Domesticating the Orgasm: the Vibrator as Domestic Technology.

In a museum display, artefacts, whether they are taxidermy animals, art works, precious gems, or – in this case – vibrators, are used to illustrate a particular theme, or story. For example, many natural history museums convey, through the arrangement of animals, plants and fungi, the principles of evolution and taxonomy. Although facts may be given about a particular animal (the Cheetah can run so many kilometres per hour; the elephant weights so many kilos), the take-home message of the museum, or exhibition, is demonstrated through the selection of specimens, or artefacts, and their display alongside other artefacts. However, the narrative that a particular artefact has been selected to display is often only one of many that the object can be used to tell.

The exhibitions discussed in this article demonstrate how an exhibition emphasises certain parts of an artefact’s biography, while obscuring others. This requires discussion of both the artefacts and the context in which they are displayed. The artefacts to be discussed here are the ‘Try-New-Life C’ electric massager, on display in the Electrifying an Ideal temporary exhibit at the Canadian Museum of Science and Technology (CSTM); and the Barker Universal vibrator in the Secret Life of the Home exhibition at London’s Science Museum. The terms ‘massager’ and ‘vibrator’ will be used interchangeably. The first part of the article discusses how and why the massagers are presented as ‘everyday

---

1 Katherine McAlpine’s (k.mcalpine@ucl.ac.uk) academic interests currently centre on how museum collections can be used in the study of history of science, technology and medicine. She holds a BSc in Science Communication and Policy from University College London (2010). She is currently conducting an MSc in History of Science, Technology and Medicine at the London Centre for the History of Science, Technology and Medicine.
objects’ for use in the home. Although accurate, such an interpretation obscures the medical uses of early twentieth-century vibrators. By focusing on vibrators and the treatment of neurasthenia, the second section will show how artefact study can recover those obscured parts of an object’s history, and raise interesting research questions. The vibrators discussed in this article are boundary objects between areas such as gender, history of medicine, history of technology, history of psychiatry, and history of the home. Because of the many different stories a single object can tell, focusing on a single object can provide an innovative, cohesive approach to doing history, highlighting the interconnectedness of several disciplines.

**Vibrators on Display**

This section considers two examples of vibrators displayed in museums: *Electrifying an Ideal* at the CSTM and *Secret Life of the Home* at the London Science Museum. *Electrifying an Ideal* displayed many early electrical health apparatus and grooming gadgets along with the advertisements used to market them. The small temporary display includes an electric waving iron, an electric shaver and a hairdryer alongside the ‘Try-New-Life C’ Electric Vibrating Massager.²

In the basement of London’s Science Museum, *Secret Life of the Home* tells the story of how electrification has changed domestic life. Each display cabinet represents a different aspect of domestic life: radio, television, sewing machines, washing machines, and so on. In this context, therefore, the vibrator is aligned with the many other domestic technologies that were electrified in the late Victorian and Edwardian period.

---

The ‘Universal’ in Barker Universal refers to the motor in the device. The ‘Universal’ motor could be used to power a variety of devices, including food mixers. An example is displayed in the cabinet next to ‘Personal Care and Comfort’. Founded in 1910, the Hamilton-Beach Manufacturing Company resulted from the partnership of Chester Beach, a mechanical inventor, and L. H. Hamilton, a businessman.\(^3\) The two men met while colleagues in an electrical motor company in Racine, Wisconsin. While there, Beach improved the first lightweight, high-speed motor that could run on Alternating (AC) or Direct Current (DC) electrical power. It was this motor that provided the basis for their electric food mixers, fans and vibrators.

Like the ‘Try-New-Life C’, the Barker Universal massager is displayed along with hairdryers and safety razors in a case labelled ‘Personal Care’ and comfort.\(^4\) The development of a small electric motor that could comfortably be used in hand-held appliances allowed the development of a new generation of health and beauty products in the first decades of the twentieth century. Like many other domestic technologies on display in *Secret Life of the Home*, the massager was electrified in the late Victorian and Edwardian period. It had evolved from manual massage therapies used by physicians in the treatment of hysteria, into a beauty product.\(^5\) Hamilton Beach produced their pioneer ‘New Life’ model in 1912.\(^6\) Advertisements for these products continued to emphasize their quasi-medical properties as well. Massage of the body was seen as vital for ‘maintaining a healthy condition of the skin and nervous systems and promoting correct

---


circulation.7 The ‘Try-New-Life’ is accompanied by the caption, ‘The first electric vibrating massagers were claimed to cure everything from anemia to paralysis, and to recapture fading beauty’.

