



Melancholia Scytharum: the early modern psychiatry of transgender identification

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Abstract

Herodotus's enigmatic Scythian *theleia nousos/morbus femininus* and its Hippocratic interpretation interested many early modern authors. Its seeming dimension of transgender identification invited various medico-psychological and psychiatric reflections, culminating in nosologist de Sauvages' tentative 1731 term, *melancholia Scytharum*. This article identifies pertinent discussions and what turn out to have been entangled, tentative psychologizations in late-seventeenth through mid-nineteenth-century mental medicine: of 'effeminacy of manners' (*mollities animi* such as observed in London's Beaux and mollies) and male homosexuality (*amour antiphysique/grec*); of the mental masculinity of some women (*viragines, Amazones*); of ubiquitous attributions of impotence to sorcery (*anaphrodisia magica*); and lastly, of transfeminine persons encountered throughout the New World and increasingly beyond.

Keywords

Impotence, melancholia, mental medicine, transfemininity, transgender

Introduction

Various recent works have examined adult gender nonconformity before the twentieth century, specifically transmasculinity (e.g. Manion, 2020; Mesch, 2020). Evolving nosological frameworks remain little researched. The medico-psychological pre-history of 'gender identity disorder' (*Diagnostic and Statistical Manual of Mental Disorders, Third Edition's* [DSM-III term, arguably superseding the DSM-II's 'transvestitism' and in turn abandoned for the DSM-5's 'gender dysphoria']) points to a pre-twentieth-century role for the ethno-historico-medical notion of 'Scythian melancholy', so named by trail-blazing nosologist Boissier de Sauvages de la Croix (1706–67) (Janssen, 2020a). In young de Sauvages' *Nouvelles classes de maladies* (1731: 295), the term *melancholia Scytharum equisonum* – the melancholy of Scythian horsemen – appeared in the section on *maladies spirituelles*, an attempt at locating within the wider scope of medical and mental nosology the Hippocratic take on Herodotus's θήλεια νοῦσος, or *morbus femineus*. Known

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internationally by various designations,¹ the ancient ethnomedical condition combined aspects of a puzzling, apparent loss of manliness ('impotence' from bareback horse-riding, or from retroauricular phlebotomy meant to fix equestrians' sciatica/arthritis/coxitis, the Hippocratic author conjectured). This condition was allegedly peculiar to affluent (perhaps *nouveau*-aristocratic) Scythian warriors, with the men's purported own attribution of the affliction to divine retribution (by Aphrodite Urania/Venus Uranus, seemingly per *interpretatio graeca*, for ransacking the Temple at Ascalon), and their subsequent disowning of their natal 'sex' (gender role) and assumption of female clothing, speech and social obligations.

The mid-twentieth-century medico-psychological concept of 'gender identity/role' had thus already animated ancient mental medicine, albeit in a decidedly cryptic and arguable way. In what ways did the inferred, mid-eighteenth-century notion of *melancholia Scytharum* prefigure the early twentieth-century concepts of 'transvestitism', that is, Magnus Hirschfeld's (1910) rubric of *Transvestitismus* and its later (1923) specification in terms of '(psychic) transsexualism'?² The ancient puzzle notably engaged psychiatrists well beyond Hirschfeld's landmark study, one late example being its interpretation by Smith Ely Jelliffe (1916: 173–8), which clearly showed its indebtedness to, and indeed alignment with, early modern historical nosology. The 'sense' or 'idea' of masculinity (*virilitas*) was in question: a perceived loss or lack of physical manliness – the state of *anandria* – giving way to a progressive loss of faith in men's idea of themselves as men or as fulfilling tasks held to be coextensive with that masculinity (the sex act, according to the Hippocratic author, specifically before the umpiring gaze of their women), and finally to a public renunciation of the entire scope of such task-fulfilment. This remarkable downward course, or *decursus*, intrigued de Sauvages, but how should we understand his proto-psychiatric gesture in the light of earlier, contemporaneous and ensuing early concepts of mental illness?

Clearly the ancient story was nosologically more intricate than the case of decadent cross-dressing Sardanapalus, as related by Diodorus Siculus (*Bibliotheca historica* II.23) and Justinus (*Historia Philippicae* I.3), which Tommaso Garzoni (1586: 28), for instance, simply classified among examples of 'ridiculous madness' (*pazzie ridiculosi*). That Sardanapalus 'transformed himself into a woman' (*in mulierem se transformavit; Faemineos semper mores imitatus*, and so on) had hitherto been widely chronicled as an exemplum of *luxuria*, *mollities* or *effeminatum monstrum*, such as in the work of Clement of Alexandria (printed in 1550). The purported Scythian morbidity received much attention in many sixteenth-century monographic commentaries on the pertinent Hippocratic eco- and ethnomedical text *On Airs, Waters and Places* (c. 400 BC?; e.g. Baldini, 1586: 222–9; Cardano, 1570: 204–8; Settala, 1590: 473–85) as well as on Herodotus's *Histories*, in annotated translations of these texts (e.g. Anon., 1697: 531–9), and in gynaecological works (e.g. Mercado, 1579: 369–70; Spach, 1597: 997–8) and tracts discussing medical and miscellaneous curiosities (e.g. Gruter, 1604: 132–3; Liebaert, 1568: 178–9; Mercuriale, 1570: 79–81). Here was one 'strange story . . . told by Herodotus and Hippocrates, the fathers of history and medicine', as an anonymous book reviewer aptly summarized (Anon., 1782: 484). But commentaries long focused on the supposed physical dimensions of the disease and the way the Hippocratic author handled the aspect of divine mediation (e.g. Schulze, 1728: 243–4). De Sauvages (1731) only loosely grouped it with various known types of melancholy. Half a century later, Cullen (1780) thought it applied more specifically to the early modern connection of 'hypochondriack Melancholy' to imaginary metamorphoses of a despairing kind, as had been discussed by Thomas Willis (1672: 343) and subsequent authors such as Robinson (1729: 230). One quintessential example here had been lycanthropy: Marcellus's/Avicenna's *melancholia lupina* or *lupina insania*, 'wolfish melancholy', or the madness of the wolf-man – *melancholia licanthropia*, in de Sauvages' terms (1731: 297). One of the sources for lycanthropy, in fact, had been Herodotus noting, sceptically, that the Scythians observed it among the neighbouring Neuri (e.g. Peucer, 1584: 198). Some early eighteenth-century connoisseurs of ancient Gaulish religion (whose work must have been available to de Sauvages) regarded it as 'caused by a melancholy that has one think one is a wolf and

is to roam the forests' (Martin, 1727: 62). Indeed, was the 'feminine disease' of androgynous 'man-women', per Cullen via Sauvages, a comparable form of delusional metamorphosis, or rather some 'extreme weakness which made them [men] impotent & effeminate, & which gave them a woman's spirit [*esprit*] & heart' (Anon., 1697: 523)? What of the idea that it entailed a specifically ethno-historical form of melancholy, by 1731 comparable with *melancholia Heraclitica* (de Sauvages, 1731: 296) or *melancholia Anglica* (coined by de Sauvages in 1759, paraphrasing Gideon Harvey's 1672 term, *morbus Anglicus*, incidentally a term also used for rickets and syphilis)?

