Evil Habits

NEW ZEALAND'S ANTI-MASTURBATION FERVOUR, 1860s–1960s[1]

IN DUNEDIN IN 1883, SEVEN-YEAR-OLD JOSEPH WAIN DIED. His parents had beaten him, tied his hands to his back and confined him to his bedroom without food, drink or a source of heat. At the inquest Dr Hocken explained that 'this little boy was given to an evil habit, and that the correction was administered to cure him'. In desperation Joseph's father had approached Dr Isaiah De Zouche in the hope of having Joseph circumcised to stop the 'evil habit'.[2] 'Evil habit' was a euphemism for masturbation, a term indicating 'self-stimulation which is *deliberate and designed* to effect erotic arousal'.[3] The post mortem revealed that Joseph had a fractured arm, but had died from tuberculosis. There had been irritation in the bladder and he had probably passed a kidney stone.[4] Joseph was simply trying to gain relief, yet his parents interpreted his actions as autoerotic and therefore masturbatory – a commonly made parental and medical error when dealing with prepubertal boys during the nineteenth and early twentieth centuries. Why did Joseph's parents so vehemently fear masturbation? The answer lay in a blend of Judeo-Christian religious dogma and nineteenth-century mainstream medicine and quackery, both of which fed off an inheritance of the eighteenth century's erroneous comprehension of male sexuality.[5]

Historians have provided various accounts of the rise and fall of masturbation anxiety. Jean Stengers and Anne Van Neck have given an overview of the history for America and Europe, arguing that Anglo-Saxon countries in particular emphasized the masturbation–insanity link.[6] For Britain, Lesley Hall, covering a period similar to this essay, stressed the negative effects on men's health caused by the moral panic over masturbation.[7] Using the writings of five American physicians to examine US medical doctrine on masturbation in the first half of the nineteenth century, Frederick Hodges found they were convinced masturbation 'was the underlying cause of nearly all social problems and diseases'.[8] Peter Stearns has documented the rise and decline of masturbation anxiety in America from the point of view of child management.[9] In analyzing masturbation anxiety in Australia, David Walker identified a eugenic strand, in which semen loss 'foreshadowed national decline', as well as a thriving commerce based on

male sexual quackery.[10] In examining Australian attitudes to masturbation, Lisa Featherstone has concluded that medicine constructed the male body as 'vulnerable to sexual excess and pathology' and that such a model still awaits serious scrutiny.[11] Robert Darby has surveyed the historiography of masturbation and its relationship to the practice of juvenile circumcision.[12]

In contrast, New Zealand treatments have been brief. Colin McGeorge's article 'Sex Education in 1912' included an account of the use of late-Victorian religious sex-education publications and Australasian White Cross League (AWCL) activities aimed at preventing masturbation.[13] Stevan Eldred-Grigg recognized the change in anti-masturbation instruction from the private talks of the Victorians to the public lectures of the social purists, and pointed out the division within the medical profession concerning the harm of masturbation, as well as the exploitation of young males by sexual quacks and the perceived link between the loss of semen and decline in racial vigour.[14] In his survey of sexuality in the twentieth century, Chris Brickell described masturbation anxiety resulting from the dual fears of insanity and stimulating sexual activity. His observations that local sexual concerns reflected the situation overseas and that bodies were subjected to 'considerable regulation and surveillance' are particularly appropriate to this discussion.[15]

My account of New Zealand's concern over masturbation further develops the narrative, surveying the period from the 1860s to the peak around 1900, and then considering the extended decline following World War I up to the 1960s. From the mid-nineteenth century until the early decades of the twentieth century, New Zealand physicians – supported by quacks, clerics, social purists and the justice system – helped sustain an anti-masturbation meme that subjected males to a 'barrage of anxiety' over voluntary and involuntary seminal emissions.[16] Repressive anti-masturbation strategies exposed boys to both psychological and physical maltreatments, and in some cases even death – a burden rarely imposed on New Zealand girls and commonly overlooked by social historians.[17] Due to the lack of evidence connecting masturbation to pathology, the extended decline in masturbation anxiety in New Zealand began around 1900. Alfred Kinsey and the neo-Freudians further reinforced the decline during the 1940s as distraction replaced the more injurious management strategies.

The masturbation anxiety: religious and medical discourses

New Zealand imported masturbation-induced pathologies, and management strategies to prevent masturbation, from Britain, Australia and the United States. New Zealand colonists arriving from Britain would have been familiar with the religious directive against masturbation through the biblical story of

Yahweh killing Onan for 'spilling his seed' to avoid producing offspring with his dead brother's wife.[18] They may have been less familiar with *Onania*, an early eighteenth-century London publication that listed the consequences of self-abuse: fainting fits, epilepsy, consumption, excessive seminal emissions, penile weakness and impotence.[19] *Onania*, widely regarded as the ignition point that set in motion a 200-year panic over masturbation, was followed in 1758 by the Swiss physician Samuel-Auguste Tissot's *Onanism: Or a Treatise on the Diseases Produced by Masturbation*. Both works mark the beginning of the transformation of masturbation anxiety from a largely religious concern into a parallel medical one, resulting in physicians also assuming a moral guardianship role. Tissot's construction of masturbation claimed that it led to weakening of the intellect, loss of bodily strength, aches and pains, pimples, harmful effects on the genitals and intestinal disorders. Seminal fluid losses weakened the body, since one ounce of seminal fluid was equal to 40 of blood.[20]

