“A Most Acute, Disgusting and Indecent Disease”: *Satyriasis* and Sexual Disorders in Ancient Medicine*

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For the purpose of Foucault’s exploration of the ancient Graeco-Roman roots of Western attitudes towards sex¹ and the ‘invention’ of sexuality, the diseases *satyriasis* and *priapism* were fundamentally equivalent: the first characterized by a continuous state of erection and a persistent drive towards sexual intercourse, and associated with behaviours deemed obscene and disgraceful; the second a continuous, irrepressible state of painful erection, detached however from any change in sexual drive. On the philosopher’s reading, both were representative of one of the two ways in which late-antique culture and its intellectual developments problematized and castigated the sphere of sexual life: on the one hand, by a stigmatization of an excess of *tension* (in the case of *satyriasis*, *priapism* and similar ailments), and on the other by reproaching any waste of semen (as in *gonorrhoea*, a disease characterized by involuntary discharge of semen; wet dreams, masturbation, and male homosexual intercourse incur the same ban).²

This paper’s focus on the late-antique period in ancient medical cultures has largely the same object as Foucault’s narrative of a “certain strengthening

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* I would like to thank the Alexander von Humboldt Stiftung which financed my research for this chapter, and the Wellcome Trust for its support in the final stages of revision; the audience at the workshop where it was first presented; and Philip van der Eijk for his participation in the joint paper from which this chapter derives, and for very useful discussions at various stages of its draft.

- 1 The aspects of disturbance that we are going to explore under this umbrella vary greatly, just as ‘sex’ is a rubric that covers many human experiences, biological and cultural: the functioning of genital organs and physiology; sexuality (which includes drives and desires) and sexual life and activity; the differentiation of gender identity, and its relation to all these. All three areas feed into a search for a disease conceptualization comparable to what current medical taxonomies call ‘sexual and gender identity disorder’ (as per DSM-5), and have areas of overlap among themselves.
- 2 See Foucault, M. (1990) *The Care of the Self*, 113–16.

of austerity themes” in the first centuries of our era,³ an influential generalization which, despite criticism, broadly hits on an important cultural shift that concerns our discussion of ancient medicine here: a development towards an increasingly value-laden, normative and austere view of subjective experiences such as bodily pleasures and mental life in our time-frame. For the purpose of our medical-historical discussion, I propose moving the focus away from the philosopher’s argument of an all-encompassing ‘care of self’ progressively devised by philosophers, to draw attention to the inclusion of subjective experiences, elements of responsibility and features of personality which previously belonged to the sphere of ethics and philosophy into pathological and nosological discussions in the specific area of medicine. This is, in my view, a more correct formulation of this key shift in the late-antique medicalization of will, pleasures and desires. In this conspicuous phase of its history, medicine’s objective discourse annexes the managing of personal life to its own sphere of action, by addressing individual subjectivity (declined as volition, pleasure, and taste) as vulnerable to pathology. In this way, medicine began to measure the most basic human bodily experiences (such as sex, and, as we have seen, food) ethically—in terms of value; socially—in terms of decorum; and from a point of view of personal intention—in terms of individual responsibility and accountability.⁴

In this way, despite their firm physiological basis, in the sexual diseases which we shall analyse an interlacement of will and the moral worth of the individual, the propriety of his (or her, as we shall see) behaviours, the quality

3 See Foucault, *Care of Self*, 235; cf. Ahonen M. (2017) ‘Galen on Sexual Desire and Sexual Regulation’, *Apeiron* 50:4, 451 on this late-antique attitude in the medical sphere. Keuls, E. C. in her ‘The Greek Medical Texts and the Sexual Ethos of Ancient Athens’, in van der Eijk, P., Horstmanshoff, M. and Schrijvers, P. H. (1995) *Ancient Medicine in its Socio-Cultural Context*, emphasises the later fifth- and early fourth century as a period characterised by a “censorious climate”, with particular reference to hostility against paederasty, proposing with emphasis once again Dover’s claim of a “rupture of inhibition” in the late archaic and early classical period that stiffens up towards the second half of the classical period (Dover, K. J. (1974) *Greek Popular Morality in the Time of Plato and Aristotle*, 574). I find Keul’s picture of classical medicine in relation to these themes (267–68), and her periodisation unconvincing: fifth- and early-fourth century medical texts do not lend any evidence to an evaluative reading of sexual ethos; see Thumiger, C. (2017) *A History of the Mind and Mental Health in Classical Greek Medical Thought*, 231–51.

4 Relevant to this discussion, although without a focus on pathology is Ahonen, ‘Galen on Sexual Desire’, which explores in great detail the complexities of the physician’s physiological, psychological and ethical models to account for human and animal sexual drives and activities, with discussions of key aspects such as restraint, pleasure and excess.

of his or her cognition, and his or her overall respectability manifestly gain ground. This is what the case of *satyriasis*, our most conspicuous example, is really about: as for food and nutrition,⁵ which I invite the reader to consider as a parallel case, it is the involvement of volition, taste and desire that marks a new step in the view of mental health in the medicine of the late-antique period.