Both the Barker vibrator and the ‘Try-New-Life C’ were made by American companies, yet are on display in national museums in Britain and Canada. This is because electrification took place much earlier in America than in Britain. Most American middle-class homes received electric power in the decade after the First World War. In contrast, only 18 per cent of British households were electrified by 1926, and the majority only gained access to electricity in the 1930s.8 As a result, electrical appliances made in Britain in the first decades of the twentieth-century were not widely available, were very expensive and poorly designed.9 This allowed American manufacturers to take advantage of the British electrical market. Alongside the Barker Universal are two Pifco massagers (c. 1955; c. 1976). Pifco massagers first appeared in 1930s, and were still offered for sale in 1970s.10 In the face of competition from well-established American companies, the design and manufacture of these products reflects the direct influence of America on British companies at this time.11

What is not displayed? Hidden histories

Just as the content of an academic paper is not appropriate for a museum exhibit, the content of a museum exhibit can only provide the launching-off point for further scholarly inquiry. This section aims to show how artifact study can yield interesting historical insights beyond what is displayed in the museum. Although study of the artifact

7 Linnell, Simply switch on!, p. 31.
9 Linnell, Simply switch on!, p. 3.
10 Ibid., p. 31.
11 Ibid., p. 7.
and how it is displayed is a useful place to start when it comes to artifact study, this needs to be supplemented with other sources. The next sections draw on the vibrators themselves, promotional material, contemporary textbooks and the acquisition files to create a richer understanding of the history of the vibrators discussed above.

Although the interpretation of the vibrator as a domestic technology as given in the two exhibitions discussed above is accurate, it ignores the use of the vibrator by physicians and other medical professionals in physician’s offices, sanitariums and on house calls. As mentioned above, the electromechanical vibrator evolved from earlier manual massage technologies for the treatment of hysteria. Mechanical vibration was first used to treat female hysterics by Jean-Martin Charcot at the Salpetriere. Between 1880 and 1930, sanitariums on both sides of the Atlantic used vibrators along with a number of other therapies to treat nervous patients. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy boasted that its therapy included ‘all forms of the administration of massage, namely manual, mechanical and vibratory. The latter, a highly popular and effective form of massage is administered by means of a ‘Vibrator’’. In Yorkshire, the Ben Rhydding Hydro-Hotel, boasted ‘bracing air, lovely scenery, golf course of nine holes, faradic electricity, high frequency currents, X ray and vibratory massage’.

In addition to their use in sanitariums, physicians used portable vibrators like the ‘Try-New-Life C’ and the Barker Universal on house calls. The ‘Try-New-Life C’ is the biggest of the set of ‘Try-New-Life’ vibrators, which also includes ‘Try-New-Life A’ and ‘Try-New-Life B’. Type A comes in an ‘elegant carrying case’ of black leatherette lined with red satin, along with a can of oil and six applicators. Type C comes with the same

---

12 See generally Maines, *The Technology of Orgasm*.
14 Wellcome Collection, EPH477A, Edgar F. Cyriax ephemera, Box 3. c.1880-1906.
15 ‘Shipping’, *The Times*, 29 April 1905, p. 2.
accessories, but is larger. Type C ‘will not only treat the most delicate cases, but is capable of heavier work in the cases where strength is needed’. Type B is identical to Type A, except it is wound to operate on batteries, ‘meant for use in homes where an electric light current is not available’.

