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# What's in a Gland? Sexuality, Reproduction and the Prostate in Early Twentieth-Century Medicine

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## ABSTRACT

This article presents a case study about how norms relating to masculinity, sexuality and reproduction were produced in relation to the healthy, ailing, or aging prostate in early twentieth century medicine. It shows how the ailing prostate tied in with norms about healthy, abnormal or illicit sexual and reproductive practices. Engaging with insights from the history of medicine, feminist science studies, and men and masculinity studies, it highlights how the prostate became a diagnostic catch-all for a wide range of physical and mental conditions, producing demarcations between femininity and masculinity, manliness and unmanliness, health and illness, and moral and vice.

... the prostate is not only a sexual organ, but one that is absolutely indispensable ... without it the race would end and without it the pleasure of sexual contact would be wanting.<sup>1</sup>

George M. Phillips, 1903

What is a prostate? In the early twentieth century, medical practitioners provided a variety of answers to this question. The gland's connection to men's reproductive systems was widely agreed upon at the time. Medical professionals, such as the professor of genitourinary surgery quoted above, considered it to be vital for conception and thus the future of the human race. Others saw important connections between the prostate and a man's general health and wellbeing, both physical and mental. In scholarly articles and clinical reports about men and their prostates, professionals explored and debated physiological qualities and problems related to the gland. At times, such accounts included material that outlined norms around masculinity and sexuality; the prostate spoke to what it meant to be a man, a husband and a productive citizen. This observation aligns with the more general pattern shown by scholars studying the prostate and related aspects of men's 'intimate health' during the early twentieth century, that such accounts could be 'heavily moral in tone'.<sup>2</sup>

The introductory quotation above comes from Professor George M. Phillips, one of the medical practitioners who, in the early 1900s, argued that the prostate gland played a crucial role in men's health and wellbeing far beyond its reproductive

functions. Based on the writings of Phillips and his peers, this article presents a case study about how norms relating to masculinity, sexuality and reproduction were produced in relation to the healthy, ailing or ageing prostate in early twentieth-century medicine. The empirical material was collected at the Semmelweis library, Budapest, Hungary, which hosts a large collection of historical urological literature. Processing approximately 3,000 documents from this collection, our focus was on material about the prostate that in different ways produced or reproduced social and cultural norms about masculinity, sexuality and men's health. We soon found that the American journal *The Urologic and Cutaneous Review*, launched in 1913, was a hub for such debates. In the journal, medical experts debated the ways in which the prostate influenced, and was influenced by, men's moral, sexual and reproductive practices. Relevant medical texts quoted or referred to in the journal were traced and included in the analysis too.

In the present article, we argue that medical discourse on the prostate novel perspectives on the ways that norms and values about men and masculinity were shaped within North American medicine in the early twentieth century. For a long time, historical studies of gender and medicine focused primarily on how social and cultural norms of gender have been inscribed onto the bodies of women. Similarly, studies of the history of reproduction have tended to focus on women's bodies, leaving the bodies of men insufficiently problematised in feminist science and technology studies as well as in the history of medicine.<sup>3</sup> During the last few decades, however, scholars have also shown how men were gendered within certain fields of medical practice.<sup>4</sup> The present article adds to this emerging body of research within the history of gender and medicine. Through medical professionals' writings about the prostate, we analyse accounts on men and masculinity, men's bodies and health, and men's sexuality and reproductive capacities in early twentieth-century North American medicine. By doing so, we aim to contribute to a more nuanced understanding of men as gendered subjects within the history of gender and medicine.

The present study focuses on the North American medical scene in the early 1900s. Inspired by European medical universities focussed on laboratory disciplines and university hospital clinics with specialised research and fixed medical degrees, US medicine was gradually moving from the ideal of general practitioners towards specialisation as the preferred development in medicine. This process only started in the 1850s with the emergence of specialisation in a few areas, like surgery and obstetrics.<sup>5</sup> In the 1860s and 1870s it became more common for general practitioners to focus on one specific area, especially in cities with large enough target groups.<sup>6</sup> The movement towards specialisation was driven by ambitious young doctors trained in Europe, by American specialist medical societies and to a certain extent the American Medical Association, which advocated specialisation to create clear demarcation lines around what were considered proper ways of practicing, researching, teaching and organising medicine to protect the profession from charlatans.<sup>7</sup> Important underpinnings in this work were the launching of medical specialist journals, professorial chairs and the rapid development of new instruments and technologies that were difficult to master within the realm of the general practitioner.<sup>8</sup> The medical arena in the decades around the turn of the twentieth century was, thus, both heterogeneous and very much in transition.