The Previous Tradition

Before turning to our texts, it is helpful to look briefly at the Greek medical material prior to the sources under discussion, and frame late-antique nosology within the context of its intellectual and scientific tradition in relation to our topic. Sex and sexual activity are considered to be key features of human physiology already in Hippocratic medicine; as such, they are discussed and variously regulated by dietetic prescriptions, as well as observed and monitored as relevant in clinical contexts.⁶ Aetiological and explanatory elaborations on illnesses involving sex or significant pathological sexual patterns, however, are only made explicit in the case of women. In their case comments on sexual abstinence or sexual activity are frequent, and so is the acknowledgement of the mental implications of this sphere of physiology; a possible hint of the relevance of sexual habits to 'goodness' and respectability is also found.⁷ In the case of women, untimely sexual abstinence generally seems to be the most dangerous factor; for males it is rather the excess of sexual activity, dietetically

⁵ See chapter 8 in this volume.

⁶ See Von Schumann, H.-J. (1975) *Sexualkunde und Sexualmedizin in der Klassischen Antike* for a survey of ancient sources; Thumiger, *History of the Mind*, 231–65 on sexuality and sexual activity in classical medicine; Bartoš, H. (2015) *Philosophy and Dietetics in the Hippocratic on Regimen. A Delicate Balance of Health on Regimen* and Greek dietetic thought, including the role of sexual prescriptions.

⁷ In the ambiguous mention of women who *σχέτλια δρῶσι*, "do bad things" at *Mul.* 2.133 (VIII.282,15 L.). On ancient gynaecology and female sexuality in medical discourses, see King, H. (1998) *Hippocrates' Woman*; King, H. (2004) *The Disease of Virgins. Greek Sickness, Chlorosis and the Problems of Puberty*; King, H. 'Sex, Medicine, and Disease', in Golden, Peter T. (2010) *A Cultural History of Sexuality, Volume 1: A Cultural History of Sexuality in the Classical World*; King, H. 'Between Male and Female in Ancient Medicine', in Boschung, D., Shapiro, A. and Waschek, F. (2015) *Bodies in Transition. Dissolving the Boundaries of Embodied Knowledge*, 249–64; Dean-Jones, L. (1994) *Women's Bodies in Classical Greek Science*; Hanson, A. E. 'The Medical Writers' Woman', in Halperin, D., Winkler, J. and Zeitlin, F. I. (1990) *Before Sexuality: the Construction of Erotic Experience in the Ancient Greek World*, 309–37.

framed, which is mentioned as a background to illnesses, while in their case sex and sexuality are hardly thematised.⁸

It can be said, in conclusion, that the medical tradition prior to our nosological texts holds a secular, physiological view of sex and its implications; one that is aware of the delicacy of the topic and its psychological sensitivity, especially for women, and that was not insensitive to issues of decorum, but all in all did not conceptualise specific mental or behavioural pathologies, nor associated any idea of moral depravity to this area.⁹

The Disease *Satyriasis*¹⁰

Against this general background, especially if we consider its sharp distinction between the two sexes as far as sexual health is concerned, the emergence of *satyriasis* as a pathology affecting male *and* female patients is worth attention. *Satyriasis* is discussed in lengthy accounts by Aretaeus (second century CE;¹¹ *Acut. Dis.* 2.12, 34,11–35,12 Hude, ‘On *Satyriasis*’) and by Caelius Aurelianus (fifth century CE;¹² *Acut. Dis.* 3.18, 175–87 = 394–402 Bendz, ‘*Satyriasis*’); Anonymus Parisinus (first-second century CE¹³) also discusses the disease (‘*Satyriasis*’, 16 Garofalo);¹⁴ Rufus of Ephesus (first century CE), finally, wrote an entire treatise ‘*On Satyriasis and Gonorrhoea*’.

Rufus’ discussion is the greatest surviving elaboration of the physiology of the disease. In his treatise he interprets its mental consequence in terms of neurological connections; for him, at the root of the palpitation that is key

8 See Thumiger, *History of the Mind*, 233–37 and 257–61 on the specific cases of wet dreams and transvestism among the Scythians (the so-called ‘*Anaireiis*’) respectively.

9 I exclude from my survey the philosophical engagement with medical topics, notably those of Plato’s *Timaeus* and of Aristotle’s *EN* 11 where ethics and physiology are indeed combined, but which stand in stark contrast with the medical evidence of that era; see my chapter 8, pp. 248–50 in this volume.

10 For a survey of the disease see Gourevitch, D. (1995) ‘Une autre *satyriasis*. Médecine antique, philologie et histoire’, *Medicina nei Secoli* 7, 273–79.

11 See previous chapter, n. 14.

12 See previous chapter, n. 15.

13 See previous chapter, n. 13.

14 With reference to the disease, Garofalo, I. (1997) *Anonymi Medici. De Morbis Acutis et Chroniis*, 107 ad loc. mentions further discussions in Galen (*De tumoribus praeter naturam* 14, VII.728 K.) and others. Caelius, who never mentions Aretaeus, writes that “no other physician except Themison has written about *Satyriasis*” (*Acut. Dis.* 3.18.185–6, 400,19–20 Bendz).