Spermatorrhoea was one allegedly serious, but fictive, consequence of masturbation for men. This involved involuntary leakage of semen during defecation or urination, 'continual nocturnal emissions', premature ejaculation or impotence.[21] French physician Claude Lallemand promoted this 'disease' in his *Les Pertes Seminales Involuntaires* (Involuntary Seminal Losses), published from 1836 to 1842.[22] In England the idea of spermatorrhoea gained credibility through medical journals, popular books and pamphlets.[23] William Acton, a well-respected surgeon who had trained at the venereal hospital in Paris, helped spread Lallemand's ideas through his book *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life*.[24] This book was widely read and praised in its six editions from 1857 to 1875, and later reprints. Acton influenced writers such as Pastor Sylvanus Stall in the United States and Australian doctors James Beaney, author of *Spermatorrhoea, In Its Physiological, Medical, and Legal Aspects*, and Richard Arthur, who wrote purity booklets for the AWCL. Publications by these writers were available in New Zealand.[25]

Why masturbation became a source of hysteria in the eighteenth century is not entirely clear. Clerics believed masturbation was a 'heinous sin', whereas physicians thought an orgasm resembled an epileptic fit that overtaxed the nervous system, exhausted the body and, if excessive, would result in eventual psychosis and possible death.[26] Semen was a precious and concentrated 'electrical fluid', and disruption of the 'corporeal economy' would result if semen were lost more rapidly than the body could replace it.[27] Supporting these constructions was the premise that masturbation was not a universal human activity, but an aberrant behaviour.[28] Thomas Laqueur suggests masturbation

was threatening because its 'claim on the imagination', secrecy, solitude and addiction made it unavailable to community scrutiny.[29] At the same time, a parallel tradition of prescribing therapeutic masturbation to single men to maintain sexual health conflicted with both religious and medical advice.[30]

In the mid-nineteenth century the large numbers of single men entering New Zealand resulted in an imbalance of the sexes. The ratio had almost equalized by 1900 but many men still did not marry until their late 20s.[31] The decrease in the age of onset of puberty (due to better nutrition) further extended the period of imposed bachelorhood. Masturbation must have been a welcome but potentially dangerous form of sexual relief for single men if the case of a 31-year-old Scottish miner in Hokitika, who suffered from supposed masturbation-induced dementia in 1870, is credible.[32] Little is known about this case, but the fact the miner was single and young may have influenced the diagnosis. Dr Morgan Grace of the New Zealand Legislative Council also believed that such solitary men living in the countryside would inevitably fall into self-abuse and mental deterioration.[33]

New Zealand doctors, following the trend in other Anglophone countries, linked insanity with masturbation. For instance, Dr Duncan MacGregor, Inspector General of Lunatic Asylums, believed most men in lunatic asylums were there because of self-abuse and sexual excess.[34] After completing his medical degree in Edinburgh, Truby King took a postgraduate paper in Lunacy under Scottish psychiatrist Thomas Clouston in 1887.[35] Clouston was cautious in ascribing insanity to masturbation, but recognized it as a complication of most forms of insanity.[36] Back in New Zealand as superintendent of Seacliff Asylum in 1891, Truby King applied Clouston's principles to treat Percy Ottywell's same-sex attraction. Ottywell said he had practised masturbation 'only to a slight extent and not as a habit'. Perhaps King considered same-sex attraction an aspect of masturbation-induced insanity, although he was unable to say 'to what extent [masturbation] may have been a factor'.[37] Five years later King treated a 22-year-old student who also admitted to practising masturbation 'in ignorance'. However, King concluded the patient's depression was due to overstudy and lack of exercise.[38] King's records give an insight into early examples of Foucault's *scientia sexualis*, a characteristic tenet of Western European medicine in which sexual 'truth' is arrived at through objective observation, in particular the consultation confessional.[39] King extracted 'confessions' from both his patients concerning their hidden sexual life, although each was only prepared to admit to an 'innocent' or non-habitual form of masturbation.

During the early development of psychiatry, and in the absence of other aetiologies, masturbation was a convenient catch-all for the otherwise

inexplicable. Although masturbation might have been colloquially termed ‘climbing the stick’ and ‘hand feeding’, it was publicly referred to as ‘self-abuse’ or ‘self-pollution’.[40] The terms ‘self-abuse’, ‘solitary vice’ and ‘secret vice’ were all listed as causes of insanity in New Zealand’s mental hospitals from 1878 to 1920. As shown in Figure 1, rates of masturbation-induced insanity varied greatly from year to year, with a mean of 5% and a maximum incidence of 12% for males in 1899. This agrees with the peak in Britain at ‘around 1900’.[41]

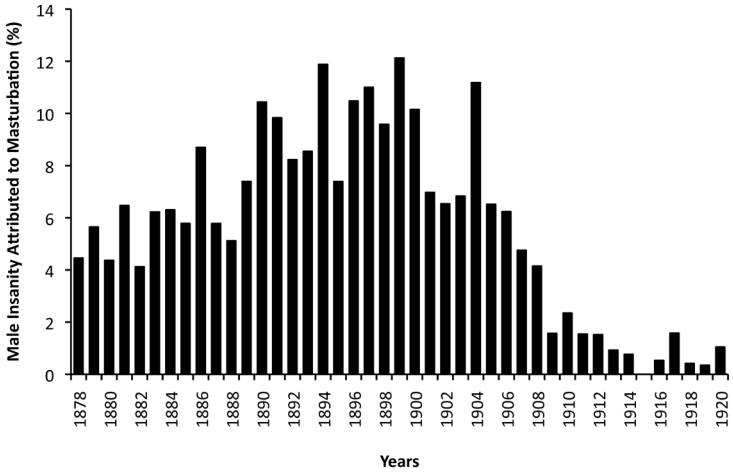

Figure 1: Male Insanity Attributed to Masturbation in New Zealand Mental Hospitals 1878–1920
Source: Reports of Lunatic Asylums of New Zealand and Reports of Mental Hospitals of the Dominion, AJHR, 1879–1921.

Through the 1880s and 1890s the diagnosis of masturbation-induced insanity gradually increased to the 1899 peak, after which there was a rapid decline as psychiatry renounced masturbation as a cause of mental disease. Psychiatrists had possibly the greatest influence on the decline in masturbation anxiety, followed by the rest of the medical profession and eventually the general public.[42] Nevertheless, these statistics were widely published in newspapers, publicly reinforcing the link between masturbation and insanity that lingered even after medicine had declared masturbation harmless.

