

## Chapter Four

### **Dangerous Desires: *Controlling Women's Sexual Excess***

“Women then as a rule will behave themselves well as long as they are let alone, but when they are touched and excited a time arrived in the process of excitation when, though not really intending to sin, they lost all physical control over themselves and abandoned themselves ... while their moral nature, if they had not been intoxicated with the overwhelming power of the sexual passion would not have really yielded”. Heywood Smith, 1886.<sup>1</sup>

Nineteenth century medical thinking about woman was dominated by a gynaecological approach. As the previous chapter illustrated, this meant the functions and organs of a woman's reproductive body were accorded primary significance in conceptions of her health and disorder. Belief about the female sexual system, particularly its domination over a woman's thoughts and actions, was said to explain why women were naturally more emotional, as well as their generally heightened sensitivity. Such thinking also accounted for women's greater susceptibility to their sexual desire and its potential to consume them to the point of excess. Within this scheme, nymphomania was just one of many afflictions attributed to the workings of the female body. Yet such a conception was inherently problematic in its wider application. Conceiving nymphomania as a potential disorder of the female body suggested it was not the exclusive domain of a depraved few. Rather, as a disorder of the sexual organs, menstrual cycle, pregnancy, puberty, or menopause, all women were potentially susceptible to nymphomania by way of their very femaleness. Although nymphomania was considered a disorder, the very bodily processes that accounted for its causality were also those that defined woman as female, as different, and inferior.

This chapter traces the impact of medical ideas about female sexuality on the thinking of nineteenth century physicians. It is concerned with exploring what physicians themselves

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<sup>1</sup> Heywood Smith 'Discussion' on Charles Routh's "'On the Etiology and Diagnosis, considered specially from a Medico-legal Point of view, of those cases of Nymphomania which lead women to make False charges against their Medical Attendants', *British Gynaecological Journal* 2 (1887): 485-511; p.505.

confronted in their beliefs about women's potential for erotic excess. Physicians are always a product of their social and cultural milieu. In the context of the English nineteenth century, physicians belonged to a society whose social consciousness was governed by a powerful moral sense exalting qualities of restraint, control, and absolute propriety. These qualities extended to sexual desire, the control of which signified freedom from the dictates of baser, brutal instincts, and self-gratifying pleasure. Respectability through restraint in one's commercial dealings, sexual activities, leisure, and general composure ensured a stable, disciplined society.<sup>2</sup> Whilst physicians were inevitably a product of such thinking, they also faced certain contradictions between their medical discourse and dominant societal expectations, especially regarding woman. Physicians subscribed to a conception of female sexuality that posited women's sexual desire as a bodily urge or instinct whose restraint, while necessary, was also a potential source of disorder. As discussion on the issue of women's sexual continence will show, certain physicians expressed grave concerns about the dangerous effects women's repression of their erotic desires might have. The looming threat of a woman's potential for nymphomania meant some saw a real conflict for women in the demands made of their sex. Given their thinking about the nature of female sexuality and its incongruence with ideals of women's sexual passivity, this chapter seeks to understand why many physicians continued to insist on women's adherence to such expectations. Specifically, it explores in more detail what drove physicians' concern with ensuring women's sexual control.

Medical conceptions of woman's sexual nature appeared to incite a number of anxieties amongst physicians. The issues some raised about the introduction of anaesthetics in labour, the use of the speculum in gynaecological examinations, and women's masturbation, illustrate a real concern about women's potential for disorder, specifically nymphomania. Yet as this chapter shows, the unease physicians expressed suggest it was

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<sup>2</sup> On the emergence of a disciplined mentality in the English nineteenth century see, E.P. Thompson, *The Making of the English Working Class* (London: V.Gollancz, 1963) and 'Time, work-discipline, and industrial capitalism', *Past and Present* 35 (1967): 56-97; On the widespread inculcation of a moral righteousness within the English consciousness see, Maurice Quinlan, *Victorian Prelude: A history of English manners, 1700-1800* (Connecticut: Archon Books, 1965); Eric Hobsbawm, 'The Example of the English Middle Class', in Jurgen Kocka, Allen Mitchell (eds.), *Bourgeois Society in Nineteenth century Europe* (Oxford: Providence, 1993): 127-150; On the effect of such thinking on the development of nineteenth century masculinity see various essays in John Tosh and Michael Roper (eds.), *Manful Assertions: Masculinities in Britain since 1800* (London: Routledge, 1991).

not only the effects on women they were concerned with. Rather, the problems a woman's intense erotic desire seemed to pose to physicians' themselves greatly contributed to their anxieties about these issues, and their intense preoccupation with ensuring women's constant adherence to their virtue and restraint. Indeed, the concern with maintaining women's constraint seemed as much about the threat their sexual excess posed to men's own capacity for self-control and thus authority, as it was about preventing their excessive degradation. In this sense, tracing the anxieties surrounding women's potential for sexual disorder offers insight into the crucial role women's sexual control played in the maintenance of the Victorian's gendered social order. Ultimately, the ongoing preoccupation with female sexuality reveals the inherent instability of a social system that invested much symbolism in a particular image of woman, and in the notion of man as self governing and controlled.