to the disease is a disruption in the normal respiration (ἐκλυσιν ... διαπνοῆς). From this cause, he points out, derive "misanthropy, paraplegia, and melancholy", all mental affections that are for him categorically affiliated to *satyriasis*. Palpitation (παλμός, *Sat.* 152, 65,4 Daremberg), in fact, whether of the hypochondria or of the nerves, is said to be generally accompanied by delirium (παράκρουστικόν, *Sat.* 152, 65,4–5 Daremberg). He associates *satyriasis* with *gonorrhoea* through the symptom of semen discharge, that is abundant in both categories of patients (*Sat.* 161, 67,1–2 Daremberg). Rufus mentions ambivalence towards the sexual drive as marker of this disease (*Sat.* 153, 66,6–8 Daremberg): "both options are painful to them, to have intercourse and to abstain: one, in fact, makes them unrestrainable, and the other in turn gives rise in them to desires to commit unrestrainable acts": both action and the desire to act are pathologised. The type of therapeutics recommended is significant (Rufus' points will return in other authors, especially Caelius, who seems to rely heavily on him): in particular, "talks, thoughts and fancies of a sexual kind should be avoided, and most of all sights, as we know that in dreams, even when they are not very explicit, [these images] give inspiration to have sex" (*Sat.* 161, 74,11–75,1 Daremberg).¹⁵

The shortest discussion from the nosological treatises is that offered by Anonymus Parisinus, who characterizes *satyriasis* in both male and female individuals, from a physiological point of view, as a vessel and bladder dilation affecting the genitals (ἐντασις, 16, 106,17 Garofalo). There follows a severe mental affection: a strong and urgent sexual desire accompanied by insanity arises, ὀρεξις σφοδρὰ καὶ οἰστρώδης πρὸς ἀφροδισία μετὰ παρακοπῆς (106,22–3 Garofalo), as well as tension of the bodily parts involved. Notwithstanding this physiological basis, it is noteworthy that among the therapeutics prescribed we find, again, recommendations about mental occupations:¹⁶ 'let us divert the mind away from lascivious and sexual thoughts' (τὴν διάνοιαν ἀπάξομεν ἀσώτων καὶ συνουσίας ἐννοιῶν) by means of 'somber conversations on important subjects' (108,13–15 Garofalo).

Areteaus and Caelius, the authors of the two longer accounts, follow the same directions. Both place a strong emphasis on the impulses experienced by the patients and emphasise the concern with moral decency. In Areteaus (*Acut. Dis.* 2.12, 34,11–35,12 Hude) a broadening of the discussion away from mere physiology is obvious from the opening of the chapter. First, it is true, Areteaus writes that the ἰδέη πάθεος, the "concept of the disease" (which, he explains,

¹⁵ My translation.

¹⁶ For parallels see this volume, 12, 255 and 366.

is named after the ithyphallic representation of the mythological Satyrs¹⁷) is “erection of the genital organs” (άνίσχοντος ὄρθια τοῦ πάσχοντος τὰ αἰδοῖα). As such, the affection is presented as a specifically male ailment, the pathological behaviour of a part in the male body. The following paragraph, however, expands the horizon, effectively depicting the disease as fundamentally mental and behavioural, while the genital condition is left in the background: “it is” — Aretaeus writes — “an unrestrainable impulse to sexual intercourse, ὁρμή ... ἐστὶ ἄσχετος ἐς ὁμιλίην”, that cannot be relieved through sexual acts. A second definition is thus introduced here, and juxtaposed to the genital aetiology, a characterization in terms of ὁρμή, “drive”.

This second definition should not, in my view, be dismissed as a mere follow-up in the account, ancillary to the more fundamental genital causation: rather, it is an alternative way to frame the disease, one which is relevant in its own rights. This is confirmed by the fact that it is precisely to this section that Aretaeus devotes the greatest attention (34,19–20 Hude). After a few lines describing the spasm and physical irritation caused by the unremitting tension in the genitals, he focuses on the mental signs:

wrapping themselves up (continuously) (περιστελλόμενοι), silently sorrowful (ήσυχή ἐπιλυποῖ), [these patients] are stupid, as if grievously affected by their condition (κατηφέες, ὥσπερ ἀχθόμενοι τῇ ξυμφορῇ).

To wrap oneself up alludes here to the well-known sign of mental disturbance, the pathological covering oneself with clothes or blankets; it is not a metaphor to be taken with the following dative, as in Adams’ translation (“wrapped in silence”).¹⁸ Moreover, cognitive deficiency or the numbing of the senses is here mentioned as additional impairment, which has no direct link to the genital illness: rather, it seems to be part of the psychological experience brought by the disease, a general feeling of being oppressed (ἀχθόμενοι). In the same way, in *Th. Acut. Dis.* 2.11 (142,1–2 Hude) Aretaeus explains that “when [patients of

17 Aretaeus associates the disease with the literary satyric motif, which involves also the smell of goats and their behaviour in the rutting season (*Acut. Dis.* 2.12, 34,11–15 Hude); compare the Aristotelian *Problemata* 4.24–26 (879a22–880a5), where individuals who have reached sexual maturity reek of the so-called ‘goat-smell’, τοῦ καλούμενου γράσου ὄζουσιν.

18 Trans. Adams, 288; compare Galen, *Hipp. Epid.* III 3 (XVIIA.789 K. = 186,4–7 Wenkebach): “... the wrapping oneself up (τὸ δὲ περιεστέλλετο) belongs to both [*phrenitis* and *melancholy*], unless of course one is not doing it because of feeling cold” (my translation); see Thumiger, *History of the Mind*, 154 on this common sign in the Hippocratic texts.

satyriasis] have recovered, their understanding becomes quite settled", σφίσι ἡ γνώμη τέλεον μίμνη.