Nineteenth-century nosology vacillated between the melancholy reading – the 'delusion of having changed sex' being ubiquitously included under the roughly synonymic general headings of monomania, melancholia/mania/insania metamorphosis, morphomania³ and eventually (in Krafft-Ebing's work) *metamorphosis sexualis paranoica* – and ethnopsychological rejoinders to the Hippocratic author. Below I trace this evident tension in early attempts to medicalize, psychologize or psychiatricize gender nonconformity – well in anticipation of the explicit, mid-twentieth-century sex/gender distinction in American medical psychology (a distinction arguably borne from frustration over the lexical and conceptual constraints of psychoanalysis; Janssen, 2020b). One finding stands out: adult gender-nonconforming remained suspended between psychiatry and ethnology well into the twentieth century, and indeed to the present day. Transfemininity appealed to eighteenth-century nosologists as much as to travellers to, specifically, the New World. This is suggestive of a distinct place in the early modern history of what only much later came to be called cultural or ethnopsychiatry (for an overview, see Kirmayer, 2007). Below I briefly reconstruct the pertinent frame shifts before Hirschfeld's coinage of *Transvestitismus*, and identify nosological considerations before and after de Sauvages, and finally the co-emergent scope of medico-psychological anthropology.

'Scythian melancholy'

In cryptic passages mediating between physical, social, linguistic and ethnomedical anthropology, Herodotus (*The Histories*, 1: 105; 4: 67 [c. 430 BC]) documented that among Scythians (Central Asian, Iranian-speaking nomads), some men thought themselves cursed with what they called a 'feminine disease' which had them reconcile with this ill fate by donning women's clothes and adopting women's occupations. Relevant topics are: (a) the vengeance of the Scythian Aphrodite/Venus was presented as inferred by the Scythians themselves; (b) it was considered to affect, or at least was reported as affecting, multiple generations (leading some medical commentaries to regard it alternatively as entailing hereditary disease or transmitted vice); (c) the obscure Scythian (or somehow Greek?) plural designator *enarees/enaries* would carry the sense of Greek *androgynoi*, men-women. Perhaps drawing from the same ethnographic source, Hippocrates (*Airs*, Pt. 22) ventured that it was 'impotence', not so much from riding bareback (without stirrups) as from putatively remedial bloodlettings via veins behind the ears that provided the proximate physical cause for despair over loss of virility (given a prevailing theory that through these veins semen travelled from head to testes; Lonie, 1981: 1–2, 110–1). This aetiological reinterpretation seemed demystifying but ambivalently retained the possibility of divine mediation. According to Jouanna (2005: 12), it presented 'a major milestone in the history of ideas: together with [the Hippocratic text] *On the Sacred Disease*, it is the first testimony of a rationalist explanation of disease, even if the flexibility of this rationalism associates notions – the natural and the divine – which might appear diagonally opposed to nineteenth-century rationalism'.

What about the distinction between bodily and mental disease? Interpretations on what constituted or caused the 'illness' (*nousos/morbus*) ranged widely from emasculating vice (mollities/masturbation/spermatorrhea diurna, or male sexual passivity) to a variety of anogenital afflictions (haemorrhoids, gonorrhoea, syphilis, even leprosy and male menstruation [*ta gynaikeita*]), physical

eviration (testicular atrophy, eunuchism⁴), neuropsychiatric fall-out from capital phlebotomy (rendering men '*fats et niais*', popinjays and simpletons: Ferrand, 1623: 197), and finally some mental reaction to a generally enervating condition. The medical riddle was picked up across multiple areas of early modern medicine, from equestrian medicine (e.g. Ramazzini, 1716: 609) to the legal medicine of impotence (e.g. Simon, 1682: 82), and on to such academic backwaters as ethno-medico-historical lexicology (e.g. Roth, 1735: 53–8). Most of these interpretations short-changed the philological puzzle. By the late seventeenth century, the 'disease', as it appeared in Herodotus, had both 'greatly occupied scholars' and 'embarrassed many', requiring perspective on how to interpret the two seeming periphrases, 'feminine' and 'disease' (Nicolas Boileau Despréaux in Longin, 1694: 318n.). Jakob Tollius suggested the affliction entailed pederasty (Tollius, 1687: 319–21; also in Longin, 1694: 162–3n.), for instance. Reflecting this emergent divergence in exegesis, in the 1701 edition of Boileau Despréaux's *Œuvres*, *maladie des Femmes* was rephrased as *maladie qui les [Scythian men] rendoit Femmes* (1701: 114), while, over a century later, the 1809 edition added '*c'est-à-dire impuissans*' in parentheses (1809: 485). Herodotus-scholar Jean Bouhier (1673–1746) discussed six interpretations (1746: 207–12), concluding by siding with the idea that disease was an ancient dysphemism for the vice of pederasty. (De Sauvages probably never consulted Bouhier's work.) Another, poorly elaborated opinion cited in the work of Enlightenment philosopher Reimarus (1737: 300) likened it to some condition, passing under the name of disease, akin to the *furor uterinus* (insatiable lust, nymphomania) witnessed in women.

These readings resonated with ubiquitous early modern to Enlightenment constructions of 'feeble effeminacy' together with luxury – the folly of foppery, sodomy, 'unmanly pleasures', anything 'unbecoming a Man', and so on – specifically associated with the affluent, as sin, vice or 'sickly' and 'enervating' to man's 'natural constitution', and indeed as a contagious, nation-undermining 'corruption' of the soul or 'depression of mind'. Illustrative of this widespread concern with effeminacy was a 1735 pamphlet offering quasi-psychiatric satire, a popular eighteenth-century genre (Anon., 1735). Reprinted in 1745 under the title of *Delirium Poeticum*, the pamphlet, tongue-in-cheek, invoked the Scythian case as explaining 'a species of Madness' afflicting contemporary Beaux:

... the Patient become[s] a Woman in every Instance that Nature will admit of: As in Dress, Conversation, Delicacy, Sentiments, Diversions, and Taste. They industriously avoid the Society of any thing that has the Appearance of a Man, and affect the Company of Females only: Not with any sinister Designs; for I must do 'em the Justice to say they are incapable of doing any Mischief. (Anon., 1735: 58; 1745: 58)