Manufacturers of vibrators claimed to be able to treat a range of physical and emotional complaints. In addition, authors of tomes such as *Natural Physical Remedies in the Treatment of Disease* (1903) claimed that vibration was useful in treating a wide range of diseases. ‘Dilation of the stomach’, for example, should be treated by abdominal massage and by the application of a vibrator to the gastric area. Application of a vibrator along the course of the colon was recommended for constipation. The versatility of the vibrator was emphasized by the wide variety of applicators, or vibratodes, that the apparatus came with. The ‘Try-New-Life C’ is exhibited with a sponge, a flat applicator (or disc), a soft rubber cup, a rubber ball and two soft rubber brushes. The selection of which applicators to display, and which not to display, is an important part of the construction of the narrative of the exhibition. The display of all the applicators that came with the Hamilton-Beach device underscores the caption that states manufacturers of these devices ‘claimed to cure everything from anemia to paralysis, and to recapture fading beauty’. For example, the flat applicator disc that came with the Hamilton Beach vibrator was supposedly better suited for deep muscular work, while the cup was best suited for use on the neck, face and arms ‘by reason of the vacuum it causes under pressure’.

---

16 Beach, *Try New Life*.  
17 Beach, *Try New Life*.  
20 Beach, *Try New Life*. 
Although the caption of the Barker Universal states, ‘the motor vibrates a pad or disc fitted to the front’, the pad and disc applicators that would have come with the massager are not displayed. This may be because these applicators do not display the theme of ‘Personal Care and Beauty’. Better suited to this task is the Pifco massager displayed alongside the Barker Universal. In contrast to the Barker massager, the Pifco is displayed in its original box, with all four of its original applicators: the sponge, for gentle massage and face treatment; the flat applicator, for treatment of bust, neck and eyes; spiked rubber applicator for scalp massage; hard (cup) applicator for massage of body and muscles.\textsuperscript{21} Examining other examples of Barker Universal vibrator, in addition to catalogues advertising the devices, can help determine which applicators could be purchased alongside the device. The vibrator in \textit{Secret Life of the Home} is one of four Barker massagers in the Science Museum’s Collections. The other three are stored in Blythe House, the Museum’s storage facility, along with their applicators. A16284 comes with two cup applicators, and an unidentified applicator.\textsuperscript{22} 1982-178/7 comes with a sponge, a soft rubber brush, a soft rubber cup applicator, a soft rubber disk and a hard rubber disk.\textsuperscript{23} 1985-653 comes with a cup, a soft rubber ball, a hard rubber disk, and two soft rubber brushes.\textsuperscript{24} Each applicator had a subtly different purpose, adding credibility to the claims of manufacturers that these devices could indeed treat conditions as varied as headaches, rheumatism, indigestion, weak bladder, deafness, sore chest, fading beauty and falling hair. Pictures of a woman applying the ‘Try-New-Life’ to her stomach to treat indigestion, or applying it to her ear to treat deafness, underline this message.

The two rubber brushes with one of the Barker Universal massagers are completely worn down. Though perhaps less display worthy as a result, this artifact is no less valuable\textsuperscript{21} Wellcome Collection, P696, \textit{Pifco electric massager} (Manchester: Pifco, c. 1950).
\textsuperscript{22} SML, A16284.
\textsuperscript{23} SML, 1982-178/7.
\textsuperscript{24} SML, 1985-653.
because it serves to highlight that these products were not just purchased but also used. Evidence from the acquisition files also supports this conclusion. Nora MacEwan, who donated the Barker Universal massage to the Science Museum in 1985, wrote that she clearly remembers her mother using it at home between 1909 and 1917, describing it as a face massager.²⁵

**Vibrators and Neurasthenia**

Artifact study can sometimes yield unexpected results. On examining the file for one of the Science Museum’s Barker vibrators, a catalogue for a third type of vibrator, the Shelton, was found. There is limited literature in existence on early twentieth-century vibrators. Rachel Maines’ work is an important exception. Her argument is that such devices originally treated women diagnosed as ‘hysterical’.²⁶ Hysteria is one of the many diseases the ‘Try-New-Life’ claimed to be able to treat, but is conspicuously absent from the list of diseases; the ‘treatment of which vibratory stimulation is successfully applied’.²⁷ However, neurasthenia is present on the list. At first glance, such a discovery may appear to undermine Maines’ argument. However, this section argues that, by claiming to treat neurasthenia rather than hysteria, Shelton Electric Co. could make their product more appealing to a wider range of potential customers.

