Kellogg argued that men nourished at a vegetarian table were stronger, faster, and more energetic than carnivores.

Like many other nineteenth-century health reformers, Kellogg believed in the theory of splanchnic economy. In Plain Facts about Sexual Life, he warned that all sexual excitement held danger since energy sent to the penis and testicles would draw strength away from the brain and other vital organs. To help men avoid stimulation, he provided them with a bland diet. Patrons who left the sanitarium often had difficulty preparing grains and cereals to Kellogg’s standards and, while most stopped following his dietary advice, others requested that he make his foods available for mail-order purchase. Best known for its cereals, Kellogg’s food company remains in existence today, long after its founder died on December 14, 1943.

While Kellogg helped change American eating habits by providing one of the first convenience foods, his theories of manhood have not withstood the test of time. Unable to overcome age-old beliefs about the power of meat, he did not persuade large numbers of men to become vegetarian. His sexual theories also failed to attract a significant following. He is best remembered as a health reformer who challenged prevailing thoughts about men’s health.


Carly E. Neumann

KRAFFT-EBING, RICHARD VON (1840–1902). One of the most important precursors of psychiatrist Sigmund Freud’s (1856–1939) theories of sexuality, Richard von Krafft-Ebing, contributed to the classification of normal, abnormal, and perverse sexual behaviors as determining factors in bourgeois respectability and morality. A German-Austrian psychiatrist and one of the unknown founders of modern sexology, Krafft-Ebing has been blamed by some for the confusion still connected to sexuality and sexual variations today. The system of classification that Krafft-Ebing developed in his most influential work, Psychopathia Sexualis (1886), became a widely known and comprehensive explanation of the cataloging of sexual abnormalities. He shared many of the beliefs of other medical professionals of his time, such as his belief that masturbation played an important role in sexual pathology, but he asserted that sexual abnormalities were generated in specific parts of the brain.

Born in Mannheim, Germany, and educated in Prague, Austro-Hungary, Krafft-Ebing studied medicine and psychiatry at the University of Heidelberg, in Germany.

After earning his medical degree in 1863, he completed a training period in an asylum and then set up his own private practice as a psychiatrist. Using his medical training in a different way, he also treated soldiers during the Franco-Prussian War (1870–1871). In 1872, he accepted a position as an adjunct professor of psychiatry at the University of Strasbourg, though he left the following year for a longer stay as an adjunct professor of psychiatry at the University of Graz (1873–1889). While in Graz, Krafft-Ebing worked at a mental asylum (Felsdorfer) where he became superintendent and supervised medical students’ clinical experiences with psychiatric patients. During this time, he was critical of the administration of public asylums and advocated a new form of mental hospital that would allow for the instruction of students of psychiatry as part of the proper treatment of psychiatric patients. In 1889, he moved on to the University of Vienna, where he held two different chairs in psychiatry. He continued to criticize the lack of psychiatric training with which most contemporary physicians were allowed to practice medicine.

Though he later changed his perspective on the various shades of normality, Krafft-Ebing made early distinctions in his work among perversion, perversity, and abnormality. He understood perversion as a “permanent constitutional disorder—be it inborn or acquired—that affected the whole personality.” Perversity was “passing immoral conduct of normal persons.” Abnormal sexual behavior was that which did not have the goal of coitus. Within his classification of perversions, Krafft-Ebing saw four main categories: “sadism, masochism, fetishism, and contrary sexual feeling” (Oosterhuis 2000, 47). Indeed, the first three categories are terms that Krafft-Ebing coined. Among other groups created by Krafft-Ebing in his taxonomy are zoophilia erotica, zooreasitry, stercorasm, and pedophilia erotica. In his later work, he departed from these processes of individualized categorization and pathologization, preferring a “gradual gradation of health and illness, normal and abnormal” (Oosterhuis, 75).

An essential component of Krafft-Ebing’s practice of psychiatry was the theory of degeneration. Becoming one of central Europe’s greatest proponents of degeneration theory, he believed that family relations played a considerable role in the development of psychiatric pathologies. Neuroses and psychological conditions per se could not be attributed to heredity, but the presence of mental instability in a patient’s family could indicate a predisposition to psychological abnormality. Mental and physical degeneration could also have visible indications such as brain lesions. In the end, degeneration would lead to a lesser ability or an inability to make morally sound judgments.

As with many other societal fears at the fin de siècle, increasing industrialization and urbanization in Europe were thought to cause or encourage sexual excess. Thus, there was a perceived threat that humans, whose sexuality was viewed completely differently from that of animals, could fall into the trap of their base sexuality. Indeed, Krafft-Ebing was of the opinion that human decency and morality had only been achieved through Christianity’s long struggle with subhuman impulses. Nonetheless, his view of human sexuality was largely rooted in biology and has often been seen as a contrast to Freud’s psychologically based theories.

