BRILL

EUROPEAN JOURNAL FOR THE HISTORY OF MEDICINE AND HEALTH 82 (2025) 490–520

European Journal for the History of Medicine and Health

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A "Remedy that Cures Any Person of the *Losing* of Their *Seed* in *Sleep*": Ambiguous Understandings and Responses to Nocturnal Emissions, 1600–1780

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Published online 1 December 2025

Abstract

In June of 1650 Thomas Willis, a physician in Oxford treated a "A young man of good birth" for "nocturnal pollutions and involuntary ejaculations of semen". This twenty-five-year-old was not alone in seeking help for uncontrolled nightly emissions. This article underlines, first, the relative ambiguity with which such emissions were discussed in printed medical works. Medical literature acknowledged the existence of nocturnal emissions but rarely addressed such seepages in detail as a specific medical condition. Further abstruseness about the nature of the condition is evident in the overlapping, and sometimes conflation, of the disease with other conditions like running of the reins and venereal disease. Secondly, this article emphasises that this ambiguity permeated the discussions and descriptions of treatment. While a body of treatments specifically for nocturnal emissions is evident in published medical works and botanical treatises, treatment was often ambiguously defined, with men being treated for a range of interrelated or unspecified seepages from the body. The flexibility inherent in these categories and their overlapping treatments potentially allowed men suffering from venereal disease to seek treatment for their stigmatised condition, also characterised by flows of discharge and semen from the body, by utilising remedies designed to restrain unwanted night-time emissions.

Published with license by Koninklijke Brill BV | DOI:10.1163/26667711-BJA10065
 | ISSN: 2666-7703 (print) 2666-7711 (online)

Keywords

medicine – men's bodies – male health – nocturnal emissions – medical practitioners

1 Introduction

This article disentangles how medical texts from the seventeenth century through to ca. 1780 described nocturnal emissions, the involuntary ejaculation of semen during sleep, and starts to map the interactions between medical practitioners and patients during treatment. In so doing, it draws out several key aspects of men's experiences with this condition. First, it underlines the relative ambiguity with which such emissions were discussed in printed medical works. Medical literature acknowledged the existence of the nocturnal emissions but rarely addressed such seepages in detail as a specific medical condition. Further abstruseness about the nature of the condition is evident in the overlapping, and sometimes conflation, of the phenomenon with other conditions like running of the reins and venereal disease. Secondly, this ambiguity permeated the discussions and descriptions of treatment. While a body of treatments specifically for nocturnal emissions is evident in the medical literature, treatment was often ambiguously defined, with men being treated for a range of interrelated or unspecified seepages from the body. In part this was because a defining feature of nocturnal emissions was the presence of lustful dreams, a symptom only available to healers if disclosed by the patient. The flexibility inherent in these categories and their overlapping treatments potentially allowed men suffering from venereal disease to seek treatment for their stigmatised condition, also characterised by flows of discharge and semen from the body, by utilising remedies designed to restrain unwanted night-time emissions.

Although not overtly deemed sinful in medical texts, the association between nocturnal emissions, lust, venereal disease, and – in the eighteenth century – masturbation meant that these emissions were moralised and thought to show a weak and unmanly body. Indeed, as Lisa Smith has argued for the eighteenth century, any male body that leaked regularly suggested failed self-governance, indicated overindulgence, masturbation, and lax choices.[1] One exception to this was when seepages presented in elderly men, in which case the same tendency to attribute moral failing to patients was not

1 Lisa Wynne Smith, "The Body Embarrassed? Rethinking the Leaky Male Body in Eighteenth-Century England and France," *Gender & History*, 23.1 (2011), 26–46, at 35.

present. Despite the lack of overt moralising associated with the sinful elements of nocturnal emissions (lustful thoughts and dreams), patients did find the condition embarrassing – in some cases, disgusting – and so preferred discretion from their healers. These responses from patients perhaps reinforced the ambiguous descriptions of the condition and its treatment, facilitating the ability of patients to frame their unwanted emissions in ways that accorded with their own moral sense of self.

In making such arguments, this article contributes to a growing body of literature that considers the social, medical, and theological responses to the nocturnal emissions phenomenon. Much of this literature has focused on the medieval period, with far less being said about early modern discussions of this topic.[2] Scholars discussing early modern sexuality and religion have mentioned nocturnal emissions in their studies, but a detailed study on its understanding within medical literature is still required.[3] Conversely, much attention has been paid to experiences of venereal disease in the early modern era.[4] In underlining the relative flexibility in categories and the varied moralisation of bodily emissions described in medical literature, this paper adds to the work of Cathy McClive and Olivia Weisser who have explored the secrecy and disclosure of the male body and male illness. McClive has demonstrated that the possessing of a penis did not in itself confer masculinity in early modern France, and thus society manifested bodily secrecy and

2 See David Brakke, "The Problematization of Nocturnal Emissions in Early Christian Syria, Egypt, and Gaul," *Journal of Early Christian Studies*, 3 (1995), 419–460; Albrecht Classen, *Sexuality in the Middles Ages and Early Modern Times: New Approaches to a Fundamental Cultural-Historical and Literary-Anthropological Theme* (Berlin, 2008); Conrad Leyser, "Masculinity in Flux: Nocturnal Emission and the Limits of Celibacy in the Early Middle Ages" in *Masculinity in Medieval Europe*, ed. Dawn Hadley (Abingdon, 1999), 103–120; William Fleming MacLehose, "Captivating Thoughts: Nocturnal Pollution, Imagination, and the Sleeping Mind in the Twelfth and Thirteenth Centuries," *Journal of Medieval History*, 46.1 (2020), 98–131; Jacqueline Murray, "Men's Bodies, Men's Minds: Seminal Emissions and Sexual Anxiety in the Middle Ages," *Annual Review of Sex Research*, 8.1 (1997), 1–26.

3 For medical discussion, see Michael Stolberg, *Experiencing Illness and the Sick Body in Early Modern Europe* (Basingstoke, 2011), 153–156.

4 For example, Kevin P. Siena, *Venereal Disease, Hospitals, and the Urban Poor: London's 'Foul Wards', 1600–1800* (Rochester, NY, 2004); idem, "The 'Foul Disease' and Privacy: The Effects of Venereal Disease and Patient Demand on the Medical Marketplace in Early Modern London," *Bulletin of the History of Medicine*, 75.2 (2001), 199–224; Simon Szreter and Kevin Siena, "The Pox in Boswell's London: An Estimate of the Extent of Syphilis Infection in the Metropolis in the 1770s," *The Economic History Review*, 74.2 (2021), 372–399; Noelle Gallagher, *Itch, Clap, Pox: Venereal Disease in the Eighteenth-Century Imagination* (New Haven, CT, 2019).

fears about male deception.[5] This necessitated public methods of disclosure through medical investigation.[6] Weisser has likewise emphasised that medical practitioners of the era were required to act as detectives to uncover the hidden secrets of their patients' medical and sexual stories in order to provide effective treatment.[7] As explained by Weisser, "[n]ot all ... healers convinced [venereal] patients to divulge shameful acts" that corroborated their diagnosis.[8] Patients were liable to maintain that their ulcers, seepages, and other symptoms were the result of a range of conditions and physical problems unrelated to sexual activity. The materials presented here add to this picture by demonstrating that while nocturnal emissions might have been embarrassing, they offered those who required help restraining the flow of venereal matter from their bodies with a way to seek treatment without being labelled as poxed. Physicians and surgeons, therefore, had to formulate diagnosis and treatment plans based on limited testimony from patients.

This discussion draws on printed materials discussing medicine and the body which flourished from the mid-sixteenth century and gained further popularity against the turbulent backdrop of the civil wars when disruption to the enforcement of censorship allowed for greater freedom in publishing the secrets of the body.[9] Some of these treatises were large and heavily illustrated tomes, making them costly to purchase, and yet medical texts were relatively widely read with many circulating second-hand amongst artisans and others.[10] The reach of these texts allowed for the advertising of medical

5 Cathy McClive, "Masculinity on Trial: Penises, Hermaphrodites and the Uncertain Male Body in Early Modern France," *History Workshop Journal*, 68 (2009), 45–68, at 46; see also eadem, "'Witnessing of the Hands' and Eyes: Surgeons as Medico-Legal Experts in the Claudine Rouge Affair, Lyon, 1767," *Journal of Eighteenth-Century Studies*, 35 (2012), 489–503.

6 McClive, "Masculinity on Trial," 46–47.

7 Olivia Weisser, "Treating the Secret Disease: Sex, Sin, and Authority in Eighteenth-Century Venereal Cases," *Bulletin of the History of Medicine*, 91.4 (2017), 685–712, at 686; eadem, "'Poxt and Clapt Together': Sexual Misbehaviour in Early Modern Cases of Venereal Disease," in *The Hidden Affliction: Sex, Disease and Infertility in History*, ed. Simon Szreter (Martlesham, 2019), 68–89, at 69; eadem, "Poxed and Ravished: Venereal Disease in Early Modern Rape Trials," *History Workshop Journal*, 91.1 (2021), 51–70.

8 Weisser, "Poxt and Clapt Together," 82.

9 Mary E. Fissell, *Vernacular Bodies*: *The Politics of Reproduction in Early Modern England* (Oxford, 2004), 8; Mary Rhinelander McCarl, "Publishing the Works of Nicholas Culpeper, Astrological Herbalist and Translator of Latin Medical Works in Seventeenth-Century London," *Canadian Bulletin of Medical History*, 13.2 (1996), 225–276, at 230.