Public discussion of masturbation linked it to sexual crime. Lisa Featherstone’s discussion of the pathologization of white male sexuality in Australia suggests that masturbation ‘was viewed as the first step in a long line of sexual disorders, ending at worst with the seemingly uncontrollable

desires of the rapist'.[43] In New Zealand, newspaper court reports from the 1860s to the 1920s reinforced the belief that masturbation led to a slippery slope ending in sexual and non-sexual criminality. In 1868 self-abuse was 'frightfully prevalent' at Wellington gaol.[44] Forty years later Mr Justice Cooper believed that masturbation led to debauchery, criminal acts and insanity.[45] In the Mayfield murder case of 1913, Dr William Symes commented that masturbation had produced a mental disorder in the accused, characterized by uncontrollable acts of violence.[46] In 1917 a 16-year-old boy was charged with indecent assault, an act that Rev. F. Jeffreys considered was due to masturbation, a habit afflicting many boys and youths.[47] In 1923, Magistrate J.W. Poynton was of the opinion that gambling, alcohol and masturbation were the three principal causes of criminal behaviour.[48] Even in 1928, Rev. Fielden Taylor still believed that masturbation caused most cases of sexual perversion.[49] Such newspaper reports strengthened the correlation between masturbation and serious crime in the mind of the general public for the first three decades of the twentieth century.

Purity campaigns and management strategies

Lesley Hall maintains that the 'greatest masturbation anxiety' occurred in Britain from the late Victorian era to the outbreak of World War I.[50] From the 1880s purity societies sprang up in the United States and throughout the Empire in an effort to stem prostitution, unwanted pregnancies and venereal disease, and these groups remained active until World War I. Clerics, educators and physicians held public lectures and wrote pamphlets, hoping young men of all classes would absorb the message and self-govern their sexual behaviour according to the standards of the educated middle class.

While most anti-masturbation material was sourced overseas, some New Zealand clerics wrote and lectured on the topic. On Sunday 29 July 1888, approximately 1000 young men assembled in Wellington's Wesley Church to hear the Reverend Joseph Berry's lecture on 'An Avoided but Important Subject'.[51] Anxious boys had asked Berry to give the lecture and he accepted because quacks were providing most of the available literature.[52] Between 1860 and 1908, quacks based in New Zealand and Australia used newspapers and the postal system to advertise and dispatch cures for ill-defined symptoms including 'nervous debility', 'diseases of a secret nature' and 'seminal weakness' resulting from 'indiscretions of youth'.[53] Agents for some Australian quacks even distributed pamphlets on sexual ailments to New Zealand schools.[54] The commonplace occurrence of such advertisements in newspapers spread the medical concerns to the wider community, further reinforcing and maintaining anxiety about the personal dangers of

masturbation. In his lecture Berry stressed religious concerns, comparing the dissolute male masturbator to the fallen woman and suggesting the offspring of such a man would be 'seriously handicapped' – a non-scientific concept.[55] Berry compared this 'terrible sin' to that of 'whoremongers and adulterers' who would not inherit 'the kingdom of God'.[56] Edward Lush, vicar of Auckland's Church of the Epiphany, authored sex-education booklets from 1900 to 1905 to meet parental needs. His *Way-Book for Youth* was very popular, selling 2500 copies in its third edition.[57] Lush directed parents to instruct their sons in the 'most holy mystery' of reproduction and believed that the most dangerous age was 17 to 25 years.[58] He emphasized the link between masturbation and sin, using the model of a voyeuristic God to purvey guilt.[59] Although we have no accounts of how males reacted to his booklets, both Protestant and Catholic authorities endorsed Lush's works.[60]

Visiting preachers, including Irish 'evangelist and medico' Dr Grattan Guinness, also reinforced the religious condemnation. In 1902, Guinness lectured to a large attendance of men of all ages in Invercargill's St Paul's Presbyterian Church on 'open vice, secret vice and practical advice'.[61] He told them it was their responsibility to warn their sons and boys in schools of the dangers of masturbation – namely insanity and suicide. Despite his medical training, Guinness warned about impure thoughts and told of the need to keep wholesome company. The 'greatest and most potent assistance' against masturbation, he proclaimed, was 'the Lord Jesus Christ'. [62] Sexual continence was the Christian approach. Newspaper reports of such sermons were invariably positive, reflecting editorial approval of middle-class sexual standards. The popularity of such lectures may have been due to public concern about social purity or simply prurient curiosity that a once taboo subject was being openly discussed.

New Zealand's Anglican and Wesleyan communities sponsored visits by the Sydney-based AWCL. The League arose in England in 1891 and was active in New Zealand during the first two decades of the twentieth century, promoting 'purity among men and boys' and 'the preservation of the young from contamination' through its booklets and lectures. 'Purity', of course, included the avoidance of masturbation.[63] The widespread newspaper coverage of the AWCL's many meetings throughout New Zealand and its literature (from Britain, Australia and the US) helped to spread anti-masturbation anxiety prior to World War I. Unlike the evangelist use of fear, AWCL lectures provided some knowledge and promoted strategies by which young men were expected to self-regulate their sexual desires, and interactions with females, in order to meet middle-class ideals.[64] Newspaper reports of AWCL lectures indicate they were generally well received by

males. However, at a meeting in 1912, the 'hooligan section' disrupted the lecturer's explanations of remedies for 'accidents of a minor nature' with applause, groans and jeers.[65] It is unknown whether this 'resistance' was a reaction to the imposition of unfamiliar ideals, to penile hygiene advice, or to the idea that masturbation should be abandoned – or if it was simply adolescent male shenanigans.

