

# Medical Vibrators for Treatment of Female Hysteria <sup>[1]</sup>

By: Horwitz, Rainey Keywords: [hysterical paroxysm](#) <sup>[2]</sup> [medical vibrators](#) <sup>[3]</sup> [history of hysteria](#) <sup>[4]</sup> [masturbation](#) <sup>[5]</sup>

During the late 1800s through the early 1900s, physicians administered pelvic massages involving clitoral stimulation by early electronic vibrators as treatments for what was called female hysteria. Until the early 1900s, physicians used female hysteria as a diagnosis for women who reported a wide range of complaints and symptoms unexplainable by any other diagnosis at the time. According to historian Rachel Maines, physicians provided pelvic massages for thousands of years to female patients without it being considered erotic or sexually stimulating. After the Western Industrial Revolution, physicians began using electric machines in medicine, including the medical vibrator, which researchers theorize was used to more efficiently bring women to a hysterical paroxysm, the former medical term for a female orgasm. Until the 1920s, physicians used vibrating massagers as medical devices for treating hysteria at a time when doctors diagnosed women with hysteria as a sweeping diagnosis.

Physicians throughout the world used the term hysteria as a medical diagnosis for women who exhibited a variety of symptoms and behaviors. Researchers discovered the first mention of diseases specific to women in Ancient Egyptian medical texts from around 2000 BC. Greek philosopher [Hippocrates](#) <sup>[6]</sup> was one of the first to mention hysteria in gynecologic medical accounts. Around the same time, Greek philosopher Plato wrote that hysteria was caused by women not having children, stating that a childless [womb](#) <sup>[7]</sup> would become distressed and move throughout the body, causing health problems. According to historian Lana Thompson, many people in early societies believed that a woman's [womb](#) <sup>[7]</sup> wandered throughout her body, causing a variety of medical problems by making contact with other organs like the lungs, liver, and brain. Some physicians based their theories of female hysteria on the wandering [womb](#) <sup>[7]</sup> theory, and prescribed medical treatments including marriage, heterosexual sex, [pregnancy](#) <sup>[8]</sup>, applying pleasant-smelling oils to female genitals, and external vaginal stimulation with the idea that the treatments would anchor the [uterus](#) <sup>[9]</sup> back into its proper location in the pelvis.

Physicians continued to diagnose women with female hysteria throughout the first two millennia AD and continued to practice external genital stimulation as a treatment for hysteria. According to [Havelock Ellis](#) <sup>[10]</sup>, physician and author of *Psychology of Sex*, a study estimated that in 1913, 75 percent of women suffered from female hysteria. Physicians diagnosed hysteria based on a long list of common symptoms including headache, forgetfulness, irritability, insomnia, writing cramps, hot flashes, excessive vaginal bleeding, heaviness in the limbs, usage of coarse language, severe cramping, difficulty breathing, desire for clitoral stimulation, hyper-promiscuity, mood swings, nausea, anxiety, drowsiness, loss of appetite, aging, back pain, swollen feet, cancer, organ failure, [endometriosis](#) <sup>[11]</sup>, heart disease, epileptic fits, and what are now known as symptoms of depression, schizophrenia and other psychological disorders. According to Maines, for centuries, doctors believed that women were biologically weak and flawed for exhibiting behavior and bodily functions that twenty-first century scholars consider normal. She claims doctors thought those symptoms of women's disease warranted medical intervention and correction.

Since society and physicians of the time did not correlate external genital stimulation with sexual practice, during the late 1800s, physicians believed that clitoral stimulation through medical pelvic massage could effectively reduce symptoms of hysteria. According to Maines, during the 1800s, the medical community believed that only vaginal penetration was sexually stimulating for women, and as a result, physicians were averse to the use of tampons and specula, for concern that use would cause a woman to instantly become aroused. A speculum is a medical device used routinely by gynecologists in the twenty-first century that expands the walls of a woman's [vagina](#) <sup>[12]</sup> to view her [cervix](#) <sup>[13]</sup>. During the 1800s, society believed female masturbation, or the stimulation of one's own genitals for sexual arousal, required vaginal penetration, not clitoral stimulation. Many physicians, including nineteenth century gynecologist William H. Walling, thought masturbation could cause negative health consequences for women, including uterine cancer. If the female patient became flushed and relieved during the pelvic massage treatment for hysteria, physicians explained that she was experiencing a hysterical paroxysm, which is now known as an orgasm. That signified that the treatment was successful and the physician would believe the patient to be relieved of her negative symptoms attributed to hysteria.