Maines argues that electromechanical devices, such as the Barker Universal and the ‘Try-New-Life C’, are part of a longer history of doctors and midwives performing genital massage on hysterical women, in order to bring some temporary relief from their symptoms.²⁸ She argues that, for the most part, symptoms of hysteria are consistent with the normal functioning of female sexuality, and that many of the symptoms of hysteria

²⁶ Maines, _The Technology of Orgasm_, p. 7-8.
are those of chronic arousal: anxiety, sleeplessness, irritability, nervousness, erotic
fantasy, sensations of heaviness in the abdomen, lower pelvic edema and vaginal
lubrication. She links the demand for treatment to the failure of androcentrically-
defined sexuality to produce orgasm regularly in women. Androcentrism is the belief
that heterosexual vaginal penetration within marriage was the only ‘normal’ healthy way
for women to reach orgasm. Thus, vibrotherapy was not regarded as sexual because it
did not involve penetration. The androcentric model of sexuality therefore allowed for
the social camouflaging of the vibrator as a medical instrument. In the entire medical
catalogues advertising vibrators, and the textbooks discussing treatment, vibration is
never alluded to as a procedure with a sexual dimension. Although the textbooks or
promotional materials consulted here do not specify which applicators were intended for
the treatment of hysteria, it is worth noting that the Shelton vibrator came with ‘a soft
rubber vaginal applicator’. The omission of such artifacts can be seen as part of the
obfuscation of the sexual aspect of these devices. Maines first published her findings on
the electromechanical vibrator in 1989, and Secret Life of the Home exhibition was put
together in 1995. It is possible that the curators were aware of Maines’ work, however,
there is insufficient evidence to suggest whether the curators were unaware of Maines
work, deliberately intended to distance themselves from Maines conclusions, or if they
simply thought they were not relevant to the exhibition they were designing.

Hysteria had, historically, been connected with lack of sexual satisfaction in women.
Although nineteenth-century doctors prided themselves on their up-to-date causative
theories, those who traced hysteria to sexual frustration were, in fact, echoing the ancient

30 Ibid., p. 3.
32 Rachel Maines, ‘Socially Camouflaged Technologies: The case of the electromechanical vibrator’,
Museum, 1995).
notion of uterine depredations, according to which the manifestations of hysteria appeared when an empty, unsatisfied womb deprived too long of sexual satisfaction rampaged throughout the body. While officially rejecting this interpretation, nineteenth century medical men still frequently assigned a major role to the female reproductive organs or sexual feelings because they could so violently agitate the nerves.\textsuperscript{33}

The construction of neurasthenia, or weakness of the nerves, in the late nineteenth century was controversial. Some alleged it was a subterfuge to create a label more acceptable to men who shrank from being called hysterical. Others simply adopted the term as a convenient fiction, while cheerfully acknowledging that there was no clear dividing line between hysteria and neurasthenia.\textsuperscript{34} George M. Beard first described neurasthenia in 1869. The diagnosis covered a wide range of symptoms including weakness, dizziness and fainting.

Those who maintained the distinction between hysteria and neurasthenia emphasized the somatic origins of neurasthenia, contrasted with the psychological origins of hysteria. For Beard, hysteria was a malady that came in two forms: the physical variety and the mental variety. It was the physical variety that sometimes accompanied neurasthenia, thereby reinforcing neurasthenia as an organic disease. Mental hysteria was the result of psychical causes, ‘acting usually on an emotional and superstitious temperament’.\textsuperscript{35} Joseph Mortimer Granville, father of the electromechanical vibrator, claimed proudly, ‘I have avoided, and shall continue to avoid, the treatment of women by percussion, simply

because I do not want to be hoodwinked, and help to mislead others, by the vagaries of
the hysterical state or the characteristic phenomena of mimetic diseases’.  