The sources under analysis here and the central figures who contributed to medical debate about the reciprocal relation between the prostate, sexuality and morality

reflect this broader context of medical specialisation. The most important source, for example, *The Urologic and Cutaneous Review*, was a St. Louis-based monthly journal, launched in 1913. It had, however, existed since 1897 as the *American Journal of Dermatology and Genito-Urinary Diseases*. The combined focus on urologic and dermatological-cutaneous topics was explained by the connection between many sexually transmitted diseases and various dermatological conditions. The editor of the journal before 1913 was the professor of dermatology and hygiene at Barnes Medical College, S. C. Martin, M.D. He was succeeded by his son, S. C. Martin Jr, M.D, but continued to stay on as a member of the editorial board.

The launching of the journal in 1897 was motivated by the rapid development of new medical knowledge. New instruments and pathological observations were leading to more precise diagnostics, which were, according to the editorial, leading to revolutionary changes of medical methods. To keep up to date with the latest developments was crucial for a 'successful practice'. However, as new insights replaced older ones at such a fast pace, it had become increasingly difficult for the physician to keep up. Hence, there was a need for new channels to distribute the latest information, it was concluded.<sup>9</sup> The change of title in 1913 did not alter the contents of the journal in any substantial way and was not introduced in any new editorial manifesto. The journal continued to focus on treating genitourinary and venereal diseases in original articles, book reviews and a section of briefs on international research. It also featured standing sections of aphorisms about medical practice (under the headings 'Syphilo-dermo Maximes' and 'From the Tripod') as well as historical articles on topics such as prostitution and homosexuality.<sup>10</sup> Its contributors were typically medical practitioners who performed academic research, served at university hospitals and belonged to medical societies. Their various contributions to the discussion on men's health, illness and sexuality in relation to the prostate provide us with valuable information on how they, influenced by broader societal norms and professional standards, articulated norms of sexuality, reproduction and masculinity.

## Previous research

The present article engages with and builds on insights from the overlapping fields of the history of medicine, feminist science and technology studies, and critical studies of men and masculinity. From the history of medicine, we are inspired by research focusing on how men and men's bodies have been gendered and pathologised in relation to health and sexuality.<sup>11</sup> Studies in feminist science and technology studies show how science, technology and medical practices contribute to the material as well as the discursive shaping of identities, bodies and societal power relations.<sup>12</sup> Critical studies of men and masculinities provide a framework for analysing masculinity as a social, historical and cultural construct that is entangled with norms connected to embodiment, sexuality and reproductive capacities.<sup>13</sup>

In the history of medicine, the theorising of men and masculinities is an underdeveloped area of study.<sup>14</sup> Men have, for the most part, been studied as professionals, especially as scientists and doctors. Scholars have analysed how the men of medicine established a medical discourse deeply infused with masculine norms and gender stereotypes.<sup>15</sup> But it is women who have mostly been analysed as the patients, who were made subject to gendered medical practices, and whose bodies were constructed

as dichotomous to those of men: inferior, vulnerable and sexualised.<sup>16</sup> Considering the limited focus on men's reproductive bodies within the history of medicine, as well as in medical anthropology and science and technology studies, we argue in line with other scholars that men have been the 'second sex' when it comes to the reproductive arena.<sup>17</sup>

From the overlapping fields of study informing our work, we have particularly drawn upon studies that attend to issues connected to men's health and bodies and the pathologising of male sexuality and reproductive capacities.<sup>18</sup> Recent work by Elin Björk shows how the prostate was constructed as a shifting object of medical knowledge in the years between 1893 and 1910, underpinning experimentation with and eventual abandonment of castration as treatment for prostate hypertrophy.<sup>19</sup> Sally Wilde's work on prostate surgery shows that prostate health as an area of medical practice was a heterogenous field in the 1930s, where general physicians as well as surgeons and operators individually tinkered to improve methods as well as instrumentation, as no 'gold standard' of procedure had yet been established. Wilde describes the emerging arenas for professionalisation and specialisation of prostate surgery as 'messy worksites' well into the 1930s across North America, Great Britain and Australia.<sup>20</sup>