Next comes the behavioural part. Aretaeus moves on to describe the lack of shame and restraint in these patients, and the indecency that accompanies them:

if the affection overcomes the patient's sense of shame (τὴν αἰδῶ τοῦ ἀνθρώπου), he will lose all restraint of tongue as regards obscenity (ἀκρατές μὲν γλώσσης ἐς τὸ ἄκοσμον), and likewise all restraint in regard to the open performance of the act (ἀκρατές δὲ ἐς τὸ ἀμφαιδὸν καὶ τῆς τοῦ ἔργου πρῆξις), being deranged in understanding as to indecency (παράφοροι τὴν γνώμην ἐς τὸ ἄσχημον); for they cannot restrain themselves, are thirsty, and vomit much phlegm.

The emphasis on appropriateness and decency is a characteristic of the development offered by these writings and a first-time addition in ancient medicine: αἰδῶς, ἄκοσμος, ἄσχημον, and the concern for social visibility (ἐς τὸ ἀμφαιδὸν) are not side-effects of this ailment, but essential to it. The phrase παράφοροι τὴν γνώμην ἐς τὸ ἄσχημον points precisely at the existence of a kind of insanity whose target, and chief effect, is inappropriateness and obscenity—an "insanity of the mind directed towards indecency".

In the description of the following phase in the illness, three more signs are noted which are interesting for our reconstruction: froth on the lips (ἐπὶ δὲ τοῖσι χεῖλεσι ἀφρὸς ἐφιζάνει), another traditional token of insanity from as early as Hippocratic medicine; "spontaneous scratching (γαργαλισμοὶ αὐτόματοι) of the sides and arm-pits",¹⁹ also a traditional sign of mental disturbance, which Galen will explicitly anchor to *phrenitis*; and a contradictory, pathological behaviour towards food: "they stay off food, but if it is brought to them, they snatch it confusedly, madly (ἀπόσιτοι, εἰ δὲ προσφέρουσιντο, ἀρπάζουσιν, ταραχώδεις)". These three features, too, are not physiological consequences of the genital inflammation: it is clear that they belong to the pathological picture of *satyriasis* by virtue of their traditional mental quality and, interestingly, by their relevance to the sphere of damaged drives and desires. The detail about conflicting behaviours towards food, in fact, and the aggressive ravenousness closely resemble some of the examples discussed in the case of eating disturbances:²⁰ just as *satyriasis* is the perversion of a basic drive, which is in these patients both excessive in intensity and condemned to dissatisfaction, so these patients are

19 See Thumiger, *History of the Mind*, 150, 152.

20 See the previous chapter, 256–57.

also disoriented by the simultaneous rejection of food and violent desire for it; the adverb *ταραχώδεις*, “confusedly”, “in a troubled manner”, best describes the way in which these patients experience the basic drive toward sexual intercourse (and food).

The therapy recommended by Aretaeus emphasizes sleep as form of relaxation and source of relief from the pathological tension: at *Acut. Dis.* 2.12 (34,32–35,1 Hude) we read that ἡσυχία ὕπνος βαθὺς καὶ μῆκιστος, “a long and protracted sleep”, is the cure, as it soothes the inflammation and brings a form of ‘relaxation’, as we may call it (ψύξις γὰρ καὶ πάρεσις καὶ νάρκη νεύρων): “torpidity and refrigeration are the cure”. The idea that the subjective experience denoted by *νάρκη*, exclusively sensorial and pathological in previous medicine, could here be a form of therapy also marks an important moment in the understanding of human psychopathology, whereby not only cure and recreation but also relaxation and diversion are inserted into therapy.²¹

It is important to emphasize that *satyriasis* is not entirely presented as a mental syndrome: further physiological symptoms follow in the description of the disease, such as flatulence, spasms, fast heartbeat, and irregular movements. Most definitively, it is noted at the end of the chapter that the disease occurs mostly in the spring or summer, a piece of information which reinforces an exogenous, environmental dynamic to its onset other than individual inner characteristics. After all, we began the presentation of *satyriasis* by noticing that the disease label is, at face value, physiological: bodily tension and erection of the genitals are its ἰδέη. So too, after the pathological portrayal of the obscene behaviour of the patients, bodily aspects and ‘biological’ determinants are again described.

And yet, to undermine the formal physiological and localised designation of this disease, Aretaeus adds at the end of the chapter a thorough discussion of the possibility of a female ‘version’ of this ‘most acute, disgusting and indecent’ ailment (35,4–5 Hude). This is far more articulate than *AP*’s passing inclusion of female patients, and strongly militates in favour of an ethical and psychological core to *satyriasis*, which persists even in the absence of the bodily part that apparently gives origin to the pathology:

it is said (λόγος δὲ ...) that women also suffer from this affection: that they have the same *impulse* to venery, and the *other symptoms* the same (ἐς τὰ ἀφροδίσια ὁρμηὶ ὁμοίῃ καὶ τὰ λοιπὰ ξύμπαντα τὰ αὐτά). I believe, indeed, that lust (μαχλοσύνην) is engendered in women of a humid temperament, so as to induce a copious discharge of the superfluous humours; but I do not

21 See above, 257–58 on ‘diversion’.

at all believe that they are affected with *satyriasis*, for their nature, being cold, is not adapted to it. But neither, also, has woman the parts necessary for erection ...