This was no uncommon call. Although seemingly never compared to the Scythians, London's mollies ('gay' men) had been described as:

so far degenerated from all Masculine Deportment or Manly exercises that they rather fancy themselves Women, imitating all the little Vanities that Custom has reconcil'd to the Female sex, affecting to speak walk, tattle, curtsy, cry, scold, & mimick all manner of Effeminacy. (Ward, n.d. [c. 1709?]: 28)

This was merry travesty, not melancholy, though clearly suggestive of some degenerate problem with urban virility.⁵ 'Pederasty' increasingly required psychiatric deciphering in terms of an effeminacy connected with an 'unnatural inclination': 'amour antiphysique' (Larcher, 1786: 364), or 'le goût des hommes pour les hommes' (Tibullus, 1794: 51), as French commentaries on the *mal des femmes* put it towards the end of the century. The quasi-reified medico-moral condition of emasculation clearly was not that of hermaphrodites erroneously thought to have passed from one sex to the other, and for whom magistrates ordered sex-appropriate clothing (e.g. Verduc, 1717: 563). But sodomites were not typically impotent; moreover, the Hippocratic

account seemed to reverse the usual direction of causality in acknowledged connections between melancholy and *impotentia coeundi*.

The ‘malady’ also differed from the marvellous case of (Scythian) Amazons as ‘strong women at war’ (*mulieres fortes in bello; bellicosae mulieres; mulieres pugnaces & validas viribus*) chronicled by compilers of aphorisms pertinent to womankind (e.g. Tixier, 1521) and as pondered throughout early modernity by encyclopaedists (*fortitudo mulierum bellica*; Zwinger, 1565: 459) and in assorted comparable tracts discussing wonders of nature (Schott, 1662: 562–3). *Viragines* were known to be ‘women in terms of sex but true men in terms of body and mind’ (Schurig, 1729: 189), or ‘man in mind, women in body’, in any case to ‘possess the mind and valour of a man [virilis animus, & fortitudo]’ (Tiraqueau, 1546: 12). But aetiology was mostly physical; in one common theory, a *virago* was begotten due to an intermixture of male and female semen. Female masculinity, where securely located in ancient myth, was a miracle or natural marvel (*miraculum, mirabile naturae*), while male effeminacy (*anandria, effoeminatio viri, mollities*⁶) appealed to an ancient sense of sickness (*morbis, nousos*) that held a middle ground between medical affliction and moral weakness, transmittable vice or sin.

Yet ‘Effeminacy of Spirit’ or ‘of Manners’, or even of the body, was poorly outlined as an early modern medical condition or aetiological factor. In the eighteenth century, these scare-quoted expressions named a moral defect, often held indicative or productive of some ‘national Debility’ or decline of the ‘national Spirit’, thus figuring more as a dishonourable and unpardonable, than pitiable, state of decline. *On Airs* itself (among other ancient texts such as by Xenophon) identified the ‘cowardice and effeminacy of the Asians’, in both body and mind and as compared with the Europeans, as ‘chiefly owing to the seasons’ though also to the laws of the lands. In clear contrast, from the paragraphs on ‘feminine disease’ a psychological sense of emasculation and resignation over an ill (if due) fate was easily inferred, indeed seemingly inescapable. The Hippocratic reading was that, on realizing Aphrodite’s wrath, affected men ‘make no Secret of their Infirmity; they live like Women, and do all Female Offices’ (quoted from an English medical dictionary; James, 1743: n.p., which, incidentally, appeared in French in 1746). An earlier English translation of a Latin edition of *Airs* by English physician Francis Clifton (d. 1736), conversant with Christian moral psychology, was: ‘they put on the habit of Women, as a confession of their Impotency; enter into the female way of life, and employ themselves in the same manner as the Women do’ (Clifton, 1734: 30).

Public confession was hardly psychiatry. In an apparently original, but minimally elaborated, gesture, de Sauvages (n.d. [1731]: 295) reclassified this religious aspect as suggestive of a distinct type of melancholic decompensation: ‘a delirium particular to itself, without fever, often with sadness’. The diagnosis did not resurface until over a quarter-century later, when *melancholia Scytharum* reappeared in the third edition of de Sauvages’ *Pathologia methodica* (1759; it is notably absent from the 1752 edition) and his *Nosologia methodica* (1768). It was subsequently included in the nosology of Cullen (1772: 291), Von Sagar (1776: 743), Ploucquet (1792: 430), Hackel (1793: 363–4), Chiarugi (1794: 78, 79), Weikard (1796: 117, *en passant*), Crichton (1798: 246), Tourtelle (1798/9: 93), Reil (1803: 338), and onwards to, for instance, Heinroth (1818: 67) and De Well (1821: 2). ‘No one would doubt’ that the Scythian scenario referred to a species of melancholy, Weikard opined. By the late eighteenth century, then, an early modern emphasis on interpreting aetiology and equestrian-anogenital-andro-venereological pathology had, at least in part, shifted to an emphasis on ethnopsychiatric nosology or at least medico-historical ethnopsychology: ‘In the description that the Father of Medicine gave us of the disease of the Scythians, we recognize a melancholy which was the effect of the superstitious ideas of this people’ (Charpentier, 1803: 11). Moreover, as detailed below, this ‘*ganz besondere Art von Melancholie oder Wuth . . . sonderbare Wuth*’ (Zimmermann, 1806: 104–7; similar expression in Böttiger, 1837: 146) was found in ancient Eurasia as well as what were considered their descendants, the Tartars, and even

New World races, pushing its relevance beyond the medical history, and the melancholy superstitions, of ancient Scythia.

For a long time, how to explain gender switching continued to present a challenging moral-psychological puzzle. Pierre Charron's *De la Sagesse* (1601), for instance, provided a philologically backed general account of the unnatural, feminizing properties of sadness ('languishing feebleness of the spirit', 'heaviness of heart'), allowing an ambiguous causal direction:

Againe, doe but consider the vestments and habits of sorrow, how strange and effeminate they are; which sheweth, that it taketh away whatsoever is manly and generous in us, and puts upon us the countenances and infirmities of women: and therefore the *Thracians* adorned those men that mourned, like women. And some say that sorrow makes men eunuchs. (pp. 195–6)