10 Sachiko Kusukawa, *Picturing the Book of Nature: Image, Text, and Argument in Sixteenth-Century Human Anatomy and Medical Botany* (Chicago, IL, 2012), 50; Mary E. Fissell, "The Marketplace of Print," in *Medicine and the Market in England and its Colonies, c. 1450–c. 1850*, ed. Mark S. R. Jenner and Patrick Wallis (Basingstoke, 2007), 108–132, at 112.

services to the populace and created a space where medical practitioners asserted their authority and bolstered their reputations. Medical texts published in this era demonstrate considerable longevity through their continued ownership, and being republished across subsequent decades. An edition of *The English Physician* published in 1652, for example, was inscribed on the front cover by William Ledward as being "His Book" in 1776.[11] The continued circulation of these treatises meant that while innovations in theory and treatment were developed throughout the era, these ideas could be slow to permeate throughout lay society and we are instead presented with a picture of continuity in attitudes and approaches to medicine across the era.

Medical treatises were published in both Latin and the vernacular languages of Europe. I focus here on vernacular editions as these were accessible to a broader cross-section of society. The translating of medical texts allowed them to be shared across Europe, with many of the works analysed here having originally been written and published on the continent. By the 1650s, readers in England were consuming works produced at home, alongside those produced originally in Latin, German, or French.[12] Despite differing religious and legal contexts, and even though specific cases might not be directly comparable to customs or experiences in England, authors and translators expected these examples to resonate and, in some cases, implored their readers to accept the knowledge they presented, despite its "*being the Product of a foreign Country*".[13] The majority of the texts consulted here were authored by Protestants, predominantly Anglicans and Calvinists, although two authors – Jean Baptiste van Helmont and Thomas Short – were Catholic, and John Rutty was a devoted Quaker.[14] English readers were, therefore, consuming knowledge that reflected a broad European medical culture, and various religious persuasions. This study examines works up to 1780, a traditionally stated end of the early modern era, after which medical practitioners moved from being

> a self-defined group loosely or barely represented by London Colleges and Companies to a self-conscious profession asserted and recognised

11 Nicholas Culpeper, *The English Physician. Or an Astrologo-physical Discourse of the Vulgar Herbs of this Nation* (London, 1652), frontispiece.

12 Fissell, *Vernacular Bodies*, 8.

13 Henri-François Le Dran, *Observations in Surgery: Containing One Hundred and Fifteen Different Cases… Translated by J.S. Surgeon* (London, 1739), vi.

14 <www.odnb.com>, s.v. "John Rutty", "Thomas Short", accessed 14 October 2024.

> by specialist publications, collective organisations, regulated training, public service and the law.[15]

As will be seen, much of the discussion presented in the medical literature focused on male patients. The examples of treatment uncovered in this research, similarly, all relate to male patients. This article, by necessity of the sources consulted, perpetuates the elision of women in this story, but does not intend to suggest that nocturnal emissions were a gendered disease that only affected male bodies.

2 Understanding Nocturnal Emissions in Medical Literature

Medical writers throughout their texts referred to the ejaculation of seed during sleep as a nocturnal pollution or nocturnal emission. Emission was used not only to describe ejaculation; it was drawn from the Latin *Emissio* which, as *Riders Dictionarie* (1640) explained, simply meant "*A Shooting, sending forth or casting forth*".[16] It was therefore used in a variety of contexts. Some eighteenth-century dictionaries distinguished between "Ejaculation", which meant a "casting forth or emitting", and "Emission", which was a sending forth of "disagreeable particles" – notably, odours.[17] Descriptions like these aligned emissions with less welcome seepages from the body, as testified by several texts in which the term pollution was used to describe moments of ejaculation outside of heterosexual concupiscence – notably, those resulting from masturbation or "Self-Pollution". The Latin basis of the word emphasised that this brought "defilement".[18] Alongside "self-pollution", "nocturnal pollution" was frequently used to describe uncontrolled losses during the night. Steven Blankaart's *Physical Dictionary* (1702), for example,

15 Alannah Tomkins, *Medical Misadventure in an Age of Professionalisation, 1780–1890* (Manchester, 2017), 2.

16 John Rider, *Riders Dictionarie, Corrected and Augmented with the Addition of Many Hundred Words Both Out of the Law, and Out of the Latine, French, and Other Languages, such as were and are with Us in Common use, but Never Printed till Now* (London, 1640), unpaginated.

17 Thomas Dyche and William Pardon, *A New General English Dictionary: Peculiarly Calculated for the Use and Improvement of Such as are Unacquainted with the Learned Languages* (London, 1740), "ELA" and "EMI".

18 Anonymous, *Onania; Or, the Heinous Sin of Self-Pollution …* 4th edition (London, 1718), iii; Rider, *Riders Dictionarie*, unpaginated; Dyche and Pardon, *New General English Dictionary,* s.v. "Pollution".

included "*Pollutio nocturna*", an involuntary "Pollution in the Night", in its list of useful terms.[19]

Seventeenth-century medical treatises did not always dedicate chapters to the discussion of nocturnal pollution. Yet, when mentioned in passing or when describing other conditions, it is apparent that the medieval distinction between seepage caused by overabundance and seepage caused by lustful thoughts was still in use in the seventeenth and eighteenth centuries. James Cooke, a civil war surgeon for the parliamentarians, explained that a non-virulent gonorrhoea was when an "abundance of Seed well elaborated" was produced by the body "as in night pollutions".[20] The Swiss physician Theophile Bonet likewise acknowledged that some men's "Pollutio nocturna" were the result of "the heat of the Kidneys, Liver and seminal Vessels", which caused an "abundance" of seed to be produced and excreted "in a dream".[21] Mary Douglas's work, in *Purity and Danger* (1966), offered explanations for pollution. In one model, she described how dirt was normally classified by a society as "matter out of place".[22] In this construct, dirt is not isolated but is the "by-product of a systematic ordering and classification of matter", where "inappropriate elements" are rejected.[23] As such, "dirt" becomes symbolic and connects to notions of purity.[24] Moreover, as Douglas argues, "[m]atter issuing from [orifices of the body] is marginal stuff of the most obvious kind", because it has "traversed the boundary of the body".[25] The common use of the term "pollution" by early modern medical authors was a shift from early church practices which only inconsistently termed them pollutions.[26] Viewing this matter out of place as a form of pollution allowed society to condemn it for its potential to confuse established classifications of bodily flows.[27] Nocturnal pollutions, therefore, represented a discharge of bodily plethora, an expected, if not always welcome, means of balancing the humoral

19 Steven Blankaarts, *The Physical Dictionary* (London, 1702), 247.

20 James Cooke, *Melificium Chirurgiae: Or, The Marrow of Chirurgery* (London, 1717), 233.

21 Theophile Bonet, *A Guide to the Practical Physician Shewing, from the most Approved Authors, both Ancient and Modern, the Truest and Safest Way of Curing all Diseases, Internal and External, Whether by Medicine, Surgery, Or Diet* (London, 1685), 254; see also, Daniel Sennert, *Nine Books of Physick and Chirurgery Written by that Great and Learned Physitian, Dr Sennertus* (London, 1658), 92.

22 Mary Douglas, *Purity and Danger: An Analysis of Concept of Pollution and Taboo* (London, 2005 reprint), 44.

23 Ibid.

24 Ibid.

25 Ibid., 150; see also Leyser, "Masculinity in Flux," 106.

26 Leyser, "Masculinity in Flux," 108.

27 Douglas, *Purity and Danger*, 45.

body that was consistently in a state of flux, and underlined the difficulties inherent in managing the body's flows.[28] Yet they held, at the same time, the potential to say something about the purity of the body.

For many authors lust and desire were the fundamental causes of nocturnal emissions, distinguishing these discharges from other bodily flows, and reinforcing the notion that they indicated something about the purity and piety of the patient. The translation of Felix Platter's *Practice of Physick* explained that the "*Voiding of Seed*" occurred in different ways including through "Nocturnal Pollution" during "sleep and Dreams".[29] In other instances, seed might spill from the body without stimulation, but Platter was clear that nocturnal emission was "with pleasure" and by "Imagination only of the Act".[30] Eighteenth-century medical tracts similarly informed readers of this connection, in a manner that implied it was self-evident. Writing about the function of the breast in his anatomical treatise, Thomas Gibson quoted Isbrand Van Diemerbroeck's claim that "Lustful thoughts" made the body hot, caused the erection of the penis and "open[ed] the seminary ways that are otherwise invisible, that Seed issueth out of its own accord in involuntary or nocturnal pollution".[31]

Although authors also described waking involuntary emissions, sleep and dreaming were crucial to their framing in these discussions. While nocturnal emissions were moralised, the connection with sleep and dreaming emphasised the involuntary aspect of the condition. As Alec Ryrie has suggested, men could choose to sleep or not in a particular circumstance, but people had no option but to be sleepers.[32] Sleep was restorative and necessary as one of the six non-naturals to maintain bodily health. It was also a potentially dangerous liminal state, however, where body and soul hovered between life and death.[33] Men and women could not exert total control over sleeping and so could not avoid dreaming. Dreaming carried a myriad of associations; it was a state in which men and women could not exercise the self-discipline required of reformed Protestants.[34] This was reflected in

28 Leyser, "Masculinity in Flux," 111.

29 Felix Platter, *A Golden Practice of Physick in Five Books, and Three Tomes* (London, 1662), 623–624.

30 Ibid.

31 Thomas Gibson, *The Anatomy of Humane Bodies Epitomized. Wherein All the Parts of Man's Body, With Their Actions and Uses, Are Succinctly Described* (London, 1703), 262.