After World War I, due to the growing public perception that masturbation was a non-pathogenic activity, religious institutions withdrew their anti-masturbation teaching from the public sphere. Nevertheless, older ideas persisted in ecclesia. The Rev. Hugh Northcote's 1922 account of sex problems demonstrated a mismatching of theology with the newly revealed human sexual physiology. Northcote regarded masturbation as less desirable than 'excessive normal coitus', although sexual abstinence was still the preferred path.[66] Northcote fretted over the theological implications of 'nocturnal pollutions', while Lush had said earlier that no sin was involved.[67]

While Christians regarded masturbation as sinful, they also appropriated medical symptoms and prognoses for their sermons. In the 1880s Berry spoke of 'ruined digestion, sleepless nights, constant weariness and unfitness for exertion, with filthy dreams and uncontrollable emissions'.[68] He incorrectly quoted Tissot's creed as 'one ounce of semen, ten ounces of blood', and listed symptoms such as a pale bloodless face, cold and clammy hands, soft and flabby flesh, effeminacy, lack of energy and avoiding company.[69] To Berry masturbation was a 'disease breeder', causing 'epilepsy, paralysis, insanity and especially consumption'.[70] Mental effects included 'impaired memory', a 'feeble and irresolute will', the inability to 'plod or persevere', insanity and suicide.[71] Religion and medicine overlapped.

Some religious leaders, educationalists and medical experts drew upon Galenic theory in their approach to the masturbation problem. This took the form of lifestyle and dietary counsel such as advice to reduce choleric tendencies such as impulsivity, restlessness, aggression and passion. Berry, for instance, prescribed a 'cold bath every day', a 'good hard bed with a minimum of blankets' (to avoid overheating and arousing the choleric temperament's erotic passion) and 'plenty of exercise'.[72] Before World War I a number of New Zealand commentators, including the Reverend Lush and doctors George Home and Maud Fèré, emphasized outdoor exercise, bathing and the avoidance of luxuries like feather beds, and insisted young men should pay 'strict daily attention to the bowels'.[73] Berry had exhorted males to consume more bread and vegetables and less meat, tea and coffee. Drinking alcohol and smoking were 'out of the question'.[74] Newton, Homes and Fèré concurred.[75] American food faddist the Rev. Sylvester Graham

advised a vegetarian diet, and other overseas publications continued to give such lifestyle advice as late as the 1940s.[76]

While solutions based on Galenic theory were being applied, these coexisted with other approaches to the management of male masturbation in the secular sphere. Based on English middle-class models, boys' schools in New Zealand valued self-control as an aspect of learning obedience for future hierarchical roles.[77] Male sexual passions were to be sublimated to allow a focus on social and national leadership roles; 'virtuoso asceticism' was the 'bourgeois male ideal'.[78] Masturbation wasted resources needed to produce offspring and conserve masculine energy, 'foreshadowed national decline', was unpatriotic, and upset the 'spermatic economy'.[79] After all, semen had the potential to produce male citizens to maintain the race and strengthen the workforce. Such beliefs resulted in part from a concern over New Zealand's birth rates, which fell from 37 per 1000 in 1882 to 25 per 1000 in 1898, a phenomenon also occurring in other Anglophone countries.[80] In his 1893 tract Alfred Newton, of Christchurch, wrote that masturbation may be better than 'imposing unwelcome burdens on toilworn and outraged women. *But there should be no waste* … no one can estimate the deplorable loss to our country and the world, of mental and moral as well as physical power, which results from the ruinous habits so generally prevalent among the youth of the land.'[81] Such beliefs may align with the late-Victorian middle-class economic dictum that saving is preferable to spending.[82]

In the first decade of the twentieth century New Zealand's benevolent state institutions reinforced the social ideals of sexual continence, subjecting adolescent boys to 'considerable regulation and surveillance'.[83] At Otekaieke Special School for feeble-minded and epileptic boys near Kurow, principal George Benstead believed masturbation led to 'diffidence, nervousness, moral waywardness, and a weak physique'.[84] Otekaieke boys were expected to modify their sexual behaviour to conform with ideals of male self-control.[85] Benstead reported that he had almost cured one 14-year-old masturbator after only one year of residence.[86] Here, as in other educational institutions, there was always the fear of contamination: boys would teach each other to masturbate, setting them on the slippery slope to a life of sexual criminality.[87]

Although the masturbation management regime at Otekaieke is unknown, the procedures used at Burnham Industrial School are well documented. Medical officer Dr Symes, an ex-navy surgeon, martinet and eugenist, considered that morally defective boys were 'inveterate masturbators'.[88] Surveillance was up close and personal: Symes periodically checked tongues, pulses, eyes and complexions. He personally warned miscreants, instructing them in penile hygiene. The next level of management had its basis in Galenic

theory: hard beds, cold showers and a dairy and vegetarian diet. Symes' system of classifying masturbators resembled that of Thomas Clouston.[89] He found 10% were incurable but offered vasectomies to persistent masturbators and carried out the operation on two Burnham boys.[90] In 1901 Symes set up a nocturnal surveillance system whereby lights were dimmed and an attendant visited each ward hourly to check for activity through windows and peepholes in doors.[91] In that year Burnham 'sent in clean sheets as far as masturbation cases were concerned'.[92]

The effects of anti-masturbation management regimes on males

Chris Brickell asks whether youth perspectives might 'cause us to rethink the social construction of adolescence in particular times and places'; yet before World War II, we rarely hear from the adolescents under construction.[93] Fortunately, John A. Lee recorded his reactions to Burnham manager Thomas Archey's sex parades in 1906. Archey talked of a 'secret and unnatural vice', but not all boys understood this or even knew that such a vice existed. Archey expected his boys to know what 'those habits' were: habits that caused the hair and teeth to fall out and drained the nervous system, causing insanity and death. Some boys might have thought knowledge of sexual matters was healthy, but it appeared to them that Archey wanted to sweep sex under the carpet. Curiosity about sex or bodily functions was illicit, and discussing the sex organs was immoral. Boys felt guilty whether innocent, ignorant or culpable, and 'turned upon themselves in secret loathing', self-convicting themselves of impropriety. Masturbators were warned to turn themselves in before Archey found them out, so some confessed in case a friend told.[94]