Despite the fact that the two diseases shared so many symptoms that often even
specialists could not distinguish between them, neurasthenia was perceived as, according
to Showalter, ‘a more prestigious and attractive form of female nervousness than
hysteria’. She continues, ‘unlike the disagreeable and disliked hysteric ... neurasthenics
were thought to be co-operative, lady-like and well-bred’. Donkin admitted that a
diagnosis of neurasthenia was often applied to cases where hysteria might seem a term of
reproach, especially by those who insisted on confounding hysteria with malingering.
Thus, neurasthenia maintained its status as a disease with an organic basis, while the
symptoms of hysteria were, at best, psychosomatic and, at worst, attention seeking lies.

Unlike hysteria, neurasthenia was an acceptable, even impressive, disease for men. It is
clear when Charles Mills was writing in 1886 that, even among the minority of physicians
who believed in male hysteria, they remained convinced that only a few hysterics were
male: ‘in Briquet’s often-quoted 1000 cases of hysteria, 50 only occurred in men’. Freud’s belief that men could be hysterical was a minority opinion in his own and earlier
times. Though close resemblance of cases of shell-shocked soldiers in the First World
War to female hysterics began to undermine the categories of English psychiatry, hysteria
remained a female disease. For example, Showalter has argued that the term ‘shell-shock’
was used to provide a masculine sounding substitute for the female associations with

36 Joseph Mortimer Granville, Nerve-vibration and excited as agents in the treatment of functional disorder and organic
37 Elaine Showalter, The Female Malady: Women, Madness and English Culture 1830-1980 (London: Virago,
38 Ibid.
39 Oppenheim, Shattered Nerves, p. 144.
40 Charles K. Mills ‘Hysteria’ in William Pepper and Louis Starr (eds), A System of Practical Medicine Vol. 5
hysteria.\textsuperscript{41} Through the creation of the shell-shock diagnosis, male soldiers were saved the humiliation of being labeled ‘hysterical’, and therefore ‘feminine’. By claiming to treat neurasthenia rather than hysteria, vibrators could be advertised to both men and women.

Kneeland has described an unraveling of the ties that bound electrotherapeutics, neurasthenia and hysteria in the first decades of the twentieth-century.\textsuperscript{42} By 1910, interest in electrotherapeutics had declined greatly. Most of the societies devoted to electrotherapy had disappeared, and the publication of textbooks and journal articles was becoming much less frequent.\textsuperscript{43} Moreover, thanks to Freud, the disease paradigm of hysteria and neurasthenia had changed. Freud’s psychological views of neurosis led to an early twentieth century paradigm shift within the medical profession. Physicians explained illnesses in psychological terms rather than as byproducts of a faulty nervous system, which led to a decline in the diagnosis of neurasthenia. By the second decade of the twentieth century, hysteria was established as a disorder of the mind, or psychoneurosis. As such the treatment of hysteria was usually entrusted to a psychologist, leaving little role for a medical electrician. If electricity was used at all in the treatment of hysteria, it was more likely for the causing of pain, to shock them out of their symptoms, rather than for the production of a hysterical paroxysm.\textsuperscript{44}

Despite the professional and public decline in interest, electrotherapy lingered on in a variety of private sanitariums as advertisements in the \textit{Journal of Nervous and Mental Disease} showed. Patients continued to receive electricity in private nerve sanitariums and physical

\textsuperscript{41}Showalter, \textit{The Female Malady}, p. 167-194.  
\textsuperscript{44}E. Bellis Clayton, \textit{Physiotherapy in General Practice: and for the use of masseuses} (London: Balliere, Tindall & Cox, 1928), p. 146.
therapy departments of large hospitals until 1939.\(^{45}\) The sanatoria, with a thriving business in treating nervousness, continued to advertise in the journals that now derided their methods.\(^{46}\) Although the use of vibrators by physiotherapists is a little researched area, preliminary research suggests that electromechanical vibration was used by physiotherapists later than their psychiatric colleagues.\(^{47}\)

Maines argues that the greater sexual frankness of the early twentieth century made the social camouflage of electromechanical vibrators difficult to maintain.\(^{48}\) By the 1930s, vibrator advertising had disappeared from women’s magazines, and vibrotherapy had disappeared as a medical treatment.\(^{49}\) Danielle Lindemann has argued that modern-day legal emphasis on the vibrator’s use as a treatment for female sexual dysfunction brings us full circle to an area when the device was legitimated only as a treatment.\(^{50}\)