32 Alec Ryrie, "Sleeping, Waking and Dreaming in Protestant Piety," in *Private and Domestic Devotion in Early Modern Britain*, ed. Jessica Martin and Alec Ryrie, St. Andrews Studies in Reformation History (Farnham, 2012), 73–92, at 73.

33 Sasha Handley, *Sleep in Early Modern England* (New Haven, CT–London, 2016), 81.

34 Ryrie, "Sleeping, Waking and Dreaming," 75.

evening prayers that beseeched "Suffer no uncleane thoughts this night to pollute my body, and soule".[35] And for Catholics, dreams could be a "point of encounter" with the devil, who sometimes offered sexual temptations to sleepers; dreams, moreover, were associated with witchcraft – witches claims to flight, for example, were dismissed as the products of dreaming.[36]

Yet Martin Luther interpreted dreams as nothing more than a by-product of hunger or indigestion.[37] Medical writers framed dreams, and nightmares, as being the results of humoral imbalance, where humours oppressed the animal spirits and caused "phantasy" to have free reign.[38] Similarly, Catholics understood that dreams, like spectral visions and miracles from which they were not easily differentiated, could be caused by humoral imbalance, injuries to the brain, or melancholy.[39] Control of nightly visions was thereby contingent on proper diet and not lying in a supine position. Under the influence of anti-enthusiasm sentiments in the eighteenth century, dreams were further medicalised as a form of madness or occlusion of the senses, creating the sense that perfect sleep occurred without these intrusive uncontrolled imaginings.[40] Protestants understood that dreams were a reflection of a person's waking disposition.[41] Yet it was acknowledged that, while drawn from a person's waking thoughts, the contents of dreams were oddly put together ideas or were "meaningless random thoughts in motion".[42] Even erotic dreams, indeed, might not have inherent sexual meaning but rather

35 Ibid., 90.

36 James S. Amelang, "Sleeping with the Enemy: The Devil in Dreams in Early Modern Spain," *American Imago*, 69.3 (2012), 319–352, at 330–331 and 337–340.

37 Ryrie, "Sleeping, Waking and Dreaming," 85.

38 Janine Rivière, "Demons of Desire or Symptoms of Disease? Medical Theories and Popular Experiences of the 'Nightmare' in Premodern England," in *Dreams, Dreamers, and Visions: The Early Modern Atlantic World*, ed. Ann Marie Plane and Leslie Tuttle (Philadelphia, PA, 2013), 49–71, at 57 and 64.

39 Moshe Sluhovsky, "Rationalizing Visions in Early Modern Catholicism," in *Rationalization in Religions: Judaism, Christianity and Islam*, ed. Yohanan Friedmann and Christoph Markschies (Berlin–Boston, MA, 2019), 127–145, at 134.

40 Lucia Dacome, "To What Purpose Does It Think?: Dreams, Sick Bodies, and Confused Minds in the Age of Reason," *History of Psychiatry*, 15.4 (2004), 395–416.

41 Ryrie, "Sleeping, Waking and Dreaming," 91.

42 Rivière, "Demons of Desire or Symptoms of Disease," 64. For the connections between dreams, creativity, and genius in the later eighteenth and early nineteenth century, see Handley, *Sleep in Early Modern England*, 196–201.

signify other concerns.[43] Such understandings provided interpretative scope to minimise the culpability of the sleeper and to emphasise the unwanted nature of these nightly intrusions.[44] Therefore, the label of nocturnal pollution might imply a tendency towards poorly controlled lustful thoughts, but did not overtly stigmatise the patient. This might therefore have been a preferable sick-label for patients whose seepages were the result of venereal disease, which alluded to their wilful participation in sexual activities of a potentially dubious nature.

While many treatises implied a male patient when describing the condition, the relationships between lust, sleep, and unwanted emissions was acknowledged for women as well. An English edition of Joannes Jonstonus from 1657 explained that the "whites" in women differed from "a nocturnal *polution*, because this is joyned with a phansie of a venereal business, and happens only in the sleep".[45] This description was echoed in a 1730 edition of *Aristotle's Compleat and Experienc'd Midwife*, with the author stating that the whites were "different from those Night pollutions, which is only in Sleep, proceed from the imagination of Venery".[46] Patricia Crawford has explained that many dreams recorded by early modern women related to their roles as wives and mothers.[47] Some women did record the presence of sexual dreams, like Lady Magdalen Montague, but this was much rarer.[48] The ability to distinguish between the disease of the whites – which was relatively unproblematic, in terms of sexual morality – and nocturnal emissions resided in the narrative provided by the patient. Only if they declared that they had experienced sexual fantasies while sleeping would their diagnosis become

43 Per Sivefors, "Sex and the Self: Simon Forman, Subjectivity and Erotic Dreams in Early Modern England," in *Pangs of Love and Longing: Configurations of Desire in Premodern Literature*, ed. Anders Cullhed, Carin Franzén, Anders Hallengren and Mats Malm (Newcastle upon Tyne, 2013), 281–292, at 283.

44 Some people blamed – albeit rarely – seminal emissions on the presence of succubi and nocturnal demons who, through nightmares, attempted to corrupt the bodies and minds of sleepers sexually, physically, and spiritually; see Rivière, "Demons of Desire," 54–55.

45 Joannes Jonstonus, *The Idea of Practical Physick*, book X (London, 1657), 79. Women's nocturnal pollutions were also mentioned in passing by John Sadler, *The Sicke Womans Private Looking-glasse Wherein Methodically are Handled all Uterine Affects* (London, 1636), 124; Anonymous, *Aristotle's Master-piece Compleated in Two Parts* (London, 1697), 145.

46 Anonymous, *Aristotle's Compleat and Experience'd Midwife* (London, 1730?), 153; see also Thomas Chamberlayne, *The Compleat Midwifes Practice, in the Most Weighty and High Concernments of the Birth of Man* (London, 1656), 59.

47 Patricia Crawford, "Women's Dreams in Early Modern England," in *Dreams and History*, ed. Daniel Pick and Lyndal Roper (London, 2003), 133–150, at 134–135.

48 Ibid., 138.

one of nocturnal emissions. This, of course, was the case for men as well, but further demonstrates the ways in which the flexibility of categories for seminal emission allowed patients to shape a narrative about their condition that accorded with their self-image.

The expulsion of seed following lustful thoughts while asleep also revealed the inability of the body to master its desires. Descriptions of these episodes as "involuntary" revealed an inherent tension. While these were supposedly uncontrolled discharges, the fact that they were triggered by lust implied that they were, to a certain degree, voluntary – the result of an inability to regulate one's thoughts. As Jacqueline Murray has shown for the medieval period, discourses around sexuality argued that men were more rational than women and could therefore moderate and manage their desires more effectively.[49] Emissions stimulated by uncontrolled sexual thoughts while asleep acted as a reminder that men's bodies were subject to sin, temptation, and desire.[50] Lust, in Protestant thought, remained one of the seven deadly sins, but the place of desire had shifted in the Reformation. Protestantism did not venerate celibacy and celebrated marital union as an outlet for sexual desires and the procreation of children.[51] Thus, Protestant instructional literature that sought to improve piety in this era did list nocturnal pollutions as a sinful behaviour: for example, *Rules for Self-Examination* stated that lustful dreams and emissions were a sin against the seventh commandment: thou shalt not commit adultery.[52] In some cases, medical writers addressed these concerns. Crooke noted that a natural question was why men and women had "great pleasure in their Nocturnall polutions" given that – when asleep – the sensitive faculties of the body should have been "at rest".[53] The explanation, he noted, was that the imagination was stronger when a person was asleep than when they were awake.[54] Yet, despite talking about pleasure, Crooke, himself a Puritan, did not directly discuss whether such experiences amounted to sin. Medical writers sought to understand the bodily mechanisms by which men and

49 Murray, "Men's Bodies," 1.

50 Ibid., 2.

51 Merry Weisner-Hanks, *Luther on Women: A Sourcebook* (Cambridge, 2003), 88.

52 Anonymous, *Rules for Self-Examination Extracted Out of the Writings of an Eminent Divine, very Necessary for Christians at all Times, especially at their Preparation to Receive the Sacrament of the Lord's Supper that so they may Become Worthy Receivers Thereof* (London, 1685); see also Anonymous, *A looking glasse for the sovle vvorthy to be hung up in every house in this kingdome, and to be looked in daily* (London, 1643).

53 Helkiah Crooke, *Mikrokosmographia. A Description of The Body of Man. Together with the Controuersies Thereto Belonging* (London, 1615), 288.

54 Ibid.

women succumbed to their subconscious lascivious thoughts, but did not overtly moralise these mechanisms.