Moreover, a man making a spectacle of his sorrow would 'prostitute his manhood' (*prostituier sa virilité*; p. 193). But this account came without reference to Scythia. Much later, some speculated that rich Scythians were at risk of being 'enervated' by amorous or general intemperance, if not by generally precarious living conditions (Cabanis, 1802: 281–3) – but 'enervation' resulting in a wholesale 'psychic eviration', that is, resignation of the male social role, begged for a proper historico-ethno-medico-psychological interpretation. Although de Sauvages' nomenclature was new, the phenomenological entanglement of perceived ill fortune with hypochondria or *melancholia mentis/ex mente* (rather than *ex bile*) was unremarkable. Sydenham's concept of hypochondriac disorder had been that patients were 'more diseased in mind than in body . . . readily believing that it is their lot to suffer whatever ills man can undergo or nature inflict and therefore foreboding the worst of misfortunes that can befall them' (Sydenham, 1684: 83). For a century of nosology, misguided superstitions, as foregrounded by the Hippocratic author, had been tied to melancholy, specifically 'religious melancholy' as reified in Burton's *Anatomy of Melancholy* (1632: 635ff.), a textbook, however, discussing neither the feminine disease nor stipulating a possible unique role for 'Impotency' in melancholia. A key matter here was rather the nuance between uplifting Christianity and depressing superstition or, in other words, whether Hippocrates was rightly or wrongly accused of being an atheist for making naturalistic calls such as pertinent to the case of 'Scythian impotence' (Triller, 1719: 108ff). In mid-seventeenth-century philology, one already finds an unelaborated call of superstition-fed 'melancholy', along with a moral degeneration theory of the 'disease' (Costar, 1654: 75; cf. 1657: 198–216). Medical historian Daniel Le Clerc (1696: 423) offered a slightly more substantive rejoinder: 'It seems, moreover, that this ['feminine'] disease of the Scythians attaches itself rather to the rich than to the poor for the same reason that today we still see more affluent than destitute hypochondriacs, or melancholics . . .' In any case, Le Clerc's medical demography and de Sauvages' subsequent reifying nosological call affirmed an original inference by the Hippocratic author – of despair and/or resignation in those affected by compromised sexual performance, animated by awe in the unaffected (they worshipped *enarees* who, reported Herodotus, became seers). Moreover, both did so by associating it with ancient constructs, melancholia and hypochondria. This was definitely not obvious to all: for instance, the massive two-volume work on melancholia by Lorry (1765) nowhere mentions the Scythians (though it cites *Airs* in Vol. 1: 28).

De Sauvages (1731) briefly acknowledged religious themes in melancholia types, but curiously did not initially list the well-established nosological notion of *melancholia religiosa/superstitiosa*; he did do so in 1763 (III, Pt. 1 : 382) but here he did not subsume or cross-reference the Scythian type. Neither de Sauvages nor Cullen seemingly ever closely read Herodotus or Hippocrates (de Sauvages misinterpreted discussion of the Hippocratic explanation of impotence), nor did they reference any of the earlier commentaries on pertinent sections in the work of either ancient source. De Sauvages

(1731: 295) credited the Hippocratic reference to Jean-Pierre des Ours de Mandajors (1679–1747) of the Académie Royale des Inscriptions & Médailles, an expert on ancient Gaul but who evidently never published on pertinent matters. De Sauvages never cited Herodotus on the ‘feminine disease’, and as late as 1759 he cited ‘De affectibus’ (Hippocrates’s *De mulierum affectibus?*), which he later (de Sauvages, 1763: III, Pt. 1, 389) corrected to *De aere, aquis et locis*. Moreover, he openly doubted the nosological inference, or at least admitted its fragile basis, as late as 1768:

We are almost ignorant of the diseases which Hippocrates described, where he did not give them names. Is it known, for example, what the disease of the Scythians entails, with which Venus Uranus afflicted those who incited hatred? . . . Or would they [diseases] be better known if he had related them to melancholy . . . & various other genera to which he would have given names? (de Sauvages, 1768: 86)

De Sauvages lacked ancient clarity and, seemingly, philological guidance, and he also lacked case studies. Within his lifetime, arguably only one such study—of a man thinking himself a woman (Pierre-Aymond Dumoret alias Mademoiselle Rosete)—was on offer, in Volume 20 of de Pitaval’s (1745) *Causes célèbres et intéressantes* (the better-known public controversy over Chevalier/Chevalière d’Éon’s gender did not occur until the early 1770s, after de Sauvages’ death). De Pitaval reported that in Toulouse between 1728 and 1739 there were court cassations (annulments) and verdicts concerning Dumoret’s will. Medico-legal opinions held that ‘he’ had ‘spent his childhood in madness’ (*démence, folie, manie*) marked by ‘imaginary sex’ (*sexe imaginaire . . . fille imaginaire*: pp. 175–80, 188). The key legal problem was mental alienation, and medical men’s diagnosis was of delirium without fever: ‘*cette maladie de l’esprit qu’ils appellent mélancolie*’ (pp. 205–6, 219) or (in a 1739 verdict) ‘*vapeurs*’ (pp. 236–7). The prosecution’s primary reference at this point was Paolo Zacchia, an authority on hypochondria and, more interestingly, a pioneer on psychological aspects of impotence (Zacchia’s *Quaestiones medico-legales* was reprinted as late as 1751). Legal experts took Zacchia’s pertinence to be his acknowledgement of religion-themed delusions, the exemplar being a man thinking himself the Holy Ghost. Zacchia (1651: 97) had duly noted that the Scythian sexual transformation was ‘in physical habitus and mental strength only’, but never ventured a diagnosis (Zacchia’s *De mali hypochondriaci* [1639–51] failed to mention the Scythians altogether). By the 1720s, one extrapolated, novel medico-legal opinion was that a man being a perfect man and not knowing it was the height of extravagance, but his wanting to *become a woman* trumped this in degree of madness (de Pitaval, 1745: 219). Thus, during the late 1720s–30s, French medico-legal experts were, via Zacchia, independently advancing the same nosological determination for transfemininity as de Sauvages (1731) was for the ‘feminine disease’. However, the Dumoret case fell into obscurity, until an 1832 abstract revived it as a case of monomania; it did not enter the annals of the history of psychiatry until 1899, by this time as a case of ‘sexual inversion’ (Anon., 1899).