Before physicians used medical vibrators for pelvic massage, hydrotherapy, or water therapy, was one of the first technological advancements in treating hysteria and a precursor to medical vibrating massagers. Hydrotherapy treatment involved the pelvic douche, which was an apparatus that originated in France during the mid 1800s. Hydrotherapy spas were located in European-style bathhouses and spas, and treatment involved aiming a powerful jet of water at a woman's inner thighs and genitals. Health specialists claimed the device could cause hysterical paroxysm in under four minutes. According to Maines, women frequently left the douche treatment feeling extreme relief from hysteria and felt as if they had been drinking champagne. Other available treatments during the late 1800s included water jets dispersed by hand cranks, and one used a miniature water wheel that could be attached to a sink.

As physicians began diagnosing hysteria during the 1800s and early 1900s, more women needed treatment, including many women whose husbands sent them to the doctor, according to Maines. According to historian Greer Theus of Washington and

Lee University in Lexington, Virginia, during the Victorian period of the 1800s, as literacy rates among women increased, doctors attributed higher rates of hysteria to the alleged dangerous behaviors of intellectual women, including attending school and working outside of the home. The 1899 edition of the *Merck Manual*, a medical reference book, listed pelvic and genital massage as a treatment for hysteria. Additionally, when commenting on treatments for hysterical women, twentieth century physician Samuel Howard Monell described gynecological pelvic massage as having positive results in treating hysteria.

During the nineteenth century, societies throughout the US and Europe experienced what historians refer to as the Industrial Revolution, during which efficient manufacturing processes combined with the recent discoveries of ways to harness electricity resulted in the production of many new machines and the emergence of electronic devices. The vibrating massager was one of the earliest invented electronic devices. The sewing machine was the first electronic home device, and according to Maines, the vibrating massager was the fifth, and preceded the vacuum cleaner by nine years. Around the same time as the Industrial Revolution, physicians began looking for more efficient ways to treat hysteria. In her book, *The Technology of Orgasm*, Maines presents her hypothesis that some physicians used and developed vibrating machines to treat women with hysteria to save time and to avoid the laborious task of manual massage on the increasing number of female patients. In her hypothesis, Maines presents evidence that physicians legitimized and justified the clinical production of hysterical paroxysm as a treatment for a disease, and hysterical women drove the market for vibrating massagers during the turn of the nineteenth century.

In 1869, American physician George Taylor patented one of the first medical vibrators called The Manipulator. Patients sat on a padded table with a hole cut out to reveal their lower abdomen, through which a vibrating sphere massaged the woman's genitals. Because the apparatus was large, heavy, expensive, and coal-powered, large spas and physicians with large practices primarily purchased and maintained the devices for their guests and patients. While most historians agree that physicians of the time believed vibrators most reliably treated hysteria, they also used vibrating devices to relieve constipation, arthritis, and muscle fatigue.

In the early 1880s, physician Mortimer Granville invented the first portable, battery-powered vibrator that weighed over forty pounds. However, Granville wrote in 1883 that he did not intend for his device to treat hysteria, and rather intended its use only for male muscle fatigue. According to Maines, Granville believed women might mimic hysterical symptoms in order to gain treatment, despite not needing it for medical reasons. In other words, Granville did not want women to have orgasms after using his vibrator device, according to Maines. According to reporter Natalie Angier, vibrating massage devices continued to appear in magazines during the early 1900s, some powered by electricity, foot pedal, water turbine, gas engine, or air pressure.

As batteries became smaller and the use of home electronics began, advertisements for portable vibrators appeared in ladies' magazines, newspapers, and catalogues targeted at female buyers, including *Needlecraft*, *Woman's Home Companion*, *Modern Priscilla*, and *Sears-Roebuck*. Companies also continued to market vibrating devices for medical uses other than hysteria. For men, the advertisements claimed the vibrating devices could treat muscle fatigue and arthritis. For women, the advertisements claimed the vibrating devices could function as a household appliance.

In the 1920s, stag films, which were pornographic films of the early twentieth century, featured medical vibrators in a sexual context, and according to Maines, made vibrators socially unacceptable. After their use in stag films, physicians began considering vibrators as sex toys and perceived their use in women as something sexual rather than therapeutic. After 1952, the American Psychiatric Association's revisions of the *Diagnostic and Statistical Manual of Mental Disorders* removed hysteria as a medically-recognized diagnosis for women, though physicians continued to use similar diagnoses like histrionic personality disorder for both women and men into the twenty-first century. As of 2019, medical professionals no longer use the term hysterical paroxysm and they now refer to the relief of tension achieved through external genital manipulation, or masturbation, as a female orgasm.

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Arizona State University. School of Life Sciences. Center for Biology and Society. Embryo Project Encyclopedia.

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## Last Modified

Sunday, March 1, 2020 - 01:01

## DC Date Accessioned

Sunday, March 1, 2020 - 00:38

## DC Date Available

Sunday, March 1, 2020 - 00:38

## DC Date Created

2020-02-29

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