Historians have argued that Protestantism particularly fuelled the uptake of iatrochemical medicines and theories in England across the sixteenth and seventeenth centuries.[55] And that those who followed the theories of Jean Baptiste van Helmont, the famous chemical physician, viewed their Galenic peers in the College of Physicians as ungodly and medically redundant.[56] Their different stances on medical theory and practice evidently extended to their views on nocturnal emissions. Authors expounding Van Helmont's ideas used nocturnal emissions to assert the primacy of the spleen as the organ in which was located the Archeus (the immaterial principal or vital force that regulated the body). That these emissions occurred during the night and lustful motions were first perceived in the stomach was considered a clear sign that the spleen was a dominant organ.[57] This sat in opposition to Galenic discussions of these bodily mechanisms: Thomas Bartholin argued that these Helmontian "Conceits bottom upon a false Foundation".[58] Lust, he explained, was not to be found in the spleen, but rather in the loins and reins, evidenced by the many animals that were "addicted to Venery" but did not have a spleen.[59] He noted instead that "Nocturnal Pollutions spring from an hot Constitution of the Spermatick Vessels, and wheyish sharp Blood".[60]

In a translation of his *Works* (1664), Van Helmont claimed that these emissions were only of "barren seed"; because although there were strong imaginations, this was "without the motions or enticements of fornications".[61] This aligned, potentially, with broader discussions about seed production which emphasised that the friction of sex stimulated the production of strong seed within the body.[62] Galenic notions, however, formulated the relationship between seed and sexual stimulation as complex and cyclical.[63] As Helkiah

55 Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (Rochester, NY, 2002), 74.

56 Ibid., 80.

57 Thomas Bartholin, *Bartholinus Anatomy Made from the Precepts of His Father, and from the Observations of all Modern Anatomists, Together with His Own* (London, 1668), 43; see also Jean Baptiste van Helmont, *Van Helmont's Works* (London, 1664), 305, 367.

58 Bartholin, *Bartholinus Anatomy,* 43.

59 Ibid.

60 Ibid.

61 Helmont, *Van Helmont's Works*, 1120.

62 Jennifer Evans, *Aphrodisiacs, Fertility, and Medicine in Early Modern England* (Woodbridge, 2014), 91.

63 Ibid., 104.

Crooke's 1615 *Mikrokosmographia* explained, an abundance of seed in the prostate caused a "tickling or itching quality" that "mooveth or stireth up images or shaddowes of venerious delights in the fantasies of men".[64] In this model, virile seed was much more likely than barren seed to be associated with lascivious thoughts and dreams. For Galenic writers then, the fact that such emissions were triggered by lust perhaps complicated the notion of matter out of place. The movement of semen through the body in nocturnal emissions had been triggered by the expected, *normal*, stimulus requisite for procreation and for marital harmony; the matter itself, however, did not end up in the womb, its expected destination. Thus, it was matter out of place.

Several writers throughout the era aligned the lustful dimension of nocturnal emissions with the perceived dangers of "foreign" sexuality. Henry Stubbe's "*Chocolata*", published in 1662, affirmed his allegiance to the Church of England and to the monarchy.[65] Stubbe here outlined that chocolate produced good blood and therefore bolstered the fertility and vigour of the reproductive body.[66] Seed not expelled through timely intercourse would, he claimed, naturally "force its way out in *nocturnal pollutions*."[67] He thus considered emissions a natural result of the consumption of nutritious food and part of the body's mechanisms to maintain balance that prevented headaches, pimples, and other disturbances caused by the reabsorption of seed into the blood. Stubbe nonetheless reiterated the connections between stimulating substances and *foreign* sexualities, reminding readers that the Turks used opium to prolong their lusts, and that the "most *amorous Nations* in the World" drank chocolate, though without specifying which nations he had in mind.[68] Given the fact that the French crown had granted a monopoly for chocolate production and given the fact also that chocolate drinking had been established in Spain by the first half of the seventeenth century – and that mention of "Spanish writers", moreover, occurred in the full title of his book –, it is plausible that Stubbe had these near neighbours in mind, alongside the

64 Crooke, *Mikrokosmographia*, 247.

65 Henry Stubbe, *The Indian Nectar, or, A Discourse Concerning Chocolata the Nature of Cacao-Nut and the Other Ingredients of that Composition is Examined and Stated According to the Judgment and Experience of the Indian and Spanish writers* (London, 1662). For details of Stubbe's religious background, see <www.oxforddnb.com>, s.v. "Henry Stubbe", accessed 15 October 2024.

66 Stubbe, *Indian Nectar*, 130–133.

67 Ibid., 136.

68 Ibid., 138, 141.

more distant Mesoamerican lands.[69] Likewise, in the eighteenth century, the association between exotic substances and nocturnal emissions was maintained in John Jones's treatise on *The Mysteries of Opium,* which explained that, taken internally in moderate doses, opium was described as "frequently" causing "*Pleasant Dreams*", "*Venereal Dreams*" and "*Nocturnal Pollutions*", while also causing a "constant" increase in the amount of seed the body produced.[70] Jones was clear that it was the combination of "*Relaxation*" and "*Titillation*" caused by volatile salts that resulted in these effects.[71] Opium's ability to stimulate the body's sexual desires was noted to be the reason "why the *Infidels* of *Turky*, and the *Eastern Nations* … use *Opium* so much"; as well as the peoples of Greece and Japan "who use *Opium* for that end".[72] While nocturnal emissions, for Jones, Stubbe, and their readers, were potentially an acceptable bodily function, they were othered by an association with transgressive sexuality and the use of aphrodisiacs.

3 Ambiguous and Overlapping Seepages

Medical writers, therefore, acknowledged the occurrence of nocturnal emissions and were clear that these were a result of the production of seed within the body and the consequence of lustful feelings, whether naturally occurring or stimulated by the consumption of aphrodisiac foods. They did not necessarily consider them a medical condition worthy of extended discussion, however. It was other seepages of seed from the body that were instead more concretely framed as pathological. Treatises examined the "running of the reins" or "Involuntary Emission of the Genital Liquor" as a medical issue. This disorder was distinguished from nocturnal emissions by the absence of lust and desire. Jonstonus noted that the signs of the running of the reins were that

69 Kate Loveman, "The Introduction of Chocolate into England: Retailers, Researchers, and Consumers, 1640–1730," *Journal of Social History*, 47.1 (2013) 27–46, at 28.

70 John Jones, *The Mysteries of Opium Reveal'd by Dr. John Jones* (London, 1700), 24–25, 31, 88. This connection was not described in the earlier work on opium by the Italian iatrochemist Angelo Sala: Angelus Sala*, Opiologia: Or, A Treatise Concerning the Nature, Properties, True Preparation and Safe Use and Administration of Opium for the Comfort and Ease of all such Persons as are Inwardly Afflicted with any Extreame Griefe, Or Languishing Paine … Inlarged by Tho. Bretnor*. (London, 1618).

71 Jones, *Mysteries of Opium*, 248.

72 Ibid., 24.

"seed is shed against their wils, without lust and dreams of lust".[73] Crooke explained why this movement of seed did not cause stimulation: it was "celerity or swiftenesse of … excretion" that caused pleasure, thus "when the seed issueth by little and little or weepingly, there is no pleasure at all".[74]

In the eighteenth century, Michael Ettmuller's work offered this definition:

> A Running is either spurious or genuin. […] a simple running is said to be such, when the true, genuin, seminal Matter is cast forth without the erection of the Yard, or venereal Pleasure.[75]

Such shedding was caused by sharpness of the seminal matter, wateriness, and flaccidity of the vesicles and passages.[76] The poor condition of the seed was born of "high Feeding and Drinking", "freedom from Labour and Care", "lying upon the back" and "frequent correspondence with venereal Objects".[77] A greedy diet and excessive sexual activity, especially in youth, were therefore implicated in the running of the reins, but lust itself did not trigger the expulsion of seed from the body.

The term "Gonorrhoea" was also used to describe an "involuntary efflux of seminal juice".[78] But this could be of two types: a benign or simple gonorrhoea – akin to the running of the reins – or a venereal or virulent gonorrhoea – a product/symptom of venereal disease.[79] Venereal disease arrived in Europe during the fifteenth century. It was prevalent amongst the London poor before 1690.[80] Once it had quickly become apparent that its spread was through sexual contact, gonorrhoea – like venereal disease – became highly stigmatised. Having a virulent gonorrhoea implied that someone had engaged in illicit sexual activity and so it was a sign of immorality and loss of self-control. Thomas Gibson explained that the seed in a strong, healthy adult male was "expressed or

73 Jonstonus, *Idea of Practical Physick book X*, 65; see also Platter, *Golden Practice of Physick*, 623.

74 Crooke, *Mikrokosmographia*, 287.

75 Michael Ettmuller, *Etmullerus Abridg'd: Or, a Compleat System of the Theory and Practice of Physic. Being a Description of all Diseases Incident to Men, Women and …* (London, 1712), 515.