Christopher O'Shea has discussed Victorian medicine's attention to the male reproductive system. He finds a strong emphasis on genitourinary infections, particularly a variety of prostate disorders.<sup>21</sup> O'Shea examines an 'undercurrent' of a 'discourse concerning sexuality' within medical literature from the 1870s, one that continues into the first decade of the 1900s. What he outlines is a surgical discourse that posited a causal connection between male sexual dysfunction and 'sexual immorality'.<sup>22</sup> Victorian medical practitioners argued that a range of behaviours, such as sexual over-indulgence within marriage, sex outside of marriage as well as masturbation, could be considered causes of prostate disorders resulting in sexual dysfunction. The consequences of these vices might manifest only later in life, as 'youthful indiscretions' were considered to lead to prostate problems in adulthood or old age.<sup>23</sup>

Historical studies on men, masculinity and sexuality show that the industrialisation and urbanisation of Western societies, which brought about radical changes in production, economy and culture, also caused substantial changes in masculine identities for white, heterosexual men. Former ideals of white masculinity in the North American context, such as the heroic artisan or the genteel patriarch, were in the 1830s and onwards increasingly replaced by ideals of the 'self-made man'. Now men had to compete within the industrialist capitalist society, where success could be as fluctuating as the state of the market. Michael Kimmel has described this as a major cause of the masculinity crisis that eventually resulted in a new set of gendered ideals for middle-class men: the entrepreneur or businessman in the public sphere. To succeed, a man had to be rational and disciplined, an ideal that reached into the sexual sphere as well.<sup>24</sup> The ideas around what were considered to be moderate, healthy sexual practices have been described with the term 'spermatic economy', which included beliefs that too much sex, both in the form of masturbation and within marriage, could cause severe imbalance in men.<sup>25</sup> The construction of this new white, middle-class and heterosexual masculinity was co-produced largely in contrast to what normative masculinity was not: feminine, black or gay.<sup>26</sup>

With its competitive pace, modern life not only put a man at risk of becoming feminised but could also lead to nervous conditions. One such condition was neurasthenia, which included a variety of symptoms, both physical and psychological, like asthma, hay fever, insomnia, nervous breakdowns and insanity.<sup>27</sup> It was believed to be caused by the hectic pace of urban life: fast communications like trains, cars and bicycles, the stream of information by newspapers, periodicals and the telegraph, temptations in the form of easily accessible nightlife and the constant mental taxation of office work. Neurasthenia was a highly gendered and racialised condition. It was considered to make men more feminine and women more masculine, which also meant that the cures were gender specific. Women were recommended a strict domestic life, preferably in bed with limited intellectual work, to cure it, while men were encouraged to take part in outdoor activities to build physical strength and regain health.<sup>28</sup> In terms of race, black men of all social groups were believed to be biologically unable to reach such a state of civilisation as to be affected by neurasthenia at all.<sup>29</sup> The present article bridges historical studies that focus on the prostate and men's bodies and studies that attend to the gendered and normative aspects of medical discourse and practice. In doing so, we show how the prostate was used as a nodal point in medical discourse and practice, serving as a catch-all for a wide range of physical and mental ailments, while at the same time producing and reproducing norms connected to both sexuality and masculinity.

Turning now to the analysis of the empirical material, we start by describing medical professionals' ways of answering the question of what the prostate was. Next, we outline how medical authors conceived of ailments related to the prostate. Finally, we analyse how these conceptions about men and their prostates shaped and were shaped by broader sexual, reproductive and gendered norms.

## Understanding the prostate

At the turn of the twentieth century, the prostate was mainly understood as a gland with both glandular and muscular tissue. The functions of the gland were believed to be twofold; firstly, to produce a secretion and secondly, to help the secretion reach the place in the gland, via the muscular tissue, where it could mix with the spermatozoa that entered the prostate from the testicles via the spermatic duct. However, the prostate was also believed to have other functions that affected the body beyond the reproductive system.<sup>30</sup> Some medical practitioners subscribed to the idea that the body was regulated by a system of internal secretions, while others thought of the body as managed by the nervous system. In the mid-1930s, both the theory of the regulating role of the nervous system and the idea of internal secretion had been replaced by the emerging field of endocrinology.<sup>31</sup>

During the last decades of the nineteenth century, a small but influential number of medical practitioners elaborated an analogy between the prostate and the uterus. The leading British surgeon Sir Henry Thompson, for example, in line with other observers, asserted that both the prostate and uterus were made of a thick 'mass' of 'organic muscular fibre' which was not the case in other places of the human anatomy; both the prostate and the uterus were subjected to tumours that were histologically identical. Other outgrowths of the prostate and the uterus were identical in form, and both organs could be affected by hypertrophy.<sup>32</sup> Elsewhere in medical accounts from

the beginning of the 1900s one finds observations also informed by this analogy, suggesting that the growth occurring in the ageing prostate was 'a simple degenerative change, similar to that which occurs in the uterus'.<sup>33</sup>