Early nosological engagement

De Sauvages died before philological and medical aspects were elaborated in medical-historical tracts (with one exception), as published between 1760 and 1839. The physician and President of the Collège Royale de Médecins de Nancy, Charles Bagard (1696–1772), lectured about the disease to the Société Royale de Nancy (Bagard, 1759 or 1760). The lecture was posthumously republished, reportedly ‘in full’, as transcribed in a 1771 letter (Bagard, 1775), and reappeared in a medical textbook edited by Pierre-Joseph Buc’Hoz (1783: 231–8), a Nancy physician and botanist who was himself a specialist on melancholy and an interpreter of Hippocratic aphorisms. Although reviewed at length in the *Journal encyclopédique* (Anon., 1775), and despite its republication,

Bagard's text was little known to, or at least did not impress, subsequent authors. But interestingly it already advanced a psychiatric reading seemingly independently of de Sauvages, and in any case was a more fleshed-out medical-psychological explanation than de Sauvages ever offered. Life-long physical hardship in ancient Scythia led to premature loss of physical virility (*virilité*), opined Bagard. This:

dishonour [*disgrace*] registered so significantly in their hearts that it gave rise to these effeminate men imagining, by an excess of madness [*excès de folie*], that they had become women. The imagination shaken by their sensibility and their helplessness, and their being persuaded that the anger of the Gods had an exclusive hand in it – do these not, moreover, make for sufficient causes capable of extinguishing their faculties & soften their courage? As we see every day, there are people whose imagination and senses are disturbed by so-called charms or fascinations, a sort of magic which prevents newly-weds from consummating their marriage. (Bagard, 1775: 13–14)

Scythian gender resignation, in other words, presented the apologetic rationalization of the declining warrior's failing sense of male honour, as relatable as rationalizations for honeymoon impotence. Concerns for such popular aetiological misconceptions, or *imagination frappée*, were ubiquitous in mid-eighteenth-century writings, especially on honeymoon impotence, with ignorant, 'simple' men (peasants, typically) considering themselves 'enchanted, bewitched' (*enchantés, ensorcelés*); de Lignac, 1772: 232–41; Menuret, 1765: 633). Such impotence *ex maleficio* was widely known as *nouement de l'aiguillette* or *l'aiguillette nouée* ('knot-tying'); it had been recorded since antiquity and was the subject of a preceptive letter by Pope Gregory IX (d. 1241), though by the early eighteenth century it was elaborately decrypted as '*dérèglement de l'imagination*', or '*imagination blessée par la crainte* [or: *l'idée du malefice*'] (André, 1725: 121, 150, 153).⁷ De Sauvages (1763: II, Pt. 2, 236, 331–2) discussed such magic-induced impotence, under the headings of *anaphrodisia magica* (cf. the superordinate *paraphrosyne magica*), but did not connect it to *melancholia Scytharum*. Cullen (1780: 326) simply declared it 'a fabricated and spurious species'. The posthumous French translation of *Nosologia methodica* contains a notable footnote by Pierre-François Nicolas (1743–1816) confirming the belief's prevalence at the time (de Sauvages, 1771: II, 244–5n.).

Among relevant early texts after Bouhier and Bagard dealing with apparent mental aspects is an 18-page Latin commentary by Leipzig physiologist Ernst Gottlob Bose delivered at the university on 5 June 1778 (Bose, 1778), and a talk delivered on 19 September that year to the Gesellschaft der Wissenschaften zu Göttingen by classicist Christian Gottlob Heyne, also published in Latin (Heyne, 1779).⁸ Bose (1778: xii–xiii) appears to have been the first to critically consider Sauvages' nosological itemization of gender resignation '*ex idea fixa*'. Heyne, though drawing on Bose, did not cite de Sauvages (or Bagard), yet he came to a comparable verdict of melancholic despondency, thought to be a corollary of some nervous or hysterical complaint, to which 'barbarous' people would be uniquely and generically susceptible, due to the corruption of vital juices by irregular diet coupled with pagan superstitions. Such melancholics had incorrectly been identified as hermaphrodites by travellers in Florida, and as eunuchs (those deprived of their manhood) by observers of Scythia. Elaborating on de Sauvages, Cullen (1780) independently specified their class as 'melancholy with false conception of the nature of one's kind' (*cum hallucinatione de suae speciei natura*; p. 258), grouping it with *melancholia zoantropica* and *melancholia hippantropica*. Less nosology-driven, Heyne (1779: 36) had the disease pertain to a 'melancholic or hysterical or other nervous disease . . . disturbing the mind'.

Many classicists offered ethno-neuropsychiatric suggestions within a decade after Heyne. Presumed physical aspects now clearly invited a medical-psychological or at least a neuropsychiatric appraisal. One example was the suggestion by Halle physician Sprengel (1792: 609–16) that among possible additional factors, horseback riding led to masturbation, or unnatural pollution,

which then caused men to become ‘infertile and at the same time effeminate, timorous and mad’.⁹ Focusing solely on older philology, Larcher (1786: 361–9) critically discussed Bouhier’s reading, stressing that in Herodotus, ‘feminine disease’ meant ‘a condition which gives them [men] an appetite for the occupations of women, & which leaves them with strength only to go about such; because among the Greeks, the term disease applies to the soul as well as to the body’ (p. 366). A translator of Herodotus, Beloe (1791) praised Heyne’s reading, stressing that:

A similar effect of a distempered mind has been common in all ages . . . It is perfectly natural, and indeed almost necessary, that males who fancy themselves women should take the dress, adopt the language and manners, and perform the offices of the other sex: nor would it be at all inconsistent with their supposed transformation, that they should think it their duty to be the passive instruments of what would to them seem natural desire. (p. 113, n. 150)

Also in agreement was a commentary in an authoritative translation of *Airs* by Adamantios Korais (1800: 334–8), a Greek Enlightenment figurehead (1748–1833) medically educated at the Faculty of Montpellier and a Hippocrates connoisseur. In references to the Hippocratic passage, Korais speaks of ‘hypochondriac effeminates’ (*efféminés hypocondriaques*) bothered by ‘a true nervous hypochondriac affection which disturbs the imagination, destroys the physical forces, & discourages the soul of these unfortunates, by depriving them of the hope of the possibility of healing’ (pp. 334, 337).

An undated Würzburg medical dissertation in Latin, on the same subject, by Carl/Karl Graff (or Graaf) appeared between 1812 and 1815, only marginally touching upon the problem of melancholia, and specifically in terms of temperamental disposition (pp. 33–4). Jena professor in medicine Karl Wilhelm Stark (1787–1845) delivered a 64-page Latin discourse on the matter in 1827.¹⁰ In the inaugural volume of his *Magazin für philosophische, medizinische, und gerichtliche Seelenkunde*, medical historian Johannes Baptista Friedreich (1796–1862) offered a brief review article (Friedrich, 1829; reproduced in Friedrich, 1830: 31–9), a very belated translation of which, incidentally, one finds in Jelliffe (1916: 173–8). Friedrich’s colleague, Halle physician and medical historian Julius Rosenbaum (1807–74) devoted a long chapter to its nosology, with an elaborate critique especially of Stark and a rejoinder to Tollius/Bouhier, in his history of venereal disease (Rosenbaum, 1839: 141–219).¹¹ Most of ensuing medical-historical commentary (e.g. Haeser, 1839: 188; Semelaigne, 1863: 387–9; Sijbrand, 1841: 87–90; Simon, 1846: 101–2) either recapitulated philological works (as cited) or focused regressively on somatic aspects (i.e. the medical aspects of horseback riding, onanism/spermatorrhoea, etc.). A flurry of clinical interest seen in the late 1870s through the early 1880s (Broca, 1877; de Montyel, 1877; Hammond, 1882) largely reflects this latter focus on somatic aspects, although William Alexander Hammond (an American authority on impotence) and the wider context of the American Neurological Association evidenced both knowledge of and fascination for the psychiatric side of the debate (Janssen, 2020a: 1419–20).