76 Ibid., 516.

77 Ibid.

78 George Motherby, *A New Medical Dictionary; or General Repository of Physic* (London, 1775), "GON".

79 Ibid.

80 M. A. Waugh, "Venereal Diseases in Sixteenth-Century England," *Medical History*, 17.2 (1973), 192–199, at 192; Siena, *Venereal Disease, Hospitals, and the Urban Poor*, 4.

squirted out of them" with vigour during intercourse. The clap or old age, however, could cause a laxity, debility, or erosion of the small openings that retained the seminal matter in the *vesiculae seminales*, allowing "a continual efflux of Seed".[81] In addition to venereal disease itself causing gonorrhoea, Jacques Daran (quoting Jean Astruc) explained that treatments also left men with an involuntary discharge known as a running. This could be of two sorts: "small, but constant, whether walking, sitting, or doing any other Function"; while, in others, it was "not so constant, but in greater quantity, and in larger drops, when they strain, in the least, to go to Stool; when they give way to any lascivious Thoughts, or attempt Coition".[82] Daran further claimed that some men were "very easy about its Consequences; looking on it only as a present inconvenience".[83] The eighteenth-century surgeon John Marten likewise explained that curing the venereal disease left some men with such a "Laxity" that they were subject to "over hasty Ejaculation of the Seminal Matter, upon the very first Approach, or even Thoughts of enjoying a Woman".[84] Marten was sure to note that this made such men "uncapable of Procreation".[85] Likewise, William Cullen, professor of Medicine at Edinburgh University, explained that patients whose gonorrhoea and venereal disease was treated with camphire suffered from a weakness in their genitals, which caused "inordinate venereal stimulus" and produced nocturnal pollutions. The weakness created in the whole nervous system made this particularly difficult to resolve.[86] In these explanations, the body shed matter due to corrosion and damage to the reproductive organs, but lust was still implicated in the seed spilling from the body.

The disambiguation of these types of emission was not universally accepted. William Sermon's *Friend to the Sick* (1673) claimed that "*Gonorrhea, or Running of the Reins*" was a distemper of three sorts: first, where a patient's weak retentive faculties meant that seed was shed without their consent; secondly "a Nocturnal Polution through Dreams &c" which was common in

81 Gibson, *Anatomy of Humane Bodies Epitomized*, 157–158.

82 Jacques Daran, *Chirurgical Observations on Disorders of the Urethra* ... translated into English by Thomas Tomkyns (London, 1750), 23.

83 Ibid., 23.

84 John Marten, *A True and Succinct Account of the Venereal Disease; From the Mildest Clap or Gonorrhœa, to the Most Radicated Pox* (London, 1706), 239.

85 Ibid., 239.

86 William Cullen, *Lectures on the Materia Medica, as delivered by William Cullen, M. D. Professor of Medicine in the University of Edingburgh. Now Published by Permission of the Author, And with Many Corrections from the Collation of different Manuscripts by the Editors* (London, 1772), 373–374.

men with hot livers, reins and seminary vessels, and finally a "virulent Gonorrhoea" which was a symptom of venereal disease which was distinguished by the corrupt nature of seed ejected from the body.[87] Nocturnal emissions were here bound into the more all-encompassing venereal distemper rather than acknowledged as a separate and, often, non-pathological condition. To further complicate matters, it was noted that nocturnal emissions often appeared alongside other genitourinary difficulties, as just one symptom of broader problems. William Cockburn, for example, recited the case of a Venetian nobleman, who at 22-years-old was married to "a very fine Lady"; the couple "cohabited with a good deal of Vigour" but he was unable to emit seed while engaged in sexual activity.[88] This contrasted with his abilities while asleep, where it was noted that "in his Dreams he could discharge very freely".[89] Making these connections to the broader genitourinary health of the body was perhaps an attempt to remove any stigma associated with his condition.

4 Signs of Moral Decay and Corruption

Medical writers through to the eighteenth century continued to emphasise the ambiguous separation of emissions produced by "natural" and "venereal" causes. In the eighteenth century, however, nocturnal emissions became entangled in the rising discussions of onanism and masturbation. Thus, a diagnosis of nocturnal emissions might preclude the moral stigma of having caught the clap, but it was now embroiled in the murky moral waters of self-pleasure and the damage it caused to the body.

The infamous best-selling tract *Onania* (ca. 1716) included a series of letters designed to evoke the dangers of post-masturbatory disease. In one such letter, readers were encouraged to make the connection between lust, uncontrollable flows from the body, and nocturnal emissions, even though emissions were not directly referenced.[90] A young man who had damaged his body through masturbation as a teen recalled that having attempted to redeem himself and restrain his lusts, he found himself living in a house with

87 William Sermon, *A Friend to the Sick, Or, the Honest Englishman's Preservation Shewing the Causes, Symptoms, and Cures of the Most Occult and Dangerous Diseases which Affect the Body of Man* (London, 1673), 194.

88 Anonymous, *Medical Essays and Observations, revised and published by a society in Edinburgh* (*volume 1*) (Edinburgh, 1737/8), 326.

89 Ibid., 326.

90 Anon., *Onania*, 45.

numerous "young Gentle-women" with whom he was "very familiar".[91] This reignited his "Desire" and caused a "thin seminal Matter to flow from [him], and also many hurtful Dreams".[92] *Onania* continued by claiming that masturbation triggered a particularly debilitating form of gonorrhoea and consumption.[93] The author declared that those not "kill'd" by these symptoms would still experience "nightly and excessive Seminal Emissions".[94] Nocturnal emissions were, perhaps, easily accommodated within these discussions, not only because of the overlap in terminology relating to "pollution", but also because medical writers had long discussed the potential for the body to be weakened or debilitated by seminal loss of various kinds. As Michael Stolberg has shown, concerns were expressed from the sixteenth century onwards that nocturnal emissions might be related to weakness and headaches.[95]

This understanding of the condition was repeated in later eighteenth-century newspaper advertisements like the one that ran in the *Daily Journal* in 1733 which explained to readers that the form of gleet that most "grievously" relaxed and debilitated the "generative Faculties" and reduced bodily strength was constituted by "those excessive involuntary seminal Emissions called nocturnal Pollutions".[96] In these descriptions, nocturnal emissions were not the result of lustful dreams but a direct consequence of weakened retentive faculties brought about by self-pleasure, particularly in "Numbers of Youth[s]" as well as in grown men. As such, they signalled a moral failing on the part of the man (though there had been discussion in *Onania* of women, they were not described in this advert). Such moral failings had their physical concomitants, however; if the nocturnal emissions occurred frequently, they "drew off the radical Moisture, so fast" that they robbed "the Blood of its balmy Parts" impairing nature, weakening the brain, nerves and intellect.[97] Here the consequences of self-pollution and nocturnal emissions became one and the same.

91 Ibid.

92 Ibid.

93 Ibid., 18. For more on *Onania*, see Elizabeth Schlappa, "Onania's Letters and the Female Masturbator: Women, Gender, and the 'Abominable Crime' of Self-Pollution," *Journal of the History of Sexuality*, 32.3 (2023), 313–339.

94 Anon., *Onania*, 19.

95 Stolberg, *Experiencing Illness*, 55.

96 "Advertisements and Notices," *Daily Journal*, 5 December 1733. *Seventeenth and Eighteenth Century Burney Newspapers Collection*, <https://www.gale.com/primary-sources/seventeenth-and-eighteenth-century-burney-newspapers-collection> accessed 2 May 2025.

97 Ibid.

Samuel Tissot's famous treatise on *Onanism* similarly suggested that nocturnal emissions might rob men of certain markers of adult manliness. He recited Galen's explanation that men's seed was "kept in the *Vesiculae Seminales*" until its expulsion in intercourse. While stored in the seminal vesicles, the "most volatile and odoriferous as well as the strongest" part of the seed was absorbed into the blood where it made "very surprising changes; it makes the beard, hair, and nails to grow: it changes the voice and manners".[98] Carefully noted in this description, however, was the fact that the male's seed retained here could only enact these bodily changes if "nocturnal emissions" did not "deprive him of it".[99] As Stolberg has argued, the discussions presented in this text about disease caused by masturbation acquired a new potency at this time because they "express[ed] and promot[ed] new ideals of a self-contained, firm, masculine body", "a body which was no longer primarily characterized by the constant flow of humors" but by its solidity and by the economical secretion of its fluids.[100] The inclusion of nocturnal emissions in this discussion further reinforced the notion that a lack of containment of the body's vital fluids rendered the body weaker and less manly.

This drew upon a longer history of medical texts expressing anxiety about the ways in which the manliness of the body could be undermined. Medical literature throughout the early modern era was clear that a man without a beard and with a high vocal register was viewed in comparison to a eunuch Writers frequently addressed this when discussing early castration or gelding – where the body was denied the organ required to produce seed. Ambroise Paré's surgical treatise, for example, claimed that:

> for it is farre more noble to live well, than simply and absolutely to live; therefore Eunuches degenerate into a womanish nature, for they remaine without beards, their voice is weake, their courage failes them, and they turne cowards; and seeing they are unfit for all humane actions, their life cannot but be miserable.[101]

98 Samuel Tissot, *Onanism: Or, a Treatise upon the Disorders Produced by Masturbation: Or, the Dangerous Effects of Secret and Excessive Venery. By M. Tissot, M.D.* (London, 1766), 56.

99 Ibid., 56.

100 Michael Stolberg, "Self-Pollution, Moral Reform, and the Venereal Trade: Notes on the Sources and Historical Context of Onania (1716)", *Journal of the History of Sexuality*, 9.1/2 (2000), 37–61.

101 Ambroise Paré, *The Workes of that Famous Chirurgion Ambrose Parey* (London, 1634), 310–311.

Although Tissot did not explicitly spell out the implications, this section of the text implied for readers that nocturnal emissions could have serious consequences for the manly body.