35,5–12 Hude

Aretaeus disagrees with the inclusion of women in the category of *satyriasis* patients, on two grounds: physiological—their cold temperament, which is not predisposed to inflammation—and anatomical, their lack of an erectile organ. He fully recognizes, however, that female individuals, “especially moist ones”, are subject to “*the same drive to sex*”, ἐς τὰ ἀφροδίσια ὁρμὴ ὁμοίῃ, and to the “*same experiences overall*”, καὶ τὰ λοιπὰ ξύμπαντα τὰ αὐτά. What are these τὰ λοιπὰ? Surely not the physiological, bodily complaints of the male patients, as anatomical difference prevents them; Aretaeus is here focusing precisely on the psychopathological, behavioural deviance to which he devoted a large space in his portrayal of the obscenity of the male patient. Therefore, although this is structured as a physiological disease, located in the genitals, dependent on the erectile nature of the male anatomical part and influenced by the seasons,²² there is a sub-text that springs to view: it is a mental syndrome with a strong element of moral aberration and social stigma, that can basically affect women too *despite* the lack of a penis. The differential discussion at the end, in conclusion, while refusing women a taxonomical place in this disease on anatomical grounds (and, incidentally, denying them the concrete organic justification that comes with it), still includes them in this syndrome by virtue of the shared symptomatology. The chapter on *satyriasis*, then, could be seen as a discussion of mentally pathological sexual deviance, in its universal (male and female) form. We will return later on to the great significance of this inclusiveness with regard to the two genders.²³

Caelius Aurelianus, finally, discusses three diseases that affect the genital parts or functions, as we mentioned at the start: the chronic *priapism*

22 As well as age: the disease found especially in those who are prone (by age) to sex (*hē physis hetoimē*), boys and youths (35,9 Hude).

23 Gourevitch, D. ‘Women who Suffer from a Man’s Disease: the Example of Satyriasis and the Debate on Affections Specific to the Sexes’, in Hawley, R. and Levick, B. (1997) *Women in Antiquity. New Assessments*, 156–59 analyses precisely the existence of a ‘feminine form’ of the disease. She quotes as additional source the fourth-fifth century Roman physician Theodorus Priscianus (155), who mentions the rare word *metromania* (literally ‘mania of the uterus’) as label attributed by some to the female version of ailment underlying *Satyriasis* (Th. Priscianus 2, XI, 32). The question of ‘whether women have pathological conditions peculiarly their own’ was a debated one in ancient medicine, as discussed and surveyed by Soranus, *Gynaecology*, 3,1–5 (96–97 Ilberg), who answers it negative.

(involuntary erection, without sexual desire); *satyriasis* (acute: involuntary erection, with desire, and sometimes involuntary emission of sperm); and *gonorrhoea* (no tension, but involuntary discharge of semen). He addresses the three together to better clarify the definition and description of what *satyriasis* (*Acut. Dis.* 3.18, 396,25–398,4 Bendz) ultimately is. His definition (394,23–24 Bendz) opens directly with a focus on the perverted drive: *satyriasis est vehemens veneris appetentia*, is a strong desire towards sexual congress *ob aegram corporis passionem*, “due to a bodily disease”. Caelius is here clearer than Aretaeus in foregrounding the drive, not the genital tension or erection in his definition. The affection can be triggered by the use of erotic potions or aphrodisiac drugs (394,27–29; 396,4 Bendz) and by sexual excess, *immodicus atque intemporalis usus in venerem* (396,1 Bendz). The latter, the inclusion of a predisposing life-style factor allows the full and unconditioned inclusion of female patients: “*satyriasis* is an affliction of both men and women and generally occurs in middle age and youth; for it is during these vigorous years that the sexual impulse is most readily excited”.

The signs (396,5–12 Bendz), similar to those found in Aretaeus, are as follows: *tentigo vehemens cum dolore*, here intended as tension, rather than erection, equally befalling men and women;²⁴ an itching that goads to lust (*pruritu immodico in veneriam libidinem cogente*); cognitive impairment (*mentis alienatio*) with rapid pulse and panting; then again despondency (*desponsio*), sleeplessness (*vigiliae*), hallucinations (*hallucinatio*), aversion to food (*cibi fastidium*) and spasm. At the end of the chapter the symptom of cognitive impairment will be examined further. The disease, as per Methodist doctrine, is defined as a form of ‘stricture’; just as the inflammation of the genital organs leads to prurient desire (*appetentia et delectatio concubitus*), so the inflammation of the meninges of the brain (*membranis cerebri tumentibus*) produces the insanity, the *mentis alienatio* that accompanies the disease (402,3–5 Bendz). Finally,

24 This development towards a combined discussion of male and female sexual anatomies, at least in the realm we are discussing, is in sharp contrast with preceding gynaecologies and accounts of male sexual physiology: see Dean-Jones, L. (1992) ‘The Politics of Pleasure: Female Sexual Appetite in the Hippocratic Corpus’, *Helios* 19, 72–91 for a critique of Foucault and his lack of acknowledgement of the specific difference between sexes in Hippocratic accounts of sexual pleasure as realm of control. The chronology of these ideas obviously rebuffs the idea of a ‘one-sex’ body model as historically prior to the modern ‘two-sex’ body, as notably, and influentially proposed by Laqueur: see King, H. (1998) *Hippocrates’ Woman*, 7–8 and extensively King, H. (2013) *The One-Sex Body on Trial: The Ancient and Early Modern Evidence*; Holmes, B. (2012) *Gender: Antiquity and its Legacy*, 26–27, 46–48.

sometimes involuntary discharge of semen, the chief sign of *gonorrhoea*, can be found in *satyriasis* too.²⁵

Coitus initially brings relief, but is soon revealed to be counterproductive, just like the rubbing in patients with inflamed eyes. In the specific case of women, the same symptoms are experienced, only more strongly, because of the specificity of their own nature—*plus in ipsis praevallet prurigo ob naturam* (396,21–22 Bendz): "this itching of the genitalia makes them put their hands to these parts in shameless fashion (*indecenter*); they accost all who come to see them, and on their knees (*supplices*) beg these visitor to relieve their lust".