In the most accessible overview of relevant early modern nosology, Rosenbaum focused on the mentality of the passive pederasty of the *Pathic* or *Cinædus*, that is, the shame, or rather, shamelessness, of male sexual passivity. Consolidating earlier opinions, Rosenbaum (1839) concluded that the sex-renouncing aspect was the *anandria* of the unmanly (because wilfully passive) pederast or sodomite. The case, then, was to explore the pathic’s psychology in a cultural-historical context, in an era that still had little concept of ‘homosexuality’:

The Pathic becomes a woman, because he renounces his man’s prerogative, as being the stronger, to play the active part, and assumes instead the *passive* role of the woman. Entering into competition as he does with the ladies of pleasure in courting the favour of men, he has recourse to all the arts they invoke to gain their object; and seeks by artificial means to bring his body into as close a resemblance as possible to the female form. (pp. 171–3, original italics)

Because ‘outraged Nature avenges herself by seconding his endeavours’ (p. 173), the pathic’s physique feminizes: his hips, for instance, become broader. Moreover, ‘Deterioration of body is followed by deterioration of mind, and the character also grows womanish. . . . Driven from the society of men, he takes refuge, neither woman nor man himself, with the women’ (p. 174). For this reading, Rosenbaum felt specifically emboldened by passages from five texts by Philo, and various other pre-modern texts, in which the feminine disease would transpire as the condition of the male *patiens* (rather than the *agens*) of the sex act: as a ‘suffering to be treated like women’ or a being ‘called upon to endure the treatment proper to a woman’. This had been a ubiquitous ancient medico-moral disqualification, Rosenbaum claimed: ‘no man of sound intellect could possibly suffer himself to be used as a woman; therefore he must need be sick, be afflicted with a disease that assimilated him to a woman (θήλεια – feminine)’ (p. 204). The specific nosological verdict of ‘*Krankheit der Psyche*’ (p. 170), in any case, was something medical history would have to either attest in ancient sources or else interpret as rhetoric, specifically as moral denunciation. Such a qualification was there, Rosenbaum ventured, but only in general moral objections to sexual arousal. Epithets such as that of ‘malignant and odious mental disease’ (*malignæ ac fœdissimæ mentis passio*) had furthermore been tied to *tribades*, for example, by Cælius Aurelianus and Soranus. But if this was denunciation and not diagnosis, it did reference a specific ‘deterioration of mind’ or of (manly) character, requiring of the medical historian a proper history of mentality/psychiatry.

It should be stressed that calls for a *Geschichte der Psychiatrie* as a distinct discipline hardly emerged before about 1829, followed four years later by a programmatic 48-page defence of the idea by Erlangen psychiatrist and medical historian Johann Michael Leupoldt (1833). Ignoring much of the ongoing philological debate, various psychiatrists had been addressing the Scythian madness and, at least for nosological purposes, assessing its relevance for modern psychiatry. Esquirol (1819: 150) briefly discussed the Scythian disease in the context of what he called *monomanie superstitieuse*, a paraphrase of seventeenth-century *melancholia religiosa*. He later specified it as a variety of *demonomania*, but admitted that it ‘sometimes appears in our days, from other influences’, in other words, not necessarily from the ‘false notions of religion’ characterizing the demonomania of old. Moreover, in 1819 Esquirol already had clinical material suggesting modern-day clinical pertinence. Some time before or during 1818, he communicated the following case to a doctoral student who considered it fitted the ‘type’ (*genre*) of Scythian melancholy, although it was seemingly bereft of religious delusions; in any case, he regarded it as an example of (compare Cullen) ‘melancholy consisting in an error of the imagination on the nature of our species, our organization, our functions’:

Mr. . . ., 27 years old, tall, of very white skin, of a gentle physiognomy, was raised, in the midst of the prestige of fortune, by a tender but too weak mother, who never annoyed him in his fantasies or in his whims. . . . He often liked to play comedy and there to fulfil the roles of woman: he had, for this disguise, a particular taste which had remained with him from his childhood. Suddenly, without a known cause, Mr. . . . became delirious: he thinks he is transformed into a woman: he affects his voice, language, gait and all [other] ways: he tries to imitate the dress by the arrangement he gives to his clothes. He puts ribbons on his arms, on his neck, in the form of bracelets, from a necklace. Sometimes he adorns his head with flowers. One day when his doctor wanted to lift the garrick [or Carrick: travelling and cold-weather coat, of which feminine versions had been popular] with which he had covered himself because of the cold, he recoiled indignantly, and complained of the indecency of this very injurious process, he said, for a woman. After two months of duration, this delirium dissipated and reason seemed restored. The doctor advised the young man’s parents to take him on a trip to prevent him from falling back into his old ways, but the advice was ignored: the delirium reappeared worse than the first time, even with fits of fury. (Anceaume, 1818: 77–8)

Friedrich (1829) also connected the Scythian disease with an anecdotal mention of a man with a large beard, hospitalized for 20 years and seen at the Bicêtre Hospital, Paris, by German physician

Johann Gottlieb Schaeffer (1720–95), whose madness was that he ‘believed [himself] to be a woman’ and who responded positively only to being called Madame rather than Monsieur (Schäffer, 1790: 217). Was he not allowed to shave his beard? In any case, by offering this association, Friedrich consolidated a nosological pertinence of modern-day cross-gender identification. Leuret (1834: 114–15), possibly the first after Schäffer and Anceume and seemingly independently, affirmed that there were quite similar cases of transfeminine persons in Parisian hospitals (including the Bicêtre), who were evidently hospitalized for years and essentially left to their own devices, that is, to their ‘delusional conception’.

It should be stressed that among many nineteenth-century subsumptions of the Scythians or of gender-identification under *melancholia metamorphosis*, discussions often lacked case studies. One mid-century author claimed that ‘The sexual organs are very frequently the subject of hypochondriacal delusions among the insane’ (Jamieson, 1852: 47), but it was not until the late 1870s that authors began to insist on a more empirical, case-based and nosologically discerning deliberation on this apparent intersecting of andrology and psychiatry. Nevertheless, given its robust connection to pederasty, *morbus femineus* was of clear, continuous interest to early psychiatric concepts of sexual inversion. In agreement with philological opinion since Costar, Michéa’s early psychiatric discussion of homosexuality (*philopædie, amour grec*) led him to characterize the Scythian disease as ‘a kind of monomania which had Greek love [*l’amour grec*] as a starting point’ (Michéa, 1849: 339). It was, moreover, a *maladie étrange* that could, in theory, shed light on popularized modern curiosa such as that of cross-dressing Abbot d’Entragues (see Biquet, 1830: 98–100). By the 1880s, both Hammond and Krafft-Ebing (cited in Janssen, 2020a) substantively qualified the pertinence of *morbus femineus* to modern-day cases of psychosexual hermaphroditism. This cleared the way for more observation-based psychiatric frames for gender nonconformity, although there was little systematic observation before the contributions to Hirschfeld’s *Jahrbuch für sexuelle Zwischenstufen* (cited in Janssen, 2020a).