What happened to the vibrator between its apparent disappearance in the 1920s and its reappearance as an explicit sexual commodity 1960s has yet to be explored by historians. One only has to look at the objects on display alongside the Barker massager in *Secret Life of the Home* to see that the technology itself did not disappear. Although the claims made by manufacturers of the Pifco massager are decidedly less bold than those of Barker, Hamilton-Beach or Shelton, it was still claimed that the Pifco massager could treat

---

45 Kneeland, ‘The use of electricity to treat mental illness in the US’, 68.
rheumatism, lumbago, sciatica, indigestion and constipation. Its applicators are almost identical to those used with earlier models of vibrator. Instead of the neck, face and arms, the cup applicator was instead intended for the massage of body and muscles. The context of display, therefore, does not only obscure, but can reveal new research questions and unexpected narratives to the historian.

**Conclusion: Vibrators Brought to Life**

The vibrators on display in *Electrification of an Ideal* and *Secret Life of the Home* have been selected to convey the themes of these exhibitions. The context of display of the Barker massager, among the household appliances of the *Secret Life of the Home* Exhibition, reflects that the vibrator can tell us as much about the electrification of the home as a sewing machine. Although this is emphasized in the *Secret Life of the Home*, historians of domestic technology have overlooked this aspect of the history of vibrators, focusing instead on refrigerators and washing machines. The electrification of the home made possible the domestication of the electromechanical vibrator. The American provenance of the examples discussed in this article is the result of American dominance in the early twentieth-century electrical goods market. The Science Museum also has French and British models in its collection. Although as yet unwritten, the study of how design, manufacture and use of these devices differed would provide interesting insights into attitudes towards health, beauty and sexuality in these three countries.

The appearance of these artefacts in these exhibitions emphasises their roles as domestic technologies. However, these exhibitions also obscure the rich medical history of these objects. This article has highlighted how museum artefacts can be a rich source of

---

material for historians. In exhibitions, curators use a variety of artefacts to create a narrative. Historians can use a single artefact to uncover hidden narratives of displayed objects. This article has concentrated on a very small sample of vibrators from two national museums, and the context of their display. Despite there being over forty similar objects in the London Science Museum’s collection alone, little scholarship beyond Maines and Lindemann has been completed on the vibrator in the twentieth century. However, it was not just in the treatment of hysteria that these devices were used. Vibrators were used by a number of medical practitioners: general practitioners, medical electricians, masseurs, physiotherapists, nurses, as well as the patients themselves. Therefore, how these different groups used vibrators differently requires further analysis. By claiming to treat neurasthenia, and avoiding the term hysteria, Shelton Electric Co. made their electromechanical vibrator an acceptable product for the use on and by middle class patients of both sexes. If, and how, the use of vibrators for treatment of neurasthenia differed from treatment for hysteria remains to be determined.

The aim of this article has not been to criticise either *Secret Life of the Home* or *Electrification of an Ideal*. In an exhibition about the electrification of beauty, discussion of the manufacturers of vibrators, their use in sanitariums, or their design, is not appropriate. Even in the best exhibitions, not all aspects of an objects’ rich history can be displayed. How then can historians and museum professionals disseminate information about the objects in collections to the general public? The Science Museum’s *Brought to Life* website may represent one answer to this question. In 2009, one of the Barker massagers in storage in Blythe House was photographed and described for the ‘online museum’, along with many unseen objects from the Science Museum’s collection.54 In the future, 

---

websites such as *Brought to Life* that bring together hidden artefacts from museum collections with historical scholarship about them online may pave the way for researchers, historians, curators, and the public to engage more deeply with the objects in their local and national museums.

**Bibliography**

**Manuscripts and Archival Primary Sources**


Wellcome Collection, EPH477A, Edgar F. Cyriax ephemera, Box 3. c.1880-1906.

**Artefacts**


**Printed Primary Sources**


‘Shipping’, *The Times*, 29 April 1905, p. 2.

**Secondary Sources**

**Books**


**Articles**


**Theses**


**Websites**