A unique element in Caelius' presentation, as we have mentioned, is his use of differential analysis to better refine the account of *satyriasis*. At 178–79 (396,21–398,4 Bendz) he distinguishes this disease from *gonorrhoea*, semen discharge without any tension, and from *priapism*,²⁶ to which it is somewhat similar: this is a state or permanent tension and lack of sensibility, chronic in nature and entirely physiological, without any aspect of decorum or continence involved: *satyriasis* is distinguished by its being acute and especially because of the *stimulosum desiderium in veneriam voluptatem* that seems to be essential to it.

The therapy Caelius proposes has, among the other things, strong psychological characteristics, and makes a point of addressing the feelings of the patient (398,10–21 Bendz): soothing and relaxing practices are prescribed ("silent rest without sleep", *vigilanter silere*); it is recommended to keep the area around the genitals covered and protected from any stimulus, and especially to forbid any visit by girls or boys who might kindle the desire with their attractiveness (*pulchritudo ... admonitione quadam provocat aegrotantes*). This triggering, Caelius clarifies, is the case in healthy patients too (*etiam sani ... talibus v<i>si<s> ... veniant voluptatem*): at the centre of the discussion is a human drive that is active in everyone, but pathologically distorted in the patients of *satyriasis*; this confirms that the author is aware of pathologising a feature of human psycho-physiology, whose morbidity is a matter of degree, not kind.

To summarise briefly: in all the accounts of *satyriasis* there emerges a strong interest in the ethical-behavioural dimension of the disease that seems to overshadow its physiology, even though the latter is very clearly pictured and even posited as the underlying aetiology, especially in Aretaeus. We find the

25 Which further undermines Foucault's binary organization of two sexual pathologies; see also Rufus, *Sat.* 70,16–8 Daremberg on the possibility of *satyriasis* changing into *gonorrhoea*.

26 On which see more extensively *Chr. Dis.* 5,9, 'On Priapism', p. 5.

suggestion that this disease entails the aberration of a natural drive which is found in healthy people too (in Caelius); the involvement of contradictory behaviours towards food, finally, is also included. Notwithstanding the disease's apparent rooting in male genital physiology, all three authors (Aretaeus, Anonymus Parisinus, Caelius Aurelianus) bring both sexes into the discussion, variously ascribing the disease—or its epiphenomenal manifestations—to women too, shifting the core of the discussion from the genital to the mental sphere and to the realm of personal morals and psychology.²⁷ These three aspects are very instructive for our understanding of mental disorder in late-antique medicine, exposing its interest in the themes of appropriateness and value as features of mental health, and their engagement with a deeper, infra-physiological level that bypasses localization and even anatomy (through the dismissal of genitals in a sexual disease) to engage with a universal idea of human well-being.

To further corroborate these findings, we should briefly look at another example of sexual disturbance in Caelius Aurelianus,²⁸ one that has attracted much interest and discussion through its uniqueness in ancient medicine as well as its extraordinary status within the context of ancient testimonies quite generally: the diseases of the *malthakoi* or Pathics (“soft men” or “passive [homosexuals]”).²⁹ These are male individuals who enjoy submitting

27 Although, notably, the therapy differs from women to male patients, as Gourevitch, *Women*, 160–62 notices: the cognitive project is entirely aimed at men, as women's sexuality, and women themselves, are conceived as categorically different from males and less of interest as object of a philosophical-psychotherapeutic therapy.

28 There is a striking parallel to this text in Ptolemy's *Tetrabiblos* 3.14 (172, 5–14), a text from the first century CE first discussed in this connection by van der Eijk, P., ‘Cure and (In)curability of Mental Disorders in Ancient Medical and Philosophical Thought’, in Harris, W. V. (2013) *Mental Disorders in the Classical World*, 333–37. A comparable instance is found in another astrologer of the same period, Vettius Valens (second century CE), who in his *Anthologiarum libri ix* 36 (110,31 Kroll), in a discussion of diseases linked to horoscopic signs claims that the Capricorn, among the other things “causes disabling dullness (of sight?) because of its spiny vertebrae (the thorn), manias, oppression by water, and even *phrenitis* ... woman-hunting females, tribades, sexually licentious women, servile and foul individuals [possibly meaning, specifically, individuals who offer oral sex]” (αἰγόχερος γόνατα νεῦρα τῶν τε ἐντὸς καὶ ἐκτὸς σπαστικά διὰ τὸ εἶναι αἰνιγματώδη· ποιεῖ δὲ ἀμαυρώσεις πηρώσεις διὰ τὴν ἄκανθαν, μανίας, δι’ ὑγρῶν ὀχλουμένων, ἔτι δὲ φρενίτιδας † γυναικοκαυσίαι τριβάδες ἀσελγείς λατρευτικοὶ αἰσχροποιοί). It is remarkable how easily here too a variety of sexual behaviours, personal characters and individual practices are pathologised and moralised.