To prevent masturbation, Acton had recommended 'muffling the hands, or applying a sort of straight-waistcoat', as well as regular gymnastic exercises aimed at diminishing semen secretion.[95] Physical treatment of boys in Britain and North America involved sewing up pockets, tying hands behind backs or to the bed, making boys wear gloves or straitjackets, and placing cages or metal rings over the genitals.[96] Drugs derived from black willow, digitalis and belladonna were sometimes used, as well as the sedative potassium bromide.[97] In more severe treatments the penis was burnt with hot metal (blistering), the urethra was burned with caustic chemicals (cauterizing) or wires were inserted into the foreskin (infibulation) to stop retraction.[98] We can only guess at the prevalence of such callous interventions in New Zealand. Besides the examples of Joseph Wain and the Industrial Schools, we have the case of four-year-old Trevor Calder, who died in Auckland Hospital in 1919. His father thought he had been masturbating, so beat him repeatedly and put him to bed with his feet and hands tied. When these treatments failed, he resorted

to dipping his son into baths of cold water and holding him under. Trevor developed hypothermia. On admission to hospital Trevor's father wanted his son to be circumcised to treat the 'undesirable habit', but Trevor pre-empted the surgery by dying of tetanus.[99] Like the case of Joseph Wain, Trevor's misfortune gives a rare insight into the working-class acceptance of the anti-masturbation message and of circumcision as the appropriate treatment.

The psychological harm caused by masturbation anxiety must have been widespread. Anti-masturbation directives stood in direct conflict with the natural mechanisms of human physiology, since, according to Kinsey, masturbation was the main sexual outlet prior to marriage. Many young men and boys found themselves in a guilt cycle. They attempted to stop the habit, succumbed, suffered remorse and then repeated the cycle.[100] It is impossible to determine how widespread this psychological guilt was amongst New Zealand men, but there are hints at the impact on individuals. In an extreme case, a 24-year-old man castrated himself and ended up in Porirua Mental Hospital. Ironically, his condition was due to his father's indoctrination that masturbation 'was shameful and would bring him to a mental hospital', rather than as a consequence of the act itself.[101] The father clearly believed masturbation was dangerous and passed the notion to his son.

With the development of antisepsis and anaesthetics, circumcision became the preferred masturbation preventative, an episode rarely mentioned in masturbation accounts by social historians.[102] Physicians accepted that 'irritation' caused boys to rub the foreskin, producing pleasant sensations.[103] Without the foreskin, masturbation would supposedly vanish, in an extreme form of societal behavioural normalization. Since boys were chattels with no legal status, nothing prevented circumcision becoming both a moral and medical imperative, with some surgeons sadistically suggesting circumcision without pain suppressants in order to punish boys caught masturbating.[104]

By the 1890s circumcision had become fashionable in England and the United States, enabling parents to become the governors of their sons' sexuality. In the US, both Lutheran pastor Sylvanus Stall and Seventh-Day Adventist John Harvey Kellogg promoted circumcision, but it is Kellogg who is often credited with popularizing the circumcision fad and his book *Social Purity* was available in New Zealand in the 1890s for six pence.[105] In England, Fletcher Little recommended the circumcision of every male child after birth to halve the rate of masturbation; other doctors agreed.[106] Australian Philip Musket, whose medical guide was available in New Zealand, also recommended circumcision to prevent boys 'meddling with themselves'.[107] In New Zealand in 1909, Dr Donald McGavin provided the Secretary for Education with a set of written instructions to treat children

suffering from self-abuse: 'In both male and female children this practice is frequently due to some local irritation. In male children circumcision is frequently required.'[108] This was probably circulated to Industrial Schools and Training Farms, and in the period 1910–1913 circumcisions in order to cure bedwetting and masturbation were recorded in the medical officers' reports for Caversham Industrial School, Weraroa Boys' Training Farm and Stoke Boys' Industrial School.[109]

At this time, wrote Truby King in 1913, 'on account of an impression that Circumcision tends to lessen the tendency to Masturbation in boys, this operation is much in vogue nowadays, and parents are greatly exercised about the question'.[110] After World War I, parents and physicians soon recognized the advantage of circumcising babies rather than boys: no anaesthetic need be used (it was then understood that babies did not feel pain), and babies were easier to manage. Consequentially, circumcision became incorporated into the birthing procedure, a legacy of Victorian efforts to regulate male sexuality that persisted after the disappearance of masturbation anxiety.[111] Unfortunately, circumcision resulted in the deaths of some New Zealand boys from haemorrhage and anaesthetic mismanagement.[112] In their midwifery texts, King's successors Henry Jellett and Thomas Corkill promoted circumcision as a treatment for the almost universal non-retractable newborn foreskin, in order to ensure penile hygiene; in so doing they implicated masturbation indirectly.[113]

The decline of masturbation anxiety

It is difficult to pinpoint when views about masturbation changed, partly because those who believed in masturbation-induced diseases published frequently while the unconvinced largely remained silent.[114] The picture is further confused by several factors: the persistence of nineteenth-century anti-masturbation materials circulating as late as the 1940s, New Zealand reprints of works by overseas authors, covertly religious medical authors and inadequate revision of later editions of standard texts.[115] Due to a lack of empirical evidence, physicians in the United States, Britain and the Continent had been expressing doubts about the masturbation–disease link from the 1860s. This reached a peak around 1900, after which the New Zealand asylum data for masturbation-induced insanity began to decrease.