Elin Björk has found that analogies in which the male body was compared to the female (and not the other way around) were a part of the establishment of knowledge formation on the prostate and other male sexual organs within medicine at the turn of the twentieth century. She argues that medical practitioners made these analogies to transform knowledge from the more established field of gynaecology into the emerging field of urology and the sexual system of men. Thus, the analogy of the uterus helped create a useful working hypothesis underpinning and legitimising medical interventions into the reproductive system of men.<sup>34</sup>

In addition to the prostate being the cause of a variety of common physical illnesses, which will be explored in the next section, a number of sometimes contradictory ways of understanding what the prostate was, and what it did in men's bodies, emerged in the early 1900s. The prostate was thought to be closely connected to mental vigour, and indeed to the mental health of men. James Hughes Polkey suggested that there was, in fact, a direct connection between the prostate and the brain. How this connection worked was subject to debate among medical practitioners. Polkey argued that there was an internal secretion in the prostate that affected the brain: 'the prostate, aside from its usual functions, may have an internal secretion, which exerts a direct influence on the psychic state of the brain, and confers upon it its intellectual integrity'.<sup>35</sup>

George W. Overall was one of the first medical practitioners to argue that the male sexual organs were pivotal to a healthy and normative masculinity. He propagated the particular role of the prostate as a gland especially predisposed to disturbance due to sexual excess, whether it was marital or extra-marital. The effects could be both physical and mental disturbances and disorders. The mental symptoms were understood to be the result of the connection between the prostate gland and the brain. More specifically, these symptoms were considered the result of prostate enlargement, as the gland tended to grow with age. Perhaps the most evident manifestation of the reciprocal prostate-brain connection was the prostate's effect on sexual practices, explaining, for example, the reduced sexual appetite in men burdened with heavy intellectual work, or the loss of libido for men suffering from grief or anxiety. In men with healthy prostates, however, sexual vigour and virility could be maintained well past fifty and even past seventy years of age. When men of that age were cured from their prostate ailments caused by hypertrophy, or by inflammation, their mental vigour would also return, as the state of the prostate and mental capacities were considered to be related to one another.<sup>36</sup> The belief that the ailing prostate could cause a man to fall victim to nervous disorders continued to live on among some medical practitioners well into the 1930s, according to Valier.<sup>37</sup>

George M. Phillips emphasised the sexual capacity of the prostate even more, stating that 'about the office of the prostate there has been much conjecture, though today it is generally conceded to be purely a sexual organ, and that any other function it may possess is secondary'.<sup>38</sup> One of his central ideas was that the prostate produced the male orgasm. Phillips argued that the prostate together with its sensitive nerve system was where the 'pleasurable sensation of the orgasm' came from. He referred to the



prostate as 'the seat of the sexual brain'. The prostate was not only linked to orgasm for men, but also to that of women:

through its muscular endowment the prostate controls the ejaculatory ducts, and in this way the seminal fluid is taken from the vesicles into the prostatic urethra, where it is mixed with the prostatic secretion. Through its muscular nature this fluid is compressed sufficiently to send it with telling effect into the vagina and against the cervix to develop at the critical moment in the female sexual satisfaction.<sup>39</sup>

The importance of these functions was not to be underestimated. Indeed, Phillips referred to the prostate as an absolutely indispensable reproductive organ without which 'the race would end and without [which] the pleasure of sexual contact would be wanting', as quoted in the introduction.<sup>40</sup> He thus assigned the individual reproductive capacity of a man to his prostate, and connected it to both the potential of pleasurable sex and to human reproduction per se. In this case, the connection between the prostate, female orgasm and conception also tied in with the understanding that ejaculation in a mechanical sense was necessary for conception. Even though few doctors still believed that female orgasm was crucial for conception, the idea lived on, both in certain medical communities as well as in popular belief.<sup>41</sup> The force through which the seminal fluid was sent with 'telling effect into the vagina and against the cervix' was considered to be necessary for a woman's orgasm, which in turn was linked to conception. Hence, according to Phillips, without the 'muscular endowment of the prostate', there would be no conception.