Despite the understanding that dreamers were not entirely in control of their lustful reveries, and despite the attempts of medical writers to offer simple statements about the condition that did not overtly moralise the ailment, nocturnal emissions remained tainted by their association with venereal diseases and – in the eighteenth century – with masturbatory disease and bodily weakness. Yet this very ambiguity allowed male patients to seek help for seepages without specifying too closely the cause of their condition. Likewise, practitioners could treat a range of overlapping emissions without a requirement for specific diagnoses and could offer treatments that were applicable to restraining the flow of seed from the body, whatever its cause.

5 Patient's Responses

The potential for nocturnal emissions to reveal the lustful thoughts and desires of men and women was sometimes reflected in the evident embarrassment of patients about having experienced them. Alison Montgomery has demonstrated that royal physician Sir Hans Sloane received only seven letters between 1681 and 1741 complaining of unwanted seminal flows – some nocturnal, others not – as problems in and of themselves.[102] Some of these men blamed their nocturnal emissions on the vice of masturbation, while others offered no explanation for their condition.[103] It is plausible that these men were suffering from gonorrhoea or the pox and wished to avoid the "venereal" label. It is also plausible that these men were suffering from nocturnal pollutions and wished to avoid the embarrassment of having this condition. This suggests that all seepages from the body were open to some form of moralisation and stigma, whether or not medical literature deemed them problematic. The willingness to label these emissions as particular ailments reinforces the arguments historians have made that the reliance on patient narrative in diagnosis allowed patients to reframe potentially shameful conditions and present themselves in a favourable light.[104]

102 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), 87.

103 Ibid., 88.

104 Jennifer Evans, *Men's Sexual Health in Early Modern England* (Amsterdam, 2023), 121–136.

When seeking treatment, some men did moralise their own condition. Sir Hans Sloane received a letter from "W.E." who described himself as "self-disgusted", while other men described their flows in more obscure or vague terms avoiding connections to venereal disease. Yet they did request aid. W. E. asked for medicines that would "strengthen [his] Reins and prevent" the frequency of nightly losses.[105] Sloane received two letters from Timothy Carter, a man in his early thirties, referring to "[t]he Poll[utions] nocturn [al]".[106] Carter worried that his emissions were weakening his body.[107] This reflected broader medical understandings drawn from Hippocrates that listed nocturnal emissions as a cause of consumption.[108] Another patient who wrote to Sloane about his night-time ejaculations was concerned about the "Consistency" of his seed.[109]

While needing help for his condition, the patient who wrote to Sloane giving only the initials W. E. was evidently concerned about whether others would be disgusted by his condition and was perhaps worried for his own reputation.[110] He was not alone, as Kevin Siena has demonstrated: poxed patients' desire for discretion prompted those treating venereal disease to offer cures without consultation that could be purchased promptly from a range of locations.[111] Men suffering from a range of genitourinary conditions in this era were thought to be ashamed or embarrassed, particularly when it came to discussing their ailments with a medical practitioner.[112] In June 1650, the Oxford physician Thomas Willis treated "A young man of good birth, aged about 25".[113] The youth was described as having a melancholic temper, swarthy liver, and lively blood. These were contributing factors to the man's unfortunate condition which was described as "a certain itching in his scrotum" and a liability "to nocturnal pollutions and involuntary ejaculations of semen".[114] Willis offered only the patients' initials, "W. K." beyond this description.

105 Montgomery, "Man, His Body, and His Society," 90.
106 Ibid., 87.
107 Ibid., 90; BL, Sloane MS 4034, Hans Sloane consultations, fol. 305, from Timothy Carter, 7 November 1734.
108 John Tanner, *The Hidden Treasures of the Art of Physick; Fully Discovered: In Four Books* (London, 1659), 190; Robert Johnson, *Enchiridion Medicum, Or, A Manual of Physick being a Compendium of the Whole Art, in Three Parts* (London, 1684), 84.
109 Montgomery, "Man, His Body, and His Society," 92; BL, Sloane MS 4078, Hans Sloane consultations, fols. 236–237, from Peter Patrick, 10 January 1731.
110 BL, Sloane MS 4075, Hans Sloane consultations, fol. 85, from W. E., 23 May 1735.
111 Siena, "The 'Foul Disease' and Privacy."
112 Evans, *Men's Sexual Health in Early Modern England.*
113 *Willis's Oxford Casebook (1650–52)*, ed. Kenneth Dewhurst (Oxford, 1981), 122–123.
114 Ibid., 123.

In 1657 James Cooke published the case notes of John Hall, a physician in Staffordshire and the son-in-law of William Shakespeare. Having named his other sexual health patients, he described a patient afflicted with a flux of semen and night pollutions only as Mr. P.[115] This obfuscation was introduced by Cooke in the published version, as this observation in the original notes likely described a Mr George Underhill who had previously been treated for loose bowels.[116] Cooke's decision to anonymise this patient, assuming it was not a transcription error, emphasises that patients might feel shame about nocturnal pollutions and seek to hide their identities.

As Siena has shown for venereal patients, however, anonymity was contingent. The aforementioned Venetian nobleman described by Cockburn, remained anonymous when his story was published in the *Medical Essays and Observations* of the Edinburgh Society. Yet the narrative revealed that "this Misfortune very much afflicted him and his Family" and that "the *Venetian* Ambassadors" residing around Europe had been asked to consult local physicians to ask for advice on a remedy. These ambassadors may not have been provided with the man's name, but it is evident that the condition was known amongst the man's family and more broadly. The layers of discretion seen here reflect sexual health conditions more broadly, where medical writers often implied that while conditions were hidden from general knowledge, close friends and family were often fully aware of men's supposedly "shameful" and "embarrassing" conditions.[117] Although there are relatively few examples, these cases suggest that men did find nocturnal emissions embarrassing, but perhaps this was still a preferable ailment for which to seek treatment than venereal disease.

6 Flexible Treatments?

The treatments offered to these men varied depending upon the perceived root cause of the condition. But overwhelmingly, the medical and herbal literature focused on the cooling of the body and the reduction in the body's production of seed. They thereby avoided having to address lustful thoughts during sleep, and they framed treatment squarely within the widely

115 John Hall, *Select Observations on English Bodies of Eminent Persons in Desperate Cases* (London, 1679), 144.

116 Greg Wells, *John Hall Master of Physicke: A Casebook from Shakespeare's Stratford* (Manchester, 2020), 176 n.1.

117 Evans, *Men's Sexual Health in Early Modern England*, 188–192.

understood models of plethora and flow central to humoral medicine. As Smith has suggested, nocturnal pollutions were sometimes useful in regulating the flowing male body, but flows, generally speaking, had to be "retrained to find a better outlet for the excess".[118] Offering patients the means to restrict flows without addressing the underlying "sins" that might have caused the problem, created flexibility for patients who could attempt a cure without explicitly addressing any uncomfortable aspects of their conditions.

Medical writers and practitioners were accustomed to helping clients manage their sleep. This was a process that encompassed both measures relating to piety and to the body.[119] Leah Astbury, in her work on sleep and sex, has noted that sexual activity itself was thought to moderate lust and prevent the unchaste dreams that lead to nocturnal emissions.[120] Indeed, John Marten explained this when describing how the overlap between different types of seepage left patients open to misinformation and fraudulent healers. Marten's treatise on venereal disease included numerous accounts of treatment, often designed to make his own practice look good. In one case, he described how "Dr T. ____ and honest Dr. p____" acted in a "Mercenary" manner towards a patient who required "Cure of nothing but *Nocturnal Pollutions*". The supposed healers "affrighted him" and "in a Year and three quarters time, extracted from the Patient 900 *Guinea's*" for their fees and an apothecary's bill. This was poorly done, claimed Marten, as the patient was "in perfect Health … and wanted no Remedy, but an honest *She* Companion to take off the superfluity of a laudable Constitution".[121] Although he was trying to make a point about untrustworthy healers rather than the condition, nocturnal pollutions, in Marten's opinion, could be remedied easily with recourse to intercourse.

118 Smith, "The Body Embarrassed?" 29.

119 Sasha Handley, "Sleep Piety and Healthy Sleep in Early Modern English Households," in *Conserving Health in Early Modern Culture: Bodies and Environments in Italy and England*, ed. Sandra Cavallo and Tessa Storey (Manchester, 2017), 185–209; Elizabeth K. Hunter, "'To Cause Sleepe Safe and Shure': Dangerous Substances, Sleep Medicine and Poison Theories in Early Modern England," *Social History of Medicine*, 35.2 (2022), 473–493. John Jones warned, however, that opiates should not be used to treat nocturnal emissions because they stimulated titillation: See Jones, *Mysteries of Opium*, 318.

120 Leah Astbury, "Eat, Sleep, Lust, Repeat: Bedtime Routine, Health and Herbals in Early Modern England," *Cultural and Social History*, 21.2 (2024), 141–162, at 146.

121 John Marten, *A Treatise of All the Degrees and Symptoms of the Venereal Disease, in Both Sexes* (London, 1707), 311.