29 See also Ahonen, M. (2014) *Mental Disorders in Ancient Philosophy*, 217–22 for a recent discussion of this passage; cf. the commentary in Schrijvers, P. H. (1985) *Eine medizinische Erklärung der männlichen Homosexualität aus der Antike*.

themselves to anal intercourse, described in *Chr. Dis.* 4.11.131–37 (848–52 Bendz).³⁰ In this text Caelius offers the sole account in his book of a ‘disease of the soul’, i.e. not rooted in the body but considered a deviation of the soul itself (848,22–23 Bendz):³¹ indeed, the very fact that the pathology is named, somehow non-technically, after a group of people displaying a certain behaviour or character trait—softness, passivity—rather than under a disease concept, or a syndrome conceptualised as such, is indicative. The importance given to sick, flawed desire in shaping this pathology is even more overt here than in the case of *satyriasis*.³² The chapter opens already with a value-laden statement, where Caelius comments on the ‘absurdity’ of these patients: “people would not think they really exist” (*nullus ... facile credit*): their very existence is incongruous, and a scandal. The normative angle of the discussion is also evident from the start: their practices are unnatural (*non enim hoc humanos ex natura venit in mores*), and their *libido* emerges with lack of shame, *pulso pudore* that brings them to involve in sexual pleasure bodily parts which ought to be devoted to other purposes (*indebitas partes*). This inversion is accompanied by insatiability and lack of restraint (*nullus cupiditatis modus, nulla satietati<s> spes*, 848,19–20 Bendz); all in all, this is not a disease of the body but of the mind: *a passionibus corporis aliena, sed potius corruptae mentis vitia*, that can only

- 30 The characterization of these patients is in terms not of homosexuality but specifically of sexual passivity. Cf. Schrijvers, *Eine medizinische Erklärung*, 7 on the distinction in Greek culture (following Dover, *Greek Homosexuality*) and noticing that in discussing *satyriasis* Caelius had otherwise mentioned attraction for girls and boys as a normal feature in healthy adults (*iuvenum feminarum atque puerorum*); the key problem is with males receiving penetration. Comments about effeminacy and the tendency to sexual passivity in males is found in earlier sources: at ps.-Arist., *Pr.* 4.26 (879b–880a) the physiology and ethics of passive sexual inclinations is explored in terms of anatomical deviance, and at ps.-Arist., *Physiognomics* 808a14–17 a character of ‘effeminate man’ is depicted with vivid traits (κιναιδου σημεια); see Winkler, J. J. (1990) *The Constraints of Desire: The Anthropology of Sex and Gender in Ancient Greece*, 67–70 on ‘act vs. impact’ in sexual practices as pivotal in ancient views on, and judgements of male homosexuality. Davidson, J. (2008) *The Greeks and Greek Love. A Radical Reappraisal of Homosexuality in Ancient Greece*, 101–68 offers a correction to, and discussion of a dominant scholarly paradigm (what he calls “sodomania”) seen to exaggerate the ancients’ concern with penetration and sexual passivity in homosexual relations, as visible in Dover and Foucault’s accounts (and in Keuls, ‘Sexual Ethos’); see Holmes, *Gender*, 80–82; 94–99 for a more nuanced analysis.
- 31 See Polito, R. (2016) ‘Competence Conflicts between Philosophy and Medicine: Caelius Aurelianus and the Stoics on Mental Diseases’, *Classical Quarterly* 66, 358–69.
- 32 See Schrijvers, *Eine medizinische Erklärung*, 2 on this section in Caelius as being “auffallend ethisch und emotional geladen” by Caelius’ own standards, even showing “Christian undertones” (2, 38; my translation).

be cured through forceful correction of one's mental disposition (850,9 Bendz, *animus coercendus*, "their mind needs to be repressed"). It is (with Soranus, 848,29 Bendz) *malignae et foedissimae mentis passio*, not accompanied by impairment in the senses: this detail is important, as Caelius wants to be able to place this disease in a different category from the other distorted drives (sexual and appetitive) that he has had occasion to discuss.

Here too, the inclusion of a symmetrical female ailment is crucial to the overarching ethical frame: there is a comparable female counterpart to the *malthakoi*,³³ the *tribades* (848,29–859,14 Bendz), women "who pursue both kinds of love": these patients are characterized by violent, male-like jealousy, an *invidentia virile* that is similar to intoxication, and makes them revel in their depravity; it is also an illness of the mind, *animi passio*, for which there is no cure. What do such patients have in common with the 'pathics' or 'soft' individuals, whose chief pathological behaviour is a fondness for passive anal intercourse? Such sexual behaviour—notably not precluded for women—is considered a degenerate pathology in males only, in whom the passivity that is natural to women becomes a sign of disease. The *tribades*, despite their name (literally, "rubbers", from τριβω) appear to be in fact bisexuals (to use our label), and to have no other trait in common with the *malthakoi* than a non-specific sexual aberration. Their sexual preferences are thus loaded with ethical values and personality aspects: they are insatiable, intoxicated in their search for new pleasures; they must rush to get satisfaction; they are aggressively jealous; they rejoice in the *iniuriae*, in the defilement of their own sex, and so on: *ebrietate corruptae in novas libidinis formas erumpentes, consuetudinae turpis nutritae, sui sexus iniuriis gaudent*.³⁴

33 Schrijvers, *Eine medizinische Erklärung*, 32 mentions Lesky's interpretation of the *tribades-malthakoi* pairing in terms of *Analogieprinzip* (as in Lesky, E., 1950. *Die Zeugungs und Vererbungslehren der Antike und ihr Nachwirken*, Ak. der Wissenschaften und der Literatur in Mainz, 162, 154) that is often to be noticed in dual discussions of male and female sexuality from antiquity.