According to Mason, the 'sensationalist Onania' invented masturbation pathology and at the start of the twentieth century it subsided 'for no better reason'.[116] Laqueur states: 'Nothing in the history of medicine accounts for the shift in focus in the early twentieth century away from masturbation as a cause of unexplained ailments.'[117] It would appear that an accumulating lack

of evidence for masturbation-induced pathology was a major factor. While anti-masturbation advocates had dominated the late nineteenth-century public discourse, some medical experts, such as German psychiatrist Wilhelm Griesinger, quietly declared in the middle of the nineteenth century that there were no specific symptoms for masturbation and it was 'oftener a symptom than a cause' of disease.[118] In Britain, physician Charles West claimed in 1866 that he had never seen a case of masturbation-induced 'idiocy', while pioneering psychiatrist Henry Maudsley and surgeon Sir James Paget both concluded in the 1870s that 'insane neurosis' must be present for self-abuse to produce insanity.[119] In the 1870s and 1880s, French physicians Mauriac, Christian and Lasègue also declared there was no causal link between masturbation and mental illness.[120] Ophthalmologist Hermann Cohn acknowledged in 1890 that 'masturbation must be excessive for eye trouble to become apparent' and in England Power believed that excessive coitus or abstinence caused serious eye complaints.[121] In 1872, English surgeon George Cascoyen declared that Lallemand had been self-deceived about spermatorrhoea, which had allowed charlatans to capitalize on the fears of masturbating men.[122] In declaring spermatorrhoea to be quackery, Cascoyen excluded it from mainstream medicine.[123] By the end of the nineteenth century doctors were less convinced by the medical anti-masturbation case. American Dr J.W. Robertson asserted that if masturbation caused insanity, state asylums would have to hold 500,000 rather than a mere 5000.[124] Sexologist Havelock Ellis believed that masturbation was widespread and 'no seriously pernicious results' would occur in healthy individuals.[125]

Laqueur and Hunt identify the beginning of the decline as happening in the first two decades of the twentieth century.[126] New Zealand reflected this as the reversal in psychiatric opinion gradually permeated surgeries, courtrooms and childcare literature. Within New Zealand psychiatry the decline in the masturbation–insanity correlation, which began in 1900, was all but over by 1910. In 1904 Herbert Barraclough, medical superintendent of Porirua Mental Hospital, considered that masturbation resulted from insanity and a Plunket Society article of 1930 also identified masturbation as a symptom rather than a cause of mental deficiency.[127] In Gisborne in 1924, admitted degenerate Robert Scott was sentenced to hang for murder. Even though Scott was a known masturbator, Dr Roderick Gunn 'did not think that the case could be dismissed as a case of insanity. It was not to be assumed that a masturbationist … was insane.'[128] In 1937, Dr A.D. Latham told doctors that 'wrong teaching about it' was more dangerous than the habit itself.[129]

Hall suggests that after World War I secular masturbation-prevention advice was less focused on the genitals.[130] From the 1920s American child-

rearing literature began reflecting medical and psychological models rather than moral ones.[131] Childcare booklets grew into books and moral issues became health issues. Stearns describes a change in American masturbation advice at this time, moving 'from regulation and punishment to distraction'.[132] Truby King departed from this view somewhat. He placed Victorian–Edwardian anti-masturbation dogma alongside his progressive feeding regimes, but King's readership was broad, rather than exclusively middle-class, and he may have helped maintain masturbation anxiety longer among the general population.[133] An editor softened the advice in the 1937 edition of King's *Feeding and Care of Baby* by adding that, unless the habit is persisted in, the child is unlikely to suffer permanent harm.[134] In the 1940 edition the term 'condition' replaced 'serious vice'.[135] Medicine had discarded the perception that masturbation was harmful.

A major factor in alleviating secular masturbation anxiety was the rise of neo-Freudian psychology in the 1940s, a reaction to enduring Victorian and Edwardian notions of childcare. New Zealand-born Dr Maurice Bevan-Brown returned from Harley Street in 1940 and brought the neo-Freudian psychiatric model to Christchurch. Bevan-Brown believed emotional damage could be avoided if children were given 'good early nurture'.[136] The neo-Freudians recognized children as vulnerable psychological beings and stressed that any parental masturbation management should avoid inducing fear and shame.[137] Bevan-Brown's take on masturbation had completely reversed the eighteenth-century idea. Rather than being a disease, it was a symptom, just as Griesinger had proposed almost a century earlier. It was a compensation for 'deprivation and frustration of satisfaction at the breast'.[138]

Typifying the move away from punishment, J.T. Ferguson, Child Welfare Officer at the Dunedin Boys' Home in the 1940s, treated each masturbation case individually and attached 'no moral significance whatever' to a boy's behaviour. Ferguson subtly reinforced the wider community's moral requirements by keeping the boys up later so they would wake up later in the morning and have less time for masturbation before getting out of bed.[139] Dr G.M. Smith of the Hokianga moved the focus from the boys to the adults by accusing interfering parents, doctors and schoolmasters of ignorance and sadism, since 'sticking in their noses' permanently injured some boys.[140] Nevertheless, masturbation anxiety persisted within families. One mother said her parents taught her that masturbation caused epilepsy, so she tried to prevent it in her son.[141]

By the 1940s medicine had given masturbation a bio-anthropological construction, shed of its moral veneer. Masturbation was 'the normal reaction of the normal adult to an abnormal [i.e. civilized] environment'.[142] Kinsey reinforced the concept of normality when he shockingly revealed that that

92% of American males masturbated.[143] His data, obtained by skilfully managed confessional interviews, was comprehensive and difficult to refute. Kinsey had exposed a large secret sexual world that conflicted with assumed middle-class sexual standards and unsettled the medical profession.[144]