As outlined in the introduction to this article, and in line with the examples above, it becomes clear that the understanding of the prostate was not a coherent one, and among medical practitioners there was limited consensus beyond the prostate being connected to male reproductive capacities. In the material studied, the prostate was believed to have an impact on a wide range of men's bodily functions. As our examples indicate, there was an increased focus on the mental and sexual aspects of men's health connected to the prostate. An ailing prostate could be serious, and its impact reached beyond the individual lives and bodies of men, into men's intimate relations with women and their ability to perform the duties of a productive citizen. When a man's prostate was healthy, according to Overall, it had a positive influence on his mental and intellectual capacities. The healthy prostate was conducive to healthy masculine characteristics, according to Phillips, such as the ability to sexually satisfy a female partner, and procreate, even when the man was of advanced age. Medical discussions of the prostate from the early twentieth century thus show how social and, in particular, sexual practices of men could be intimately entangled in medical understandings of men's mental and physical wellbeing, beyond their sexual and reproductive health.

### Diagnosing the ailing prostate

Doctors treating men with urological conditions agreed that prostate problems could be both common and severe. John M. Tribble emphasised that the prostate was not only responsible for the majority of illnesses and deaths among men past fifty years of age, but also affected many younger men as well:

the statement has been made and probably with entire truth, that eighty per cent of all the ills of men past fifty are caused by prostatic disease, and that the same percentage of deaths after that period is traceable either directly or indirectly to the same cause. If this be true, even in part, just what is our responsibility to our younger patients, who have in their early prostatic infection, a very probable cause of the after involvement of this gland?<sup>42</sup>

The prostate could thus be considered a matter of life and death for individual men as well as the whole of mankind. Partly because of developments in treatments and diagnostic methods, a range of diagnoses were available to medical practitioners during this time period. Descriptions of infected, enlarged and leaking prostates were common in accounts from medical practitioners. As we have seen, the prostate was understood as an organ that was intimately connected to a range of other organs and bodily functions. The prostate was described as a part of a troublesome area. The proximity of the prostate to the urethra and the bladder was considered problematic, as illness in either one was believed to easily spread to the other. This was also an area that tended to be affected by bacteria, thus it was labelled 'the dust bin of the body'.<sup>43</sup>

One of the most common diagnoses due to an inflamed prostate was prostatitis. Prostatitis was considered an inflammatory process that sometimes caused the soft prostatic tissue to become fibrous and hard.<sup>44</sup> Prostatitis was considered the result of anything from bacteria to old age or illicit sexual practices, such as masturbation, extramarital sex or coitus interruptus. An infection of the prostate could, especially in men past forty years of age, be caused by urea, phosphates or ammonium in the urine, which would cause irritation and inflammation of the gland. This was thought to be a very common condition, according to Overall, who stated that prostatitis was only to be expected in a man past fifty years of age, with sexual impairment and mental sluggishness as a result. Venereal diseases, for example gonorrhoea, were one of the most common ways of understanding the cause of an inflamed prostate. Gonococci bacteria were also considered a frequent source of trouble in the nearby urethra and bladder.<sup>45</sup> The results of a gonococci infection could be prostatic abscess, that is, the swelling of an area in the prostate tissue, sometimes containing pus.<sup>46</sup> When an inflammation developed into a state of chronic prostatitis, it caused different nervous disorders, like neurasthenia, but also physical conditions like backache. Neurasthenia was believed to be caused by toxins generated and spread from the inflammation, thus having a toxic effect on the nervous system.<sup>47</sup> Prostatitis was also thought to cause secondary problems, like spermatorrhea, the excessive discharge of seminal fluid.<sup>48</sup> Other forms of prostate inflammation were connected to, for example, excessive masturbation or coitus interruptus, when practiced for a long time.<sup>49</sup>

Another important diagnosis was the hypertrophied prostate, that is, the enlarged prostate. An enlarged prostate, caused by the continuous growth of prostate tissue, was considered a phenomenon associated primarily with the ageing man.<sup>50</sup> The size of the hypertrophy could vary considerably, and there was no obvious connection between the size of the enlargement and the problems it caused. Sometimes a small or moderate growth could cause severe problems, while in other cases, even major enlargements did not cause any problems. However, often the prostate hypertrophy was connected to suffering and even death. It was a condition that 'very often strips the declining years of man of the usefulness and pleasure for which he has so long labored, and commits to the grave yearly many who were otherwise entitled to live', explained Phillips.<sup>51</sup>