Most practitioners opted to address the body's production of seed, heat, and the composition of the seed to reduce the need for expulsion. Theophile Bonet, for example, recommended that the best remedy for men whose condition was the result of an abundance of seed was "cooling and astringent things, by reason of the weakness of the Vessels, and because they dry up Seed".[122] These sentiments were echoed in Robert Lovell's *Panzooryktologia* (1661), which explained that a cure was found by "abstaining from spermatogenetick meat, using that which is refrigerant and astringent, and phlebotomy if the body be plethorick".[123] William Salmon's 1710 *Botanologia* described "SPERMATOGENETICKS" as a specific type of plant classification. He declared that these plants were "*hot, and not very dry, but flatulent and spirituous*" and that they "e*ncrease a strong and good* Chylus".[124] It was widely understood that blood was concocted out of the food a person consumed, and that the best part of this blood was then further concocted into seed increasing the nutrition in the body, or stimulating the body's concoctive processes to result in a greater production of virile semen.[125] Typical foods understood to have these effects on the body were eggs, oysters, lobsters, bone marrow, and the testicles of cocks, bulls, and rams.[126] Likewise, there were some well-known cooling foods that would dampen the lust of the body and these included water lily, camphire, and agnus castus.[127] Yet caution was required in this operation, according to Bonet; it was inadvisable in the young or in "new married" persons, he contended, to extinguish the titillating quality of the seed and thereby prevent its expulsion altogether.[128]

For this purpose, seventeenth- and eighteenth-century medical treatises and herbals advocated certain "simple" *materia medica* (meaning, in early modern medicine, *materia medica* with only a single ingredient). The syrup of agnus castus, for example, "was intended to prevent immoderate Letchery, and nocturnall pollutions" by these very properties; cooling the body and seed

122 Bonet, *Guide to the Practical Physician*, 255.

123 Robert Lovell, *Panzooryktologia. Sive Panzoologicomineralogia. Or A Compleat History of Animals and Minerals, Containing the Summe of all Authors, both Ancient and Modern, Galenicall and Chymicall* (Oxford, 1661), 389. Lovell also recommended the drinking of Coral to restrain night pollutions, 72.

124 William Salmon, *Botanologia: The English Herbal or History of Plants* (London, 1710), xiii.

125 Evans, *Aphrodisiacs*, 100–108.

126 Ibid., 103–104.

127 See, for example, Robert Turner, *Botanologia, the British physician, or, The Nature and Vertues of English Plants Exactly Describing Such Plants as Grow Naturally in Our Land with Their Several Names* (London, 1687), 4, 179. For camphire, see Evans, *Aphrodisiacs*, 156–157.

128 Bonet, *Guide to the Practical Physician*, 257.

was thought to reduce venereal thoughts.[129] Editions of *The English Physician* (1652) and *The English Physician Enlarged* (1759) recited that Horse-mint, which could be found growing in ditches, was "an especial Remedy for those that have Venereal Dreams and Pollutions in the Night, being outwardly applied to the Testicles or Cods".[130] The same author described how artichokes were somewhat contradictory because they were under the dominion of Venus and provoked lust, but actually "stay[ed] the involuntary Course of natural Seed in Man, which is commonly called nocturnal Pollutions".[131] Finally, purslane cooled heat in the reins and blood, and it therefore cured "Venerious Dreams", but seminal emissions were not specifically mentioned in this description.[132] *Medicina Britannica* (1751) likewise claimed that purslane "checks Lust, hinders venereal Dreams, and nocturnal Pollutions" and so was good for those who loved chastity.[133] Thomas Short, author of *Medicina Britannica*, also recommended water lily which was renowned for its ability to dampen lust and so was "especially" useful for "seminal, nocturnal Pollutions".[134] This was a recommendation that echoed Culpeper's text which advocated the same plant to stop "the passage away of the seed when one is asleep".[135] Interestingly, several of these simples were intended to directly regulate people's dreams, as well as the physical ejection of seminal matter from the body. Given that Protestants, as we have seen, utilised prayer to cleanse their thoughts before sleep and so fend off subconscious licentiousness, the use of simples here emphasises the intertwined nature of faith and medicine in this era and the difficulties of policing professional boundaries in such areas.[136]

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129 Tanner, *Hidden Treasures of the Art of Physick*, 166.

130 Nicholas Culpeper, *The English Physician Enlarged with Three-Hundred and Sixty-Nine Medicines, Made of English Herbs, that Were Not in Any Impression Until This* (London, 1759), 215; Culpeper, *The English Physician*, 143. In this 1652 edition, the wording is slightly different: "For those who have venerious dreams".

131 Culpeper, *The English Physician Enlarged*, 160. Artichokes do not appear in the 1652 edition.

132 Culpeper, *The English Physician*, 180; idem, *The English Physician Enlarged* (London, 1681), 197.

133 Thomas Short, *Medicina Britannica: Or A Treatise on Such Physical Plants, as are Generally to be Found in the Fields or Gardens in Great-Britain* (Philadelphia, PA, 1751), 236; see also Paul Hermann, *Materia Medica: Or, A New Description of the Virtues and Effects of All Drugs* (London, 1729), 201.

134 Short, *Medicina Britannica*, 163.

135 Culpeper, *The English Physician*, 126.

136 On the intertwined nature of faith and medicine, see Sophie Mann, "A Double Care: Prayer as Therapy in Early Modern England," *Social History of Medicine*, 33.4 (2020): 1055–1076. For more on the policing of professional boundaries in venereal disease, see Kevin Siena, "The Strange Medical Silence on Same-Sex Transmission of the Pox, c.1660–c.1760," in *The*

The medical properties of these plants were subsequently incorporated into manuscript recipe collections, sometimes almost verbatim. Thomas Sheppey's book of "Choice Receipts", collected from various authors dated ca. 1675, recited – with the attribution to Culpeper – that the roots of water lilies were most very effective in restraining "all fluxes" including "the passing away [of] the seed when one is asleep".[137] One remedy recorded in a late–seventeenth century recipe book obliquely acknowledged the lustful appetites associated with nocturnal emissions, while still offering a simple remedy:

> If any carry about him ye seed of sorrell, gathered by a boy being a Virgin, his sperm shall not goe from him, neither sleeping nor waking: therefore it is said to be good against any pollution in ye night.[138]

Presumably, the boy's virgin status implied some level of freedom from sexual desires that aided the herb in reducing unwanted emissions.

In the late seventeenth century and into the eighteenth century, attention also turned to the chemical properties of England's springs, and it was noted that the "*nitroso-aluminous water of Nevil-holt*", a small hamlet near Corby, was effective in healing wounds and all disorders of the reproductive organs that involved the shedding of liquids – bloody urine, overflowing menstruation, the *fluor albus* and nocturnal emissions. It was good for all "profuse secretions and discharges" which it "powerfully restrained".[139] Another author likewise claimed that it was the astringent "*Vitriolic Calybeate*" in these aluminous waters that helped reduce nocturnal pollutions.[140] Despite not being discussed in detail as a pathology in medical treatises, a range of treatments were recommended in medical texts and by botanical writers, and were utilised by medical practitioners to restrain men's unwanted nightly seepages. These were intended to reduce the body's plethora of seed and to diminish its innate heat, thereby reducing sexual thoughts and unwanted titillation.

Sciences of Homosexuality in Early Modern Europe, ed. Kenneth Borris and George Rousseau (London–New York, 2008), 115–133.

137 Folger Shakespeare Library, V.a. 452, A Book of Choice Receipts Collected from Several Famous Authors, 269.

138 Royal College of Physicians Library, MS 504, A Collection of Medical Receipts, 8.

139 John Rutty, *A Methodical Synopsis of Mineral Waters, Comprehending the Most Celebrated Medicinal Waters, Both Cold and Hot, of Great-Britain, Ireland, France …* (London, 1757), 301. Late eighteenth-century authors also noted that in some circumstances the cure could be "extremely difficult".

140 John Floyer, *An Enquiry into the Right Use and Abuses of the Hot, Cold, and Temperate Baths in England* (London, 1697), 28.

Yet medical literature and shared recipes also spoke in generic terms of restricting bodily flows and offered a range of remedies that were applicable to more than one type of flow from the body. In practice, the flexibility of these remedies and definitions of different seepages suggests that men might have been able to utilise a range of remedies to address a range of sexual health problems, notably venereal disease. Recourse to patent medicines that required little interaction with a practitioner was one means to achieve this and potentially to publicly avoid the labels attached to either condition. A short "catalogue" of medicines was produced for the "Physician *and* Chirurgion" practising from "*his House in* Cross-Street *in* Hatton-Garden" published around 1685. Remedies were offered for diseases ranging from gout to the King's evil, from stomach pains to the itch. Amongst these, the author clearly felt that there was a demand for help with nocturnal emissions as he offered a "Remedy that cures any person of the *losing* of their *seed* in *sleep*, called *Nocturnal Pollution*, it cures them in a very short time, price 10s".[141] No information was offered about what was contained in the cure. The author followed this by offering his cure for the "French Pox", perhaps tacitly acknowledging the known connection between the two conditions. Similarly, the back pages of the fourth edition of *Onania* carried a notice that Mr Varenne, a Bookseller, was able to supply "seal'd up, at his House" the book's vaunted *Strengthening Tincture* that provided relief from gonorrhoea, "Emissions of Seed upon Stool or Urine", nocturnal pollutions, and other "Ouzings".[142] Framed as a panacea for all seepages from the reproductive organs, this remedy – like the one available in Hatton-Garden – provided a secret means of attempting a cure, particularly when it could be purchased from a non-descript and distinctly non-medical setting like a bookseller's.