34 Insatiability is a typical feature of critical representations of sexualities other than the heterosexual one, and Caelius mentions it also with reference to the men, the *malthakoi* (see Schrijvers, *Eine medizinische Erklärung*, 32). Already in *Pr.* 4.26 the topic had emerged (879b29–30, Mayhew 168, "[the effeminate by nature, φύσει θηλυδρῆται] ... for this reason are insatiable, like women"), with an explanation rooted in a deviation in male anatomy-physiology; the extension to female patients (in whom insatiability appears to be more congenital) is noteworthy here.

Both diseases, as we have seen, that of the *malthakoi* and that of the *tribades* are *animi*, "of the soul":³⁵ the fact of receiving pleasure by the contact with a penis is pathological and unheard-of for a man (*nemo enim ...*), and no bodily cure can solve it (850,8–9 Bendz): *neque ulla curatio corporis depellendae passionis causa recte putatur adhibenda*. Relief has to be achieved "by other means", *alia ex materia*, than obeying the impulse (or applying medical therapies). Caelius is here vague about the nature of these 'other measures', but we can infer that they had a psychotherapeutical component, comparable to what observed in the cases of *satyriasis*.³⁶

The aetiology is innate, and involves many possibilities: it can be caused by trouble at conception,³⁷ or be hereditary, caused by the generating seed. In any case, the disease in men comes with old age: as the powers of the body decrease, a preference for a passive sexual role emerges (whereas during their prime individuals have both tendencies, *gemina luxuriae libido*, 852,19 Bendz); for the same reasons the passive tendency is also present in boys, whose bodily strength is not yet fully developed.

On the whole, albeit exceptionally framed as 'disease of the soul', the presentation of this illness shows otherwise a similarity to what we have noticed for *satyriasis*: there are ethical baseness, social disgrace, a forced juxtaposition of man and women as if suffering from the same pathological symptoms, and a sexual inappropriateness degenerating into a plethora of moral flaws (insatiability, aggressiveness, lack of restraint, softness, abuse).

Conclusions

We have considered two kinds of illness broadly belonging to the sexual sphere: a disorder of excessive sexual tension and drive, the disease *satyriasis*, and one of sexual drive directed towards an inappropriate object, the type of passive homosexual and bisexual individuals described by Caelius. All these

35 See Schrijvers, *Eine medizinische Erklärung*, 36–37 for a comparison of this discussion to the similar question Caelius addresses in the case of *hydrophobia* (see previous chapter, 263 n. 34; and cf. also Urso in this volume, 303) and answers in the negative: the key is the role played by voluntariness in qualifying the disease of the *malthakoi* and *tribades* as *animi* as opposed to the hydrophobic's *corporis passio*—the *molles* act *volentes* (cf. 850,6 Bendz, who prints Drabkin's correction *utentes*), the *tribades* are *consuetudinae turpis nutritae*, "fed by their own wicked habit".

36 See Drabkin, I. E. (1951) 'Soranus and his System of Medicine', *Bull. Hist. Med.* 25, 513 n. 14, who also detects a psychotherapeutical suggestion in this passage.

37 As Parmenides proposed, quoted by Caelius at 134–35 (850,19–24 Bendz).

medical discussions have key features in common: they engage with the sphere of individual drives and pleasures, categorizing them as correct or excessive in degree, and directed or not towards appropriate goals; they consider volition (voluntariness, intent, self-restraint and moderation) as mental features which can suffer a pathology, or in turn cause one; they include concerns with respectability (public display, shame, outrageousness, the appropriateness of social interactions) as part of the clinical portrayal.

These data, as we mentioned at the outset, can be seen as consonant with Foucault's well-known narrative on ancient sexuality; and yet, they are only partially represented by that narrative. It is true, in fact, that medicine prior to our period of analysis had very limited, if any, concern with the sexual sphere as a moral problem. On the other hand, other influential non-medical sources from the classical past, as is well known, expressed value judgements about sexual incontinence and pleasures perceived as unnatural.³⁸ A survey of these is neither possible nor necessary here; it will suffice to mention that Plato at *Timaeus* 86c3–d1 discusses the medical aspects involved in ἡ περὶ τὰ ἀφροδίσια ἀκολασία, erotic intemperance; at *Eth. Nic.* 5, 1148b29–31 Aristotle mentions pleasure in passive intercourse as pathological (by nature, or habituation), and in book 4 of the Aristotelian *Problemata* psychological and subjective aspects like desire, and also disgust (10) or shame (27) are involved in otherwise physiological assessments of sexual life (and see also 4.26, already discussed). It thus seems misleading to draw too sharp a contrast between the classical past and the first centuries of our era in relation to sexual life, and rather better to focus on the development of the medical approaches to it specifically. At the same time, it would be a misrepresentation to consider sex an exceptional medical example in this respect. As I hope to have shown, the case of sexual disorders is in many respects symmetrical to that of eating disturbances: the moralization of patient behaviours, the psychological therapy involved, the importance assigned to volition and the largely evaluative approach point to a general interest in mental health as a matter of individual will, personal responsibility, and social acceptability. It seems reasonable to suppose that these should be most visible in those areas of human biology that are both expressed by urgent needs and socially, politically and even economically shared and regulated: the consumption of food, the practice of sexual intercourse.

38 *Care of the Self*, 237–38 recognises this “continuity” in the ancient view on sexual mores, without differentiating between medicine, philosophy or other sources.