Sex/gender and the extended birth of ethnopsychiatry

This leaves the ethnopsychiatric legacy of the Hippocratic passage. In eighteenth-century France, cross-dressing (*travestissement*) was considered not to amount to a legal situation of moral injury, that is, as an infraction on *les bonnes mœurs* (Dareau, 1785: 395–6), and even nineteenth-century legal medicine did little with the crime. Where theologians had been rubrifying cross-dressing, they did so citing its condemnation in Deuteronomy 22:5 (e.g. de Sainte-Beuve, 1694: 625–7).

However, the ethnographic curiosum of cross-dressing priests was an increasingly familiar one (Roscoe, 1995). It appealed to a wider early modern interest in comparing primitive and ancient customs and ‘psychology’ (Vidal, 2011: 197). Syphilologists (Astruc, 1736: 6), historians of religion (Baumgarten, 1750: 71), French Americanists (de Charlevoix, 1744: 303; de Pauw, 1769: 99; Schröter, 1752: 25–6) and German Caucasus-travellers (Reinegg, 1796: 269–70; Von Klaproth, 1812: 283) documented various indigenous examples of cross-dressing, and struggled to understand them. Theodor de Bry (1591: v) had already described Florida’s ‘hermaphrodites’ in terms of their attire and subservient social roles. Informed as eighteenth-century authors were by speculations about the trans migratory relation between ancient Central Asian races and those of the New World (e.g. de Laet, 1643: 152ff; Horn, 1652: 197), some (Astruc, Baumgarten, Von Klaproth) connected the Scythian ‘impotents’ directly to these cross-dressers (*‘personnes travesties . . . Androgynes . . . hommes travesties . . . hommes vêtus en femmes . . . individus travestis’*; de Pauw, 1769: 99, 100, 103). This evident parallel centrally informed Heyne’s (1779) proto-ethnopsychiatric/neo-ethnomedical interpretation and many subsequent ones, notably Friedrich’s 1829 survey and Hammond’s (1882) medical anthropology. Possibly the first to refer to this parallelism was

Lafitau (1724: n.p.); one also encounters it in a possibly independent opinion added to the 1729 edition of Gregorio García's 1607 *Origen de los Indios de el Nuevo mundo* (García, 1729: 297). Independently of de Sauvages, both de Charlevoix and de Pauw pondered why men would feel the need to wear women's clothing, while they were evidently not hermaphrodites, albeit apparently given to vice out of some unnatural depravity ('*corruption du coeur*': de Charlevoix, 1744: 5; '*amour pervers . . . désordre contre nature . . . corruption du goût & de l'instinct . . . la dernière bizarrerie dont le coeur & l'esprit de l'homme soient capables, ou susceptibles*': de Pauw, 1769: 102, 104). Neither ventured definite nosological verdicts, although de Pauw's noted investment in theories of degeneration offered some inroad, in advance of Heyne, to contemporaneous ruminations about 'enervation' and psychiatric diathesis among the uncivilized.

Interest in related indigenous phenomena reignited in the last decades of nineteenth-century (armchair) ethnology on both sides of the Atlantic, following an important article by Hammond (1882) on the Scythian-Native-American cross-dresser analogy (e.g. Crawley, 1895: 442–3; Frazer, 1907: 428–35; Halliday, 1910/11; Karsch, 1901; Kroeber, 1902: 19–20; Myres, 1908: 138ff.). Such analogous cases clearly required their own ethnopsychology, and cited works evidence variable attempts at dialogue with what was considered to be psychiatric opinion around this time. As late as 1902 Kroeber illustratively discussed transgender individuals in a section adjacent to one on 'insanity' including lycanthropy; this adjacency of maladies was more than a little suspicious for echoing (if not de Sauvages) Cullen and key subsequent authorities, including Esquirol and Leuret. Crawley (1895) had, instead, suggested that lack of virility was cross-culturally connected to socially enforced (i.e. customary) cross-gender social role-taking as illustrating notions of social contagion. This could downplay psychiatry only at the cost of having to mis-state the Hippocratic account as saying that Scythian men acted out of social obligation rather than mental turmoil – that they were 'made to do women's work' (p. 443). It also barely allowed Crawley to associate it with earlier observations of Native American gender-crossers considered to be 'destitute of desire and virility' (Powers, 1877: 132) and for which the Whites and the Natives (Yuki and Pomo) had differing theories. To Powers, only native accounts seemed to suggest a psychological imperative: the 'man-woman . . . feels a burning in his heart which tells him to do it [cross-dressing]' (p. 132). This ethnologist sided with the Native account, but only after perverting, racializing and quasi-medicalizing it: 'this folly is voluntary . . . these men choose this unnatural life merely to escape from the duties and responsibilities of manhood . . . another illustration of that strange capacity which the California Indians develop for doing morbid and abnormal things' (p. 133). This paraphrased de Pauw (1769: 104), confirming that little had changed in over a century.

Hirschfeld's *Die Transvestiten* (1910) was the first major work on the eponymous subject, launching the term and concept of *Transvestitismus* as a medico-psycho-biological phenomenon. This seminal book on West-European gender diversity would affirm Hirschfeld's overarching theory of innate 'sexual intermediacy', and perhaps for this reason does not refer to the Scythian disease except indirectly via an unelaborated reference to Hammond's 1882 article (Hirschfeld, 1910: 329). Yet it is clear that Hirschfeld's science was well-informed by, if nothing else, a pertinent ethnological survey by Ferdinand Karsch (1901) which had appeared under his editorship. Indeed, until the mid-twentieth century, cross-dressing remained suspended between medical psychology and psychoanalysis on the one hand, and ethnology on the other. Various analogues of 'man-woman' types beyond Europe were, however awkwardly, described as indigenous forms of 'transvestitism' before mid-century (e.g. Baumann, 1934; Broersma, 1931; Kleiweg de Zwaan, 1916, 1924). Early twentieth-century philologists, including Baumann, tended to affirm the idea that the Herodotean reading had chronicled transgender or 'transvestite shamans' given 'striking anthropological parallels' (Chiasson, 2001: 44) from various parts of the world and, evidently, across millennia. But this, for the time being, left the domestic question of psychiatry unanswered.