The overlap between curing nocturnal emissions and curing other seminal seepages was evident in the newspaper advertisements of the eighteenth century as well. Remedies, in these adverts, were offered that could cure "old or stubborn Gleets, seminal Effusions, involuntary Emissions, excessive nocturnal Pollutions, or any Weakness of the Kidneys, Ureters or Bladder".[143] Yet

141 Anonymous, *A Catalogue of Medicines for Several Diseases, Communicated for the Good of the Nation, to Prevent People from Hazarding their Lives, and Throwing Away their Money on those Many Ignorant Pretenders to Physic* (London, 1685), reverse of the sheet.

142 Anon., *Onania*, 83–84.

143 "Advertisements and Notices," *Daily Advertiser*, 25 May 1731, *Seventeenth and Eighteenth Century Burney Newspapers Collection*, <https://www.gale.com/primary-sources/seventeenth-and-eighteenth-century-burney-newspapers-collection 46>, accessed 2 May 2025. The same medicine also appeared in "Advertisements and Notices," *Daily Journal*, 23 August 1731, *Seventeenth and Eighteenth Century Burney Newspapers*

certain remedies sold specifically to treat "Degrees and Symptoms of the SECRET DISEASE" made no mention of nocturnal emissions.[144] It is possible that men who experienced nightly seepages and believed themselves to be infected with the pox may have chosen to avoid these specific remedies in favour of those that described nocturnal pollutions and seminal weakness in more generic terms.

Manuscript recipe collections likewise hint at undifferentiated treatment. The receipt book of Margaret Baker, for example, penned ca. 1675, offered a remedy "for the sheding of sperme" made from mastic, storax, olibanum, and cardamon.[145] This label did not clearly identify this shedding as either nocturnal pollutions or gonorrhoea, perhaps allowing for the treatment to be applied to both conditions when required.[146] Similarly, a manuscript collection of *materia medica* explained that "Ising glass" was "excellent in simenalls wea[k]ness" including the whites, running of the reins, gonorrhoea, "and ye involuntary pasing ye semene".[147] Relatively few manuscript collections explicitly offered remedies for nocturnal pollutions but many included remedies for the running of the reins and the whites. It was therefore possible for those suffering from more morally stigmatised conditions to use remedies more generically related to flows from the reproductive organs.

When described in case notes and observations, it is apparent that the condition was rarely treated in isolation and that most patients' cases were not resolved using simple medicines. Rather, regimes were used that

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Collection, <https://www.gale.com/primary-sources/seventeenth-and-eighteenth-century-burney-newspapers-collection>, accessed 2 May 2025; "Advertisements and Notices." *Universal Spectator and Weekly Journal*, 1733, *Seventeenth and Eighteenth Century Burney Newspapers Collection*, <https://www.gale.com/primary-sources/seventeenth-and-eighteenth-century-burney-newspapers-collection>, accessed 2 May 2025; "Advertisements and Notices," *Daily Gazetteer*, 24 January 1738, *Seventeenth and Eighteenth Century Burney Newspapers Collection*, <https://www.gale.com/primary-sources/seventeenth-and-eighteenth-century-burney-newspapers-collection>, accessed 2 May 2025; "Advertisements and Notices," *London Daily Post and General Advertiser*, 25 November 1741, *Seventeenth and Eighteenth Century Burney Newspapers Collection*, <https://www.gale.com/primary-sources/seventeenth-and-eighteenth-century-burney-newspapers-collection>, accessed 2 May 2025.

144 See, for example, the "Electuarium Mirabile" advertised in *Common Sense or The Englishman's Journal* (London, England), Saturday, 22 May 1742; Issue 275.

145 Folger Shakespeare Library, V.a.619, Receipt book of Margaret Baker, fol. 18r.

146 The verso of the same manuscript folio described how yarrow was useful to treat "gororea": ibid., fol. 18v.

147 University of Pennsylvania Libraries, Kislak Center for Special Collections, Rare Books and Manuscripts, Manuscripts, Ms. Codex 752, Colenda Digital, <https://colenda.library.upenn.edu/catalog/81431-p3t727j2n>, accessed 2 June 2025, fol. 18v; see also fols. 182v–183r Diacodium syrup.

incorporated measures to reduce plethora and seed production, to directly address lustful thoughts, and to strengthen the body. Cockburn's patient was treated in terms of his inability to ejaculate in the appropriate place, rather than specifically for nightly emissions. Convinced that the problem was caused by an excessive pressure on the urethra during intercourse – a pressure that was not present when his seed was released during sleep –, Cockburn claimed that "The Method of Cure was not less successful than obvious, … for gentle Evacuations, and a slender Diet brought about, and fully completed their Desires".[148] The description here does not give a clear answer to the question of whether the cure also worked to prevent further night-time emissions.

Similarly, Joseph Binn's case notes record treating Mr Dennis in September 1647 for a gonorrhoea and associated phimosis, during which nightly seepage was noted. By the 5th of October – following the use of stool provoking medicines, internal injections, and other medications –, the poor man had suffered numerous complications; Binns noted, however, that "it runeth but little a daye & night".[149] As part of a broader shedding of matter from the body, Mr Dennis's Condition was not considered specifically as nocturnal pollutions and was treated simply as part of the man's venereal disease. Platter's descriptions of treatments for "*Voiding of Seed*" similarly focused on gonorrhoea and premature ejaculation, with no single treatment marked out as specifically appropriate for nocturnal emissions.[150] His suggestions of medications to thicken the seed, remove its sharpness (or titillating qualities), and the advice to use baths, fomentations, and ointments that "repress Lechery" might well have been considered relevant, however, to those seeking to avoid lustful dreams.[151] His suggestion, indeed, that "A thin leaden Plate" be "applied at night to the Back, as it will restrain Lechery" to cure gonorrhoea echoed the fifth-century moralist John Cassian's instructions to bring nocturnal emissions under control.[152] This method was also employed by John Hall, who treated a patient for "a Flux of Semen, and Night-Pollutions, by which he was much weakened" with a prescription containing cassia, tamarinds, red coral, and mastic.[153] The patient was also purged, drank chalybeate milk (milk impregnated with iron), and had lead plates applied to the

148 Anon., *Medical Essays and Observations (volume 1)*, 327.
149 British Library Sloane MS 153, Joseph Binns Surgical observations, fol. 14v.
150 Platter, *Golden Practice of Physick,* 624.
151 Ibid., 625.
152 Leyser, "Masculinity in Flux," 103.
153 Hall, *Select Observations*, 97–98.

reins.[154] Medical practitioners, therefore, appear to have adopted a flexible approach to treating seminal flows from the body that may or may not have been labelled as nocturnal emissions by their patients.

7 Conclusion

This article has begun the task of placing nocturnal emissions within the wider discussions of sexual health problems that were described in seventeenth- and eighteenth-century medical texts. It has revealed that nocturnal pollution rarely constituted a pathology worthy of detailed discussion or dedicated chapters for either medical or surgical authors. They were understood as a seepage of seed from the body triggered by specific factors, but were marginalised by the need to discuss the more overtly damaging gonorrhoea and the running of the reins. Seepage caused by venereal disease was moralised and revealed men's inabilities to master their sexual desires; they brought illness and disease into the home and threatened the family.[155] As Weisser has noted, the link between venereal disease and sex was widely acknowledged, and venereal symptoms implicated men and women in "the 'wrong' kind of sex – illicit, frequent, fervent".[156] Nocturnal emissions were embarrassing and suggested a propensity to lustful thoughts, but were framed by the knowledge that sleepers had little control over their nightly visions and that emissions might be brought on by over-eating. While potentially shameful, they did not carry the same moral stigma in a medical setting as the pox. The men experiencing nocturnal emissions expressed some embarrassment but largely framed their discussions in terms of bodily weakness and the need to restrain unwanted flows from the body. Treatment options reflected the ambiguous status of these bodily flows and could focus on addressing the excessive production of seed or on the overly hot nature of the body. Thus, they emphasized the entirely non-sexual potential of the humoral body to shed plethora. These options could be co-opted by those afraid of the venereal label, and could be utilised to treat gonorrhoea and the pox. Those seeking to

154 Leaden plasters appear in recipe books but were not overtly connected to nocturnal emissions; see, for example, Folger Shakespeare Library, V.b.342, Receipt book of Mary Hookes, ca. 1675–1725, 22 (irregular pagination at the rear of the manuscript); University of Pennsylvania, Kislak Center for Special Collections, Rare Books and Manuscripts, Manuscripts, Ms. Codex 624, fols. 78r–v.

155 Lisa Wynne 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.

156 Weisser, "Treating the Secret Disease," 691.

entirely avoid being associated with nocturnal emissions could likewise opt for remedies related to the running of the reins or the whites. The ambiguity in the definitions and treatments of these interrelated flows offered early modern men and women the flexibility to shape their bodily ailments to fit with their own moral narratives. This perhaps complicated treatment for healers whose only means of understanding whether a flow in fact was a nocturnal emission was a patient's declaration that they had experienced a lustful dream.

Acknowledgements

I would like to thank Francesca Arena, Leanne Calvert, Nina Studer, and Claire Turner for reading and offering comment on the drafts of this submission.