sup>132</sup> Eighteenth century editions of *Aristotle's Masterpiece*, similarly, continued to tell readers that 'They who have no Beards, have always a shrill and strange kind of squeaking Voices, and are of a weak Constitution; which is apparent to the case of Eunuchs, who after they are depriv'd of their Virility, are transform'd from the nature of Men, into the Condition of Women'.<sup>133</sup> Medical writers presented readers with clear reasons to worry about genitourinary ill health into the eighteenth century.

These complex relationships between genitourinary ill health, beard loss, and fertility played out against a shifting landscape of facial hair fashions. Wearing a beard became less popular in the eighteenth century.<sup>134</sup> Changes to the production and advertising of steel razors made the new clean shaven ideal more easily obtainable.<sup>135</sup> Despite the increasing preference to remove facial hair that obscured the 'true' face, the meaning attributed to beards was still important in this era of new world contact though as Europeans defined their own sense of moral development, in part, by contrasting themselves with the largely beardless indigenous population of America.<sup>136</sup> Such meanings were still steeped in humoral

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<sup>128</sup> Daniel Turner, *De Morbis Cutaneis* (London, 1726), pp. 192-3.

<sup>129</sup> *Ibid.*, pp. 193-4.

<sup>130</sup> John Marten, *A treatise of all the degrees and symptoms of the venereal disease* (London, 1708).

<sup>131</sup> *Ibid.*, p. 360.

<sup>132</sup> Helen Berry, *The Castrato and His Wife* (Oxford: Oxford University Press, 2011).

<sup>133</sup> Anonymous, *Aristotle's Masterpiece* (London, 1715), p. 111.

<sup>134</sup> Angela Rosenthal, 'Raising Hair', *Eighteenth-Century Studies*, 38.1 (2004), 1-16 (p. 2).

<sup>135</sup> Alun Withey, 'Shaving and Masculinity in Eighteenth-Century Britain', *Journal for Eighteenth-Century Studies*, 36.2 (2013), 225-43.

<sup>136</sup> Rosenthal, 'Raising Hair', p. 3. See also, Eleanor Rycroft, 'Hair, Beards and the Fashioning of English Manhood in Early Modern Travel Texts', in *New Perspectives on the History of Facial Hair: Framing the Face* ed. by Jennifer Evans and Alun Withey (Palgrave Macmillan, 2018), pp 69-89.



theory.<sup>137</sup> Some argued that the thin, sparse hair of Indigenous Americans, and Asians, aligned them with the less than manly eunuchs and castrati.<sup>138</sup> The question of whether the men of these nations were naturally hairless or artificially plucked their hair from their bodies was an important one because it was taken as an indicator of their ability to adapt to European ways of life.<sup>139</sup> Natural hairlessness, according to some commentators, revealed that such men were 'stunted' and so would not adapt to new modes of civility.<sup>140</sup> European men therefore claimed dominance over American lands because indigenous men had scanty beards.<sup>141</sup> This emphasised that despite a desire to be clean shaven the ability to grow a beard remained a key feature of manly identity. Likewise, fertility and potency remained central elements of manliness and men were encouraged to continue thinking about the connections between the hair of the face and the powers of their reproductive organs. Men suffering from sexual health problems were, unlike many men, unable to make a choice about wearing facial hair. They were marked by the absence of a beard that hinted at underlying issues with their virility.

Genitourinary ill health afflicted the intimate parts of the male body. They brought with them concerning and problematic symptoms and lasting side-effects that threatened the body with impotence and infertility. The loss of the beard signified a failure of the manly body that had become barren, emasculated, eunuch-like, and lacking courage. A patchy beard that signalled the presence of venereal disease, likewise, revealed a lack of sexual self-discipline that resulted in the pollution of the body and family. The body of a middle-aged man (encompassing 'youth' beginning at twenty five years old and 'manhood' beginning at forty years old according to Henry Cuff's *Ages of Mans Life*) was characterised as when man attained 'the highest degree of perfection', possessing potency, the ability to father children, and facial hair.<sup>142</sup> Men's credit was in part reliant upon their ability to father children and their ability to vigorously engage in sexual activity.<sup>143</sup> Men with genitourinary conditions faced a moment of crisis that threatened to undermine and weaken the physical pillars on which manliness was built. The complex and severe consequences of such illness meant that men's bodies existed on the precipice of manly demise. Surgeons emphasised these concerns when discussing invasive treatments for hernias and utilised the fear of sterility to construct understandings of surgical skill. Retaining the fertility of the patients and helping them to navigate this crisis became a marker of learning, diligence, and technical skill. The

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<sup>137</sup> Rebecca M. Herzig, *Plucked: A History of Hair Removal* (New York and London: New York University Press, 2015), p. 2.

<sup>138</sup> Rosenthal, 'Raising Hair', p. 2.

<sup>139</sup> Herzig, *Plucked*, p. 20.

<sup>140</sup> *Ibid.*, p. 20.

<sup>141</sup> *Ibid.*, p. 22.

<sup>142</sup> Henry Cuff, *The Differences of the Ages of Mans Life* (London, 1607), p. 119.

<sup>143</sup> Helen Berry and Elizabeth Foyster, 'Childless Men in Early Modern England', in *idem* (eds) *The Family in Early Modern England* (Cambridge: Cambridge University Press, 2007), 158-83 (178-79).

threat that genitourinary ailments carried with them, as we will see, encouraged men to resist revealing their conditions to medical practitioners and made them obstinate and unruly patients. In turn medical writers and practitioners were forced to adopt certain strategies to encourage men to employ their services and advice.