Conclusion

The psychologization, *avant la lettre*, of ‘gender identity/role’ and ‘gender dysphoria’ assumed some measure of medico-psychological significance only *c.* 1910 in Berlin (Hirschfeld and colleagues) and Vienna (Adler vs. Freud). *Morbus femineus* invites tracing changing ethnomedical faces of sex/gender role/identity from early modern medicine onwards, specifically as they led up to proto-psychiatric and eventually psychiatric conceptions of transfeminine identification from the mid-eighteenth through to the late-nineteenth-century consolidation of *psychopathia sexualis*. These changes draw attention to the various epochs, genres and medical frameworks at play, as they anticipated today’s conceptual apparatus of gender identity: those of Herodotus’s ethnohistorical *Histories*, the Hippocratic *Airs*, Sauvages’ mid-eighteenth-century nosology, and its canonization via, especially, Cullen. During the eighteenth century the concept came to inform a specifically ethno-historical form of *melancholy*, a form of *delusion of metamorphosis* on a par with lycanthropy. At the same time, from around its mid-eighteenth-century entry in proto-psychiatric nosology the Hippocratic vignette became an explanatory vehicle for understanding the increasingly ubiquitously encountered, apparent ethnographic analogies to Scythian cross-dressers, initially across Native American Nations. This extended, however problematically, its original, ancient purview as one of the ethnomedical-ethnopsychiatric entities, a tentative extension centrally animating over a century of deliberation, from Bagard, Bose and Heyne to Hammond. All of the substantive early deliberations on the ‘disease’ were offered at a time – before the mid-nineteenth century – when notions of sexual perversion were still very poorly established, and in which male gender-nonconformity, homosexuality, sexual passivity and physical unmanliness made for a heavily interlinked set of medico-historico-moral phenomena. This explains its initial connection, *c.* 1700 and throughout the nineteenth century, to a host of related phenomena ancient and modern: *cinaedi*, urban libertines, more arguably mollies, before these gave way to more nosologically ambitious calls of melancholic delusion and eventually monomania (ultimately *gynomania*, a term coined in 1877).

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Notes

1. In *Latin*, *morbus femineus/foemineus/feminarum/femininus* or *morbus femineus Scytharum*; *Scytharum morbus effœmimatus*, *Scytharum morbus muliebris*, sporadically *scytharum effœminatio*. In countless paraphrases and translations, it was known as disease of the Scythians/Scyths, Scythian disease, madness of Scythians or Scythian madness, or Scythian melancholy; in *German*, *weibliche/weibische/entman-nende Krankheit*, *Scythenkrankheit/Skythenkrankheit* or *scythische/Skythische Krankheit* or (weibliche) *Krankheit der Skythen* or *Frauen-/Weiberkrankheit der Skythen*, later also *Wahnsinn der Scythen/Skythen* or *Scythenwahnsinn/ Skythenwahnsinn*, *scythische Melancholie*; *endemische Effeminescenz der Scythen*; in *French*, *maladie feminine* or less judiciously *mal des femmes*, *maladie/mal/impuissance des Scythes*, after Sauvages *mélancolie des Scythes/melancolia Scytharum*, *la folie des Scythes*; finally in *Dutch*, *vrouwen-ziekte/vrouwenziekte der Scythen*; later also *skythenwaanzin/Scythenwaanzin*, *melancholie der Scyten*.
2. The term *seelischer Transsexualismus* was used once by Hirschfeld in 1923 but was not used again until mid-century. The developmental-psychological twinned terms *Transsexualität/Asexualität* used by Viennese mental hygienist Erwin Stransky (1928: *passim*) were unconnected (they reflected a late renegotiation of Freud’s *Pansexualismus*). Hirschfeld’s nuance in nomenclature was resuscitated in the American literature (Benjamin, 1953), with still later terminology shifting to *gender role disorder* (Green and Money, 1960), *gender identity disorder* (from *c.* 1966), and *transgenderism* (from 1965).

3. *Morphomanie* appears in a list of psychiatric neologisms (*Topomanie*, etc.) in a mid-century medical-historical work by phrenologist-homeopath Joseph Atto-my (1851: 123ff., esp. 125). It predates the later sense of opium addiction (*Morphiumsucht*).
4. A physician who lectured in Lyon, Dalechamps (1573: 419) offered the useful (if unsuccessful) terminological distinction between *eunuchi* (castrati) and *eunuchiae* (Hippocrates's impotent Scythians). He was not the only one struggling with terminology. Henri Estienne's annotated translation of Herodotus' *Histories* interpreted the problematic plural *enaries* as *execrabiles, seu execrationi obnoxios* ('accursed, or those guilty of abomination'; Herodotus, 1566: 20n.).
5. A 1928 historical work on men cross-dressing was dedicated '[t]o you who view with Equanimity the rapid spread of the "Scythian madness" in America since the World War' (Bulliet, 1928: n.p.).
6. *Mollities/mollitia* (softness, fragility, weakness [of the flesh and/or in morals generally]) entailed masturbation (voluntary 'pollutions') in medieval theology (e.g. Aquinas), but carried ancient through early modern medico-moral connotations of effeminacy, especially male sexual passivity. *Mollis* was the *Weichling* ('weaking') who 'let himself be used by another [man] in place of a woman' (Drümel, 1753: 350). The nuance here was between *mollities/mollitudo corporis* and *mollities animi* ('softness of moral fibre'; *Weichherzigkeit/weekhartigheid*, in German/Dutch). As is well known, medieval etymology derived *vir a virtute* and *mulier a mollitie*. *Mollities* resonated with the sense of *sexus (muliebris) imbecillitas/levitas/infirmas/fragilitas*, which in ancient legal discourse held the middle ground between lacking of physical and of moral resilience (Dixon, 1984: 357).
7. Sánchez (1607: 378–9) was the early modern *locus classicus* for pertinent deliberations on supposed *impotentia ad copulam ex maleficio*. An illustrative early case study appeared in the *Ephemeriden* by Johann Acoluth (1689), about an apparent agitated depression in a newly-wed with impotence attributed to a spell.
8. Heyne's speech was reviewed in German (Anon., 1778a), French (Anon., 1778b, 1783) and English (Anon., 1782). A formal response was a letter by *archiater* and Altona city physician Hensler (1783a, cf. 1783b: 210–13).
9. This was new: Tissot's *Onanisme* had briefly mentioned the Scythian disease (Tissot, 1760: 85), but only as an exemplar of natural rather than divine causes of a sexual disease (which he never attempted to unravel). It was reviewed by Anon. (1827).
11. The book was translated to English, equally belatedly, in 1901. It appeared in French translation between November 1845 and September 1846 in the *Archives de la médecine Belge*, and in monographic form in 1847.

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