Typifying the latest psychological child-management approaches of the American behaviourists, overseas-authored post-war childcare and sex-education books, such as Dr Spock's *The Common Sense Book of Baby Care*, advised avoiding threats and guilt.[145] English sexologist Cyril Bibby said that disapproval was likely to intensify the habit or suppress it, resulting in 'unfortunate psychological complexes'. He suggested daily cleaning or circumcision to eliminate irritants, and following the distraction method, encouraged parents to provide boys with 'more varied and more interesting activities'.[146] In the 1950s New Zealand-authored material adopted the new psychology. Plunket taught that 'local irritants' causing masturbation should be found and removed. It was to be gently discouraged, 'like eating a meal with dirty hands'.[147] The Health Department's pamphlet for adolescent boys recommended distraction, but moralistically added 'self-control' for times when inconvenient sexual desires arose: 'We must learn to control ourselves in other ways.'[148]

The last noteworthy push against masturbation anxiety occurred as the baby boomers precipitated the sexual revolution of the 1960s. Western globalization, with its freer sexual mores, initiated the eventual disintegration of the anti-masturbation information cascade in New Zealand. In that decade, as if exemplifying how far the pendulum had swung away from anguish about adolescent masturbation, a teenage boy could experience a 'circle jerk' during an all-boys' chemistry class without any fear of illness or insanity.[149] The contrast with little Joseph Wain's experience 80 years earlier could not be more striking.

Conclusion

Secular anti-masturbation fervour had been drummed up in the eighteenth century and perpetuated through the nineteenth century by doctors and quacks; the two groups were at the time poorly differentiated.[150] Nineteenth-century surgeons, physicians, quacks and psychiatrists evoked masturbation to explain diseases of unknown aetiology, and used traditional Galenic and contemporary neurological disease theories to add authority to diagnoses. Some believed that masturbation led to sexual perversion and criminality. From the 1880s until the 1920s Protestant social purity groups entered the public discourse, but rather than depending solely on religious arguments they embraced the current medical constructions to bolster their anti-

masturbation case. Middle-class objectives at this time were focused on repressing male sexuality in order to control it and thus reduce extramarital sex, venereal disease and sexual crimes. In consequence, males were subjected to injurious physical and psychological regimes aimed at suppressing masturbation, aspects so far given only superficial attention by New Zealand historians. Although the management of male masturbation was at times severe, the local experience differed little from that occurring in other English-speaking countries. By about 1900, due to the lack of empirical evidence, doctors concluded that masturbation was not a cause of disease. Whereas Victorian and Edwardian masturbation management practices had used cruel physical and psychological interventions, in the 1940s the neo-Freudians and childcare experts advised distraction and removing causes rather than punishment or surgery. By the 1960s the sexual revolution had stripped masturbation of many of its negative associations, even though the practice had not quite achieved full and open social respectability.

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NOTES

1 I wish to thank Angela Wanhalla and Chris Brickell for their advice and encouragement during the development of this essay.

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3 A.C. Kinsey, W.B. Pomeroy, C.E. Martin, *Sexual Behaviour in the Human Male*, Philadelphia, 1948, p.497.

4 OW, 7 April 1883.

5 Jean Stengers and Anne Van Neck, *Histoire d'une Grande Peur: la Masturbation*, Brussels, 1984. Subsequent references refer to the English translation: Jean Stengers and Anne Van Neck, *Masturbation: The History of a Great Terror*, trans. Kathryn A. Hoffmann, New York, 2001, p.108.

6 Stengers and Van Neck. See also Théodore Tarczylo, *Sexe et Liberté au Siècle des Lumières*, Paris, 1983; Karl Heinze Bloch, *Masturbation und Sexualerziehung in Vergangenheit und Gegenwart*, Frankfurt, 1989; Karl Braun, *Die Krankheit Onania*, Frankfurt, 1995; Thomas W. Laqueur, *Solitary Sex: A Cultural History of Masturbation*, New York, 2003.

7 Lesley A. Hall, 'Forbidden by God, Despised by Men: Masturbation, Medical Warnings, Moral Panic, and Manhood in Great Britain, 1850–1950', *Journal of the History of Sexuality* (JHS), 2, 3 (1992), pp.365–87. See also Alan Hunt, 'The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth- and Early Twentieth-Century Britain', JHS, 8, 4 (1998), pp.575–615.

8 Frederick M. Hodges, 'The Antimasturbation Crusade in Antebellum American Medicine', *Journal of Sexual Medicine*, 2, 5 (2005), p.722. See also G.J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes towards Women and Sexuality in Nineteenth-Century America*, New York, 2000.

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12 Robert Darby, 'The Masturbation Taboo and the Rise of Routine Male Circumcision: A Review of the Historiography', *Journal of Social History*, 27 (2003), pp.737–57.

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14 Stevan Eldred-Grigg, *Pleasures of the Flesh: Sex & Drugs in Colonial New Zealand 1840–1915*, Wellington, 1984, pp.45–47, 165–8.

15 Chris Brickell, 'Sexuality, Morality and Society', in Giselle Byrnes, ed., *The New Oxford History of New Zealand*, Melbourne, 2009, pp.465–86.

16 Hall, pp.365–87.

17 Although some advocated amputation of the clitoris to treat masturbation, such invasive treatment was generally frowned upon: John Lovett Morse, *Case Histories in Pediatrics*, Boston, c.1913, p.511; James Belich, *Paradise Reforged: A History of the New Zealanders From the 1880s to the Year 2000*, Auckland, 2001, p.159.

18 Genesis 38: 7–10. Onan's sin was probably coitus interruptus rather than masturbation. Either way he wasted his 'seed'. For Catholics in the nineteenth century, onanism included 'any form of birth control', making masturbation 'appear even more wicked'. See Laqueur, p.48.