### **Unhealthy restraint**

As previous chapters have outlined, a woman's capacity for self-control was not a naturally occurring trait. Rather, the constant attention to her virtue and morality were the means by which a woman could hope to achieve some form of corporeal discipline and thus respectability. From the late eighteenth century when such expectations of women were becoming paramount, physicians were amongst many insisting on the social necessity of women's decorum and the restraint of their sexual desires. In his treatise on nymphomania, Bienville acknowledged the need for women to constantly repress the natural desires and instincts of their body, suggesting those unable or unwilling to do so were disordered. Yet he also admitted the danger suppression posed to women. Rather than dispersing women's desires, restraint actually caused their desire to be unnaturally heightened, possibly leading to a state of nymphomania. Thinking about the need for women's restraint, coupled with beliefs about the adverse effects this could have, continued in the nineteenth century with many physicians voicing concerns about the strains social expectations placed on women's already unstable corporeality.

Nineteenth century medical conceptions of sexual desire regarded it as a bodily force or energy that required release, albeit through the proper channels. Denial of this need could lead to an unnatural accumulation directly affecting the healthy workings of body and mind. Some physicians believed women were particularly susceptible to the damaging consequences of denying the body's longings and natural urges. This was not only because of the heightening effect continence had on the already ardent nature of

women's erotic desire, but also because it inevitably thwarted the ultimate purpose of such desire—procreation. Such thinking can be seen in the concerns physicians expressed about women who, widowed at an early age or never married, failed to fulfil their procreative destiny. Physicians often viewed such women as subject to disorder because their desire, like the organs from which it arose, existed in a most anomalous and precarious situation and were thus potentially subject to a dangerous intensification. Thomas Laycock suggested the “accumulated force” from the “unemployed functions” had to find an outlet “or disturbance first and weakness ultimately results.”<sup>3</sup> Robert Barnes described the sexual body of women who did not accomplish their biological destiny as “a function unfulfilled”, the strain of which saw “not a few break down, morally or mentally.”<sup>4</sup> Edward Tilt detailed how young widows “suddenly denied the sexual stimulus” could be susceptible to “ovarian irritation” which itself gave rise to a number of disorders including nymphomania.<sup>5</sup> He explained this was because these organs “which prompt such desires”, could not be “relieved by the natural orgasm” and were thus reduced to “a state of vital turgescence”.<sup>6</sup> It is interesting to note the way physicians approached such a phenomenon in strictly physical terms in which the sexual organs themselves (rather than woman) were posited as requiring the effects produced by sexual fulfilment. This was inevitable given physicians' deeply somatic conceptions of women's desire and its procreative purpose. Yet it also continued to reinforce the sense of domination accorded women's sexual body and their enslavement to its instincts and urges.

Married women and those with children were not immune to disorders arising from frustrated sexual desire. Physicians such as Barnes and Tilt believed the stifling effect of societal expectations could subject all women to a physical disorder because of their naturally strong sexual energy. Tilt described the conflict many women experienced between “the headlong impulse of passion and the dictates of duty”, which caused an inevitable reaction “on the organs of the sexual economy”.<sup>7</sup> Barnes declared for a woman

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<sup>3</sup> Thomas Laycock, *A Treatise on the Nervous Diseases of Women; comprising an inquiry into the nature, causes, and treatment of spinal and hysterical disorders* (London: Longman & co., 1840) p.34.

<sup>4</sup> Robert Barnes, ‘On the Correlations of the Sexual Functions and Mental Disorders of women’, *British Gynaecological Journal* 6 (1890-1891): 90-413: 416-430; p.394.