There was no general agreement as to why the prostate started to grow, and several physicians claimed that there was no way of knowing the underlying causes. One physician presumed the hypertrophy to be caused by a degeneration similar to the degeneration of the uterus.<sup>52</sup> Some physicians, however, suggested that the enlargement could be triggered in men with sedentary work, at the same time as others claimed that many of their hypertrophy patients were physically active, engaging in outdoor activities like horseback riding. Some suggested that obese men more often suffered from hypertrophy, while others claimed that nervous and thin men were more often affected or that getting too cold, overfeeding or some kind of congestion could cause an enlarged prostate.<sup>53</sup> These opinions clearly demonstrate that the field of practitioners focusing on the prostate had not yet arrived at any fixed understanding about the prostate enlargement, which agrees with Sally Wilde's similar argument about the prostate surgical practice as a 'messy worksite' in the 1920s and 1930s.<sup>54</sup>

A hypertrophied prostate could sometimes affect a man's mental condition in the direction of hypochondria, neurasthenia, hallucinations and even suicidal tendencies. But it could also result in loss of memory and concentration, lack of intellectual capacities and insomnia. And a man suffering from a hypertrophied prostate was often 'irritable', one physician claimed.<sup>55</sup> One case describes a man, sixty-six years of age, who developed psychosis after urinary retention due to moderate prostate hypertrophy. The first treatment for his condition was catheterisation, which was followed by prostatectomy when catheterisation did not improve the patient's mental condition. While recovering from the prostatectomy, his psychosis disappeared.<sup>56</sup>

The prostate could also be enlarged by the growth of adenomas (benign tumours), by stones or by the growth of malign tumours.<sup>57</sup> The hypertrophy diagnosis was, however, not about these conditions. The estimation of how many adenomas developed into malign tumours differed between practitioners. J. L. Polkey in 1926 estimated that between ten and twenty per cent of the hypertrophied prostates were cancerous.<sup>58</sup> It was also noted that not all of the prostate cancers emerged from adenomas, but could also develop independently in the prostate.<sup>59</sup> In addition to being infected, enlarged or tumorous, the prostate could also be leaking, which was considered a sign of prostatorrhea. This condition could be connected both to prostatitis and to an enlarged prostate. Prostatorrhea was characterised by an unnatural large amount of prostatic fluid being discharged from the prostate.<sup>60</sup> It was at times mistaken for spermatorrhea, the involuntarily discharge of seminal fluid.

In the accounts above, the prostate was often presented as a life-and-death organ. An enlarged, inflamed or leaking prostate could cause a great deal of suffering, and ultimately cause men to lose their lives. Furthermore, it seems to have been a catch-all for almost any ailment that a man could suffer from at this time, be it physical, mental or sexual. Prostatitis could be the cause of sexual impairment, impotence as well as excessive libido, spermatorrhea, mental sluggishness, nervous disorders and backache. An enlarged prostate gland, sometimes the result of growing older, could result in trouble urinating, incontinence or urinal retention, but also mental conditions such as irritability, hypochondria, insomnia, neurasthenia, hallucinations, loss of memory and intellectual capacities, and even suicidal tendencies.

Our material shows that accounts of the ailing prostate were connected to sexuality and sexual practices in two distinct and quite contradictory ways. On the one hand, the

conditions diagnosed were oftentimes considered to be the result of the wrong kinds of sexual practices, such as masturbation or coitus interruptus. On the other hand, prostate illnesses could also be the result of ageing, or innocent activities such as horseback riding. In these cases, sexual problems were perceived as the symptom rather than the cause of an ailing prostate. In the next section, we will elaborate on the ways in which diagnoses such as prostatitis or a hypertrophied prostate played into the ways in which medical professionals defined normal patients in relation to their sexual practices.

### **Masculinity, sex and the prostate**

Sexual practices were prominent in the discussion about the unhealthy prostate. Desire itself, either ungratified or excessive, was described as unhealthy and dangerous. A prostate inflammation could be the result of 'excessive connection, masturbation, or withdrawal, continued over a long period', an article in *The Urologic and Cutaneous Review* claimed.<sup>61</sup> There is a rather distinctive pattern in the material when it comes to the kinds of sexual practices that were perceived as harmful to the prostate. Masturbation was one of the recurring ones, as well as coitus interruptus. Prostate disease was most often attributed to masturbation or an excessive sexuality, both connected to an increased libido in men. An excessive sexuality could result in a stricture or urethritis. These conditions caused an inflammation of the prostate that initially increased the sexual appetite, only to be followed by a total lack of sexual desire as well as impotence. Discussing this prostate inflammation, the physician Cyrus Jacobovsky claimed:

My experiences ... have amply confirmed what to me appears an established fact, that in those cases of sexual neurasthenia wherein a fundamental underlying factor is masturbation, causing a constant congestion and stimulation of the nerves of the sexual apparatus, there is a constant reciprocal influence of the posterior urethral irritation to increase the desire on the one hand, and the continual irritation of the posterior urethra from the gratification of the desire on the other hand, both in turn producing an array of nervous and psychic phenomena.<sup>62</sup>

The consequences of an unhealthy prostate were often described as alarming. Illicit sexual conduct such as extra-marital sex or masturbation put a strain on the prostate that could result in an inflamed gland, that is, prostatitis. This, in turn, could make men 'lose the keen mental activity they formerly possessed' and make them mentally 'sluggish', Overall claimed. Problems with the prostate, he argued, were connected to mental illness, depression and even insanity. When the prostate was inflamed or enlarged, the reason was most often thought to be that the man had overstepped the bounds of healthy, normal and moral sexuality. As a result, he became vulnerable, weak, impotent, irrational and even insane.<sup>63</sup> Thus, when medical practitioners described the conditions for a healthy prostate, they were simultaneously reproducing norms of a healthy and moral sexuality. At the same time, they indirectly outlined the contours of normative masculinity in their descriptions of qualities often regarded as either unmanly or feminine: weakness, vulnerability, irrationality and insanity.

When the medical practitioners represented in this material discussed sex and its connection to the prostate, it was also common to describe sex in terms of consequence rather than cause. For example, the hypertrophied prostate was connected to an increased sexual energy in older men, that is, past fifty years of age. As the prostate grew,

it could cause men to abandon their respectability. The enlargement of the prostate led it to 'misbehave', by making men fall in love with women much younger than themselves. By exercising their 'amorous senility', these men made 'their prostatic slippered old age' visible for all, it was argued in *The Urologic and Cutaneous Review*.<sup>64</sup> This example shows how the prostate was understood as intimately connected to the respectability of the ageing man.

In addition, illnesses of the prostate could result in reproductive problems. The most common ones reported in the material are impotence and sterility, both closely connected to views on normative masculinity. The prostate was described as connected with male sterility in at least two ways. In 1924, the New York-based physician Maximilian Zigler outlined the role of the prostate in cases of male sterility. In a carefully monitored study, he found that a gonococcus infection was common in the medical history of patients suffering from sterility. The gonococci infection had often caused lesions in various places related to reproduction, like the epididymis, seminal vesicles or the prostate. But he also found cases of male sterility where no traces of contemporary or historical infections could be found. Instead, in the 'non-venereal' group, he found patients with a 'constitutional factor' of the prostate, causing a lack of the secretion functions necessary for the spermatozoa.<sup>65</sup>

An ailing prostate was also related to the phenomenon of sexual neurasthenia, as has been previously mentioned, in addition to neurosis. John M. Tribble made the connection between chronic prostatitis and 'all sorts of neurasthenic disorders'. He argued that even if these disorders passed, they were often followed by neuroses that could be difficult to treat. These neuroses, he claimed, 'are of themselves but evidence of the continuation of some active focus of infection in the glandular tissue'.<sup>66</sup> In turn, sexual neurasthenia was connected to impotence. In many cases of sexual neurasthenia, the libido remained intact, the Vienna-based doctor Victor Blum argued in an article in *American Journal of Urology*. But as one of the components of sexual neurasthenia was impotence, which sometimes manifested itself in premature ejaculation, this led to a psychological and physiological conflict that could prove to be difficult. Blum claimed that:

[...] when the patient intends to introduce the penis, an ejaculation occurs, which far from giving pleasurable feelings or leaving a sensation of satisfaction, is accompanied by all sorts of somatic and psychic feelings of revulsion. The patient may suffer at the moment of remission violent burning pains in the urethra, discomfort in the whole body, and pains radiating from the prostate to the entire back and extremities.<sup>67</sup>

These uncomfortable sensations could often, claimed Blum, make the patient increasingly depressed and obstruct the successful cure, as the patient started to doubt the 'curability of the impotence'. The problem of premature ejaculation was ascribed various causes. Some of them were promiscuous habits, masturbation, wrongful excitement and interrupted coitus, which all lead to a 'permanent irritation of the sexual sphere', including a 'permanent hyperemia', an excessive amount of blood in the prostate. This permanent irritation of the prostate could also affect the posterior urethra, leading to urinary problems.<sup>68</sup>