19 Anon., *Onania; or, The Heinous Sin of Self-Pollution, And All its Frightful Consequences*,

in Both Sexes, London, 1710. *Onania* had a firm traditional theological base, with only a veneer of Enlightenment medical thought. See Patrick Singy, 'The History of Masturbation: An Essay Review', *Journal of the History of Medicine and Allied Sciences*, 59 (2004), pp.112–21. For an overview of the development of sexual knowledge in Britain, see Roy Porter and Lesley A. Hall, *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650–1950*, New Haven, 1995.

20 Robert Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain*, London, 2005, p.52. For more information on late eighteenth-century sexual quackery, see Porter and Hall, pp.106–21. Mason refers to this as the 'haematic' semen theory: Michael Mason, *The Making of Victorian Sexuality*, Oxford, 1994, p.208.

21 Mason, p.211. He discusses spermatorrhoea in detail at pp.211–15, 295–8.

22 W.H. Ranking, 'Observations on Spermatorrhœa; or the Involuntary Discharge of the Seminal Fluid', *Provincial Medical & Surgical Journal* (PMSJ), 7, 159 (1843), pp.26–29; W.H. Ranking, 'Observations on Spermatorrhœa; or the Involuntary Discharge of the Seminal Fluid', PMSJ, 7, 162 (1843), pp.93–95; Claude François Lallemand (1858), cited in Darby, 'Antipodean Disciples', p.181.

23 Ellen Bayuk Rosenman, 'Body Doubles: The Spermatorrhoea Panic', JHS, 12, 3 (2003), pp.365–99.

24 Ivan Crozier, '"Rough Winds Do Shake the Darling Buds of May": A Note on William Acton and the Sexuality of the (Male) Child', *Journal of Family History: Studies in Family, Kinship and Demography*, 26, 3 (2001), p.411–20; William Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life*, London, 1862, pp.8–9. For a comprehensive analysis of Acton's writings, see Madeleine Prudence Morgan, 'William Acton and Medical Discourse in Mid-Nineteenth Century Britain', PhD thesis, University of Exeter, 2011.

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26 Acton, pp.13–14; Laqueur, p.193.

27 Laqueur, pp.196–7.

28 Hodges, p.726.

29 Laqueur, p.248.

30 Singy, pp.112–21; W. Edward Lush, *A Way-book for Youth: A Book for Fathers to Give to Sons*, Auckland, 1900, p.33: 'some wicked doctors have advised young men to sin because over-charged vessels have troubled them with natural secretions, or secretions stimulated by evil lust'. Mason observes such 'persuasive glimpses' are 'rare and indirect', p.184.

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32 *Appendices to the Journals of the House of Representatives* (AJHR), 1871, G-26, p.10.

33 AJHR, 1871, H-10, p.11.

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37 Chris Brickell, 'Same-Sex Desire and the Asylum: A Colonial Experience', *New Zealand Journal of History* (NZJH), 39, 2 (2005), pp.158–73.

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41 Hunt, p.576.

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Illness', *New Zealand Medical Journal* (NZMJ), 36 (1937), pp.319–21.
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47 *Marlborough Express*, 26 May 1917.
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49 NZT, 26 July 1928.
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62 ST, 16 January 1902.
63 Lindsay Watson, 'The Perils of Impurity: The New Zealand Purity Crusades of Henry Bligh, 1902–1930', NZJH, 49, 2 (2015), pp.110–35; Richard Arthur, *The Training Of Children In Purity*, Sydney, 191?, cover.
64 Watson, 'The Perils of Impurity'.
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79 Walker, p.2; Barker-Benfield, p.184.

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82 Featherstone, p.349.

83 Brickell, 'Sexuality', p.468.

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99 *Auckland Star* (AS), 6 August 1919.

100 Kinsey et al., pp.512–14.

101 Latham, pp.319–21. Barker-Benfield records a 22-year-old American who removed one of his testicles in 1835: pp.176–7.

102 For example, it is omitted from Porter and Hall's *Facts of Life* (despite spending 58 pages discussing masturbation), Mason's *Making of Victorian Sexuality* and Rosenman's 'Body Doubles'.

103 Some suggest that physicians redefined 'erotic sensation' as 'irritation' and 'orgasm' as 'convulsion'. See Darby, *Taboo*, p.737–57 and Hodges, p.724.

104 Stengers and Van Neck, p.110; A.A.W. Johnson, 'On An Injurious Habit Occasionally Met With In Infancy And Early Childhood', *Lancet*, 1 (1860), pp.344–5. In New Zealand pain suppressants were rarely used for infant circumcisions before the 1980s: Adelheid Wassner, *Labour of Love: Childbirth at Dunedin Hospital 1862–1972*, Dunedin, 1999, p.149, Appendix 5.

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106 Fletcher Little, 'The Value of Circumcision', *British Medical Journal* (BMJ), 1, 1157 (1883), p.417; E.J. Spratling, 'Masturbation in the Adult', *Medical Record*, 24 (1895), pp.442–3.

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109 AJHR, 1910, E-4, p.20; AJHR, 1912, E-4, pp.12–13; AJHR, 1913, E-4, p.8; AJHR, 1912, E-4, p.11.

110 F. Truby King, *Feeding and Care of Baby*, London, 1913, pp.122–3.

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113 Lindsay R. Watson, 'The Universal Condition: Medical Constructions of "Congenital Phimosis" in Twentieth Century New Zealand and their Implications for Child Rearing', *Health & History*, 14 (2014), pp.87–106. A retractable foreskin allowed for easier cleaning to prevent irritation and masturbation. From after World War I until the 1950s, physicians also used infection prevention to justify inflicting routine infant circumcision on 95% of non-Māori male infants during the 1940s, after which time it was gradually abandoned. See Ken McGrath and Hugh Young, 'A Review Of Circumcision In New Zealand', in G.C. Denniston, F.M. Hodges, M.F. Milos, eds, *Understanding Circumcision: A Multi-disciplinary Approach to a Multi-Dimensional Problem*, New York, 2001, pp.129–46.

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117 Laqueur, p.251.

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