<sup>5</sup> Edward J. Tilt, *On Diseases of Women and Ovarian Inflammation: in relation to morbid menstruation, sterility, pelvic tumours, and affections of the womb* (London: John Churchill, 1853) p.147.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

to thwart the needs of her body “often entails the severest strain.”<sup>8</sup> These physicians were not the only ones to articulate such views. From the early nineteenth century physicians expressed concern about the effect women’s repression could have, given the intense nature of their sexual desire. Some argued such expectation actually made women particularly prone to certain disordered thoughts and conduct, and could even lead to hysterical disorders or madness. In the *Cyclopedia for Practical Medicine* (1835) John Conolly (1794-1866), the first Professor of medicine at University College Hospital London, and a specialist in mental illness, was most vocal in his criticism of English physicians who ignored the impact of social convention on women. He described England as “a country where the passions and emotions have but a limited external manifestation, and where the female character is less intensely expressed”. He advised physicians to remember the “silent effect” of this on women’s ‘frame’.<sup>9</sup> Conolly claimed his ideas had been influenced by those of French physician Etienne Jean Georget (1795-1828) who suggested the social position of women subjects them to a range of peculiar ills. Georget argued women were particularly susceptible to disorder because, “they are forever constrained to concentrate within themselves the most powerful passions and the gentlest inclinations; to dissemble their desires; to feign a calmness and indifference when an inward fire devours them, and their whole organisation is in tumult”.<sup>10</sup> Like Conolly, Senior Surgeon to St Thomas Hospital, Benjamin Travers (1783-1858) also believed the codes of English society had a detrimental effect on the female system. He argued physicians could find in women “examples of the tendency of constraint, moral and physical, to the institution of organic disease” which was as “evil” as “the opposite extreme, and augmented unhappily in the ratio of its refinement.”<sup>11</sup>

Although both men and women were regarded as possessing a strong sexual desire, their capacity for control differed markedly, as did the social conventions regarding the expression of such feelings. Men were not only considered figures of great self-control,

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<sup>8</sup> Robert Barnes ‘On the Correlations of the Sexual Functions and Mental Disorders of women’, p.394.

<sup>9</sup> John Conolly, *The Cyclopedia of Practical Medicine ...* (London: Sherwood, Gilbert, and Piper, 1835) p.185.

<sup>10</sup> Ibid., Like his contemporaries such as J.B. Louyer-Villermay, Pierre Briquet and Auguste Debay, Georget argued that continence led to hysteria, nymphomania and other mental illnesses. On the French medical discussion of this see Jan Matlock, *Scenes of Seduction: Prostitution, Hysteria and Reading Difference in nineteenth century France* (New York: Columbia University Press, 1994) p.5-6.

<sup>11</sup> Benjamin Travers, *A Further Inquiry concerning Constitutional Irritation and the Pathology of the Nervous System* (London: Longman &co.,1835) p.429.

their strong sexual desire was generally considered a healthy masculine trait. Men were thus far less vulnerable to problems arising from the restraint of their desire, and less likely to be deemed disordered if their control should waiver. In contrast, women were expected to be more virtuous in their behaviour yet were also believed to lack a natural sense of control. Women's repression of their physical urges not only required constant effort, but placed them in a most unnatural state. Moreover, those who gave in to their desires were regarded as both evidence of the weakness of their sex and an aberration requiring medical attention. Beliefs about the physiological effects of women's repression were often raised in reference to cases of nymphomania and were said to explain the more frequent occurrence of such a disorder in women as opposed to such excess in men. London obstetric physician Dr David Davis attributed the prevalence of such excess amongst women to "the severe obligations of celibacy and continence which the laws of society have imposed on them".<sup>12</sup> In his popular domestic medical handbook, English physician Thomas Graham (1795-1876) wrote women's disordered conduct and "nervous mental maladies" often arose from "the struggle between the principles of religion, morality and education, on the one side, and the passions on the other".<sup>13</sup> Similarly, in their psychiatric text, James Bucknill and Daniel Tuke stressed nymphomania could arise from the conflict between the demands of women's body and wider social expectation. They described the disorder as evidence of "the struggle between mental purity and the physiological impulses of sex".<sup>14</sup>

One English physician who has garnered a degree of attention for his views on women and repression is Robert Brudenel Carter (1828-1918).<sup>15</sup> *On The Pathology and Treatment of Hysteria* (1854), written when Carter was a young general practitioner in the London suburb of Leytonstone, is regarded as an important early example of a

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<sup>12</sup> David Davis, *The Principle and Practice of Obstetric Medicine in a series of systematic dissertations on midwifery and on the diseases of women and children. II vols.*, (London: Taylor & Walton, 1836) p.446.

<sup>13</sup> Thomas J. Graham, *Modern Domestic Medicine* 4<sup>th</sup> ed., (London: Simpkin & Marshall, 1848) p.6.

<sup>14</sup> James.C. Bucknill and Daniel.H.Tuke, *A Manual of Psychological Medicine*, 4<sup>th</sup> ed., (London: J&A Churchill, 1879) p.784.