Same-sex eroticism was seen by Krafft-Ebing and many of his contemporaries as an inversion of gender and sexual identity. That is, masculinity and femininity were inappropriately and incorrectly blended to form individuals who were sexually attracted to members of their own sex. In his opinion, individuals could be predisposed to same-sex eroticism and act on exhibiting it. Therefore, he believed that homosexuality could be prevented. Indeed, “[h]e advanced that hereditarily tainted boys and girls must not be admitted to boarding schools and warned against private tutors” and single-sex
facilities like prisons and military schools (Oosterhuis, 245). He assigned his mostly male patients with same-sex affections to the broad category of contrary sexual feeling. Within that category, he granted that it was possible for individuals to have a normal gender identity and still be attracted to members of their own sex. Somewhat unusually, he placed same-sex love on the same level as different-sex love, acknowledging it to be morally valid.

Krafft-Ebing defined heterosexuality as an individual's sexual attraction for someone of another sex, although this classification was also utilized in his explanations of perversion. As noted earlier, his idea of sexual normality depended on the goal of the sexual activity; coitus and procreation was the normal objective. Krafft-Ebing's first heterosexuals were practitioners of fetishes who exhibited a "total indifference" toward coitus and hence qualified as perverse (Oosterhuis, 50).

Krafft-Ebing believed that individuals with psychological conditions that inhibited their moral judgment should not be convicted of crimes, but rather should receive medical treatment. He felt that, as a result of the insufficient training that physicians had received to prepare them to handle psychiatric patients, many people who actually needed psychiatric care were delivered to the criminal justice system. Krafft-Ebing was part of the developing psychiatric field, which advocated medical diagnoses and treatment in the place of what would have previously been purely legal solutions, for example, prison sentences.

Krafft-Ebing was a prolific author, writing hundreds of articles and nearly 100 books. He published work on psychiatric subjects, medical research, forensic topics, and social commentary. Possessing an international reputation as an accomplished clinical and forensic psychiatrist, Krafft-Ebing also served as editor and contributor to a variety of scholarly journals like the Allgemeine Zeitschrift für Psychiatrie (General Journal for Psychiatry), the Jahrbücher für Psychiatrie und Neurolgie (Yearbook for Psychiatry and Neurology), the Jahrbuch für sexuelle Verkehrsstörungen (Yearbook for Sexual Anomalies), and the Archiv für sexuelle Anomalien (Yearbook for Anomalous Sexuality), and the Psychiatrische Zeitschrift für klinische Gynäkologie (Journal for Clinical Gynecology) (Psychosexual, 1886), Lehrbuch der gynäkologischen Psychologie mit Berücksichtigung der Gesetzesgebung von Österreich, Deutschland und Frankreich (Textbook of Gynecological Psychology with Consideration of Legislation of Austria, Germany and France, 1875), and Lehrbuch der Psychiatrie auf klinischer Grundlage für praktische Ärzte und Studierende (Textbook of Psychiatry with Clinical Foundation for Practical Physicians and Students, 3 vols., 1879–1880).

Though they have been at least partly eclipsed by the popularity of Freud's findings and work, Krafft-Ebing's writings and research have had a lasting effect on the practice of psychiatry. Several of his theories, such as his work with transvestites and individuals who would later be called transgendered, preceded later categorizations and diagnoses of the twentieth century. Several everyday words in our sexual vocabularies can be traced to his work, for example sadism and masochism. Additionally, although Krafft-Ebing contrasted sexual variants with the drive toward reproduction, his work highlighted many kinds of alternatives that still shape present-day views of sexuality.


LAW. The dominant ideology of sexuality in the West during the nineteenth century required that sexual behavior be heterosexual, marital, and procreative. As a result, many of the laws that controlled or otherwise regulated sexual behavior attempted to channel it into marriage. The institution of marriage was strictly controlled, and divorce was either difficult or impossible to obtain. One commonly recognized ground for divorce, though, was adultery. Adultery was not only grounds for divorce, some jurisdictions allowed for justifiable homicide on the part of a husband who caught his wife in the act of adultery. Furthermore, the number of marriages a person could enter into at one time was limited in most western countries to one. In the United States, a system of informal marriage known as common-law marriage was fairly commonplace in rural areas in the early part of the century. Targeted by social reformers—secular and religious—the institution diminished by the end of the century.

As a result of the marital legal framework, fertility, abortion, and contraception were often illegal, or access to them was highly restricted. Controls on fertility were reinforced through the legal concept of "illegitimacy." Efforts to keep sexual behavior within the bounds of marriage led to a characteristic development of the nineteenth century, an array of formal and informal moral reform associations that served to control sexuality. In England, the Society for the Suppression of Vice was established in 1802 while in the United States the most (in)famous antivice organization, the New York Society for the Suppression of Vice, was formed in 1873 and led by Anthony Comstock. In many countries, vice societies or squads appeared in large cities, often empowered with legal authority, and attempted to curtail the distribution and consumption of contraceptive devices as well as commercial sexual behaviors such as pornography and prostitution.

One of the chief characteristics of social life during the century was a gradual increase in leisure time for the working and middle classes. This development led to an increased visibility of nonmarital sexual behavior among working-class youth in large cities as well as prostitution. Developments of medical knowledge about sexually transmitted diseases underscored efforts to control or prohibit prostitution. In Spain, the passage of the Madrid Regulations in 1847, prompted in part by concerns about venereal disease, while in England the Contagious Diseases Acts (1864–1869) attempted to stop the spread of sexually transmitted diseases by regulating prostitution. The extent and nature of regulation varied. Many of the growing urban areas in the United States officially prohibited but informally allowed prostitution to exist in