When diagnosing men suffering from prostate problems, these physicians were also indirectly providing detailed accounts of their views on healthy sexual practices. In their accounts, a healthy sexuality for men was understood as heterosexual.<sup>69</sup>

Sexual intercourse within marriage was presented as the safest and healthiest option, while most other sexual practices were described as dangerous and unhealthy. The most frequent forms of unhealthy sex were masturbation, coitus interruptus, excessive sex and sex outside of marriage, all of which were connected to an inflamed prostate. In this case, the primary explanation was that the prostate was overly strained by the muscular contractions of ejaculation. Excessive sexual activities were thus believed to irritate and inflame the prostate. Paradoxically, a lack of sex or ungratified sexual desire were considered important causes of an inflamed prostate as well. Hence, almost any form of sexual practice (including none at all) could be considered the cause of an inflamed prostate. In contrast, sexual practices connected to reproduction within marriage were rarely considered problematic.

Thus, the prostate bore a link between sexual morals as well as physical and mental capacities in the views of early twentieth-century American medical practitioners, which complements what Christopher O'Shea has found in the case of British Canada.<sup>70</sup> Swedish historian of medicine Karin Johannisson describes how the female reproductive organs were understood in relation to women's emotional and mental capacities. Gender and the soul, she argues, were understood as intimately connected, making women vulnerable to mental illness.<sup>71</sup> Our analysis shows that the prostate gland served similar gendered and gendering purposes in medical discourse around men's bodies. By looking at medical accounts of the prostate, and how the healthy prostate was understood as 'the seat of the sexual brain' while the unhealthy prostate caused mental sluggishness, nervousness and insanity, we argue that the gendering of the body through its reproductive organs could make men, as well as women, vulnerable to the dangers of mental illness, according to medical professionals.

### Concluding remarks

Summarising our argument, by focusing on men and men's bodies and reproductive organs, using medical discourses about the prostate as an analytical point of departure, we contribute to a more nuanced understanding of men as gendered subjects in the history of gender and medicine. When the medical practitioners represented in this study attempted to make sense of men's bodies, the prostate was crucial. It was not just any gland, but rather one that fundamentally both constituted and potentially limited a man's physical abilities, as well as his mental, social, sexual and reproductive capacities. Without a healthy prostate, a man could not be expected to fully function as an individual, husband or productive member of society. An ailing prostate left a man unindustrious, nervous and incapable of intellectual reasoning, that is, unable to fulfil the most basic expectations of a man as a breadwinner and a rational individual. It also affected his reproductive ability. This bears a striking resemblance to how medical discourse has defined women as gendered beings, determined by their biology and especially their reproductive organs.<sup>72</sup>

According to the medical expertise of the early twentieth century represented in our empirical material, the prostate was considered the cause of a wide range of health problems. In that light, it is remarkable that most diagnoses connected to the prostate were closely related to sexual practices and, by extension, to moral values. Through the diagnoses, a rather detailed regulation of men's sexual practices was enacted. While diagnosing men with prostatitis, hypertrophied or leaking prostates, these

medical practitioners established demarcations between 'normal' and healthy sexual practices on the one hand and illicit, abnormal and dangerous ones on the other. The healthy sexual practice prescribed was sexual intercourse within marriage for the purpose of conception. Illicit and dangerous practices, in contrast, included excessive sex, sex outside of marriage and, not least, masturbation. All of these were considered to cause mental and physical health problems through an inflamed or enlarged prostate.

This article started out with a question: what is a prostate? The analysis has pointed towards a range of possible answers according to early twentieth-century medicine. The prostate was viewed as 'the seat of the sexual brain' and 'the dust bin of the body'. Our analysis shows that the prostate became a diagnostic catch-all for almost any ailment, whether physical or mental. When exposed to illicit or immoral sexual practices such as masturbation or extramarital sexual relations, there was a risk that the prostate gland would become infected, inflamed or begin to leak. In an unhealthy prostate lay the threat of sterility, impotence, mental sluggishness and the loss of virility. As a result, a man could become nervous, depressed or even insane – far from the ideals of rationality and discipline in the age of the self-made man. In a healthy prostate, there was promise of sound, healthy and pleasurable sex, good reproductive capacities and mental vigour well into old age. Thus, what these medical practitioners inscribed into the prostate gland were the most fundamental masculine characteristics of the time, intertwined with moral values surrounding gender as well as sexuality.

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