<sup>15</sup> For discussion of Robert Brudenell Carter and his ideas on women see Elaine Showalter, *The Female Malady*, p.132, 173; Roy Porter, 'The Body and Mind, the Doctor and the Patient: Negotiating Hysteria', in S.Gilman (ed.), *Hysteria Before Freud* (Berkeley: University of California Press, 1993): 225-285; Rachel Maines, *The Technology of Orgasm: "Hysteria", the Vibrator, and Women's Sexual Satisfaction* (Baltimore: Johns Hopkins University Press, 1999) p.36.

psychological approach to women's disorder within English medical discourse.<sup>16</sup> Carter described emotion as a "force" conducive to the production of very serious disorders and derangement in women. He also believed such afflictions were "much more common in the female than in the male" because woman was not only "more prone to the emotions", but also "more frequently under the necessity of endeavouring to conceal them".<sup>17</sup> Carter noted this was especially the case in regard to the sexual feelings, which were "those most concerned in the production of disease".<sup>18</sup> He described sexual desire as having an immense impact on women who "is often much under its dominion, and who, if unmarried and chaste, is compelled to restrain every manifestation of its sway."<sup>19</sup> Without physical release through fulfilment, Carter believed the strength of women's sexual feelings became unnaturally intensified, leading eventually to a wide array of uncontrollable conduct such as that deemed evidence of nymphomania. According to Carter, nymphomania was a temporary disorder involving an alteration of the moral condition characterised by a "weakened sense of decency".<sup>20</sup> He claimed such a condition engrossed the whole nervous force in "the contemplation of an object of desire".<sup>21</sup>

Belief about the danger sexual continence posed to women is further evidence of a view of women's naturally strong sexual desire and its potential to become excessive. By restraining their sexual desires, women could unnaturally intensify these feelings to a such a degree it subjected them to a state of overexcitement such as that characterising nymphomania. In some ways physicians' apprehensions represented a significant critique of certain social norms and ideals of women that demanded such restraint. Yet this should not be seen as suggesting they were seeking to promote the cause of female sexual liberation. Rather, their ideas stemmed more from a belief that women were subject to a body whose sexual energy or drives were highly vulnerable to disorder, particularly if repressed. In turn, such thinking served to reinforce the absolute (physical)

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<sup>16</sup> On this see Michael J. Clark "'Morbid Introspection', unsoundness of mind, and British psychological medicine, c.1830-1900' in W.F. Bynum, R. Porter, M. Shepherd (eds.), *The Anatomy of Madness: Essays in the History of Psychiatry, Vol.III* (London: Tavistock, 1988): 71-101.

<sup>17</sup> Robert Brudenell Carter, *On the Pathology and Treatment of Hysteria* (London: J.Churchill, 1854) p.26.

<sup>18</sup> *Ibid.*, p.35.

<sup>19</sup> *Ibid.*, p.33.

<sup>20</sup> *Ibid.*, p.50.

<sup>21</sup> *Ibid.*

necessity of women's matrimonial and maternal destiny and as such, dependence on man.

While many physicians subscribed to the view of woman's inherent instability, not all publicly supported the idea that repression and restraint could cause a state of excess or a disorder such as nymphomania. Certainly, many physicians continued to suggest there was a fine line between maintaining oneself as a model of respectability and descending to the depths of one's more primitive instinct. This was the reason many urged women to adhere to all the dictates required of their sex, and to restrain from anything that could inflame their desire and cause a loss of control. The belief was a woman could only hope to triumph over her baser bodily instincts through such external controls. In somewhat hyperbolic terms Bucknill and Tuke declared that only moral and religious principles "give strength to the female mind", and once these are weakened or removed, women's desires or "subterranean fires", become active and "the crater gives forth smoke and flame".<sup>22</sup> In his discussion of nymphomania, physician to the Samaritan Free Hospital for women and children Charles Routh (1822-1909), described how the most susceptible were those women "naturally possessing extremely strong affections, by which they are often carried to excesses in any direction in which they may be drawn".<sup>23</sup> "If" he stated, "that direction be well guided, they may become strong-minded, noble, highly principled characters" however, those "influenced in another direction" were destined to "sink to the lowest degradation".<sup>24</sup> For this reason Routh advised women to join a strong religious movement for "their own good".<sup>25</sup> He cited the case of one woman he had attended who, despite being "a model of everything that is pure and modest", revealed to him she suffered from a particular "agony and excitement in the sexual organs". She claimed it was only her "strong religious feeling" that held her back, and if not for that "she would have run into the streets and got hold of the first man she could find".<sup>26</sup>

The medical discourse on nymphomania contributed a decisive argument for the necessity of dominant expectations about women's demeanour. The need to ensure

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<sup>22</sup> J.C.Bucknill, D.H.Tuke, *A Manual of Psychological Medicine*, (1859) p.275-6.

<sup>23</sup> Charles H.F.Routh, 'On the Etiology and Diagnosis, considered specially from a Medico-legal Point of view, of those cases of Nymphomania which lead women to make False charges against their Medical Attendants', *British Gynaecological Journal* 2 (1886): 485-511, p.491.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid., p.497.



women's compliance was in many ways driven by physicians' beliefs about the potential of the female body for excess. Yet there is also something else underscoring the sense of urgency, even anxiety, physicians expressed in their discussions on maintaining women's decorum and restraint over their sexual expression. The notorious antics of English physician William Acton (1813-1875), particularly his views about women's propriety and virtue, hint at this other issue underlying physicians' concern with ensuring certain conduct in women. Acton's work, *The Functions and disorders of the reproductive organs...* (1856), is renowned for comments regarding the virtue and asexuality of women.<sup>27</sup> Acton insisted that the "perfect ideal of an English wife and mother" was one who was "self sacrificing, and sensible, so pure hearted as to be utterly ignorant of and averse to any sensual indulgence".<sup>28</sup> Yet as other historians have noted, Acton's ideas are not all that useful in reflecting a common view about women's sexual nature, rather, they offer far more insight into certain male anxieties about their own sexuality.<sup>29</sup>

While the first edition of Acton's text was directed towards the medical profession, perhaps with the intention of offering a guide to the type of sexual advice physicians might give, by the third edition it was aimed more at an educated (male) lay audience.<sup>30</sup> Given its intention, Acton's assertion that "as a general rule, a modest woman seldom desires any sexual gratification for herself", is best seen as part of his concern with reassuring men, which itself is an insight into the precarious nature of some men's sexual

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<sup>27</sup> For various views on the complexity and significance of Acton's ideas see, Steven Marcus, *The Other Victorians: A Study of Sexuality in Mid Nineteenth-century England* (London: Weidenfeld & Nicholson, 1966) 1-33; Matilda Jeanne Petersen, 'Dr Acton's Enemy: Medicine, Sex, and Society in Victorian England', *Victorian Studies* 29/4 (1986): 569-590; Peter Cominos, 'Late Victorian Respectability and the Social System', *International Review of Social History* 8 (1963): 18-48: 216-250; Lesley Hall 'Forbidden by God, despised by man: masturbation, medical warnings, moral panic and manhood in Great Britain, 1850-1950', *Journal of the History of Sexuality* 2/4 (1991-1992): 365-387.

<sup>28</sup> William Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, in Youth, adult age, and advanced life, considered in their physiological, social, and psychological relations Functions of the Reproductive Organs* (London: J.Churchill, 1856) p.114.

<sup>29</sup> Peter Gay, *Education of the Senses: The Bourgeois Experience, Victoria to Freud: vol.1* (Oxford: Oxford University Press, 1984); Brian Easlea, *Science and Sexual Oppression: Patriarchy's Confrontation with Woman and Nature* (London: Weidenfeld & Nicholson, 1981); Michael Mason, *The Making of Victorian Sexual Attitudes* (Oxford: Oxford University Press, 1994); Ivan Crozier, 'William Acton and the history of sexuality: the medical and professional context', *Journal of Victorian Culture* 5/1 (2000): 1-27.

<sup>30</sup> I.Crozier, 'William Acton and the history of sexuality: the medical and professional context', p.11.

image.<sup>31</sup> In fact, Acton's assurance that because of this lack of sexual desire in women "no nervous or feeble young man need, therefore, be deterred from marriage by any exaggerated notion of the duties required from him" reveals the crucial role women's lack of sexuality played in men's own sexual image.<sup>32</sup>

The Victorian preoccupation with negating women's erotic expression is best understood in terms of the nexus between conceptions of womanhood and men's sexual subjectivity. Men's sense of sexual assertiveness and superiority was largely defined by the lack of such qualities in women. A woman's sexual autonomy or agency, including her strong sexual desire, not only challenged her own respectability but ultimately, men's sexual identity. By insisting on the absolute sexual passivity of women Acton could assure young men they "need not fear that his wife will require the excitement, or in any respect imitate the ways of a courtesan".<sup>33</sup> As Peter Gay observed, denying women's sexual desires was a self-fulfilling prophecy that worked to safeguard man's sexual adequacy. "However he performed" Gay suggested, "it would be good enough. She would not – would she? – ask for more."<sup>34</sup>

It was not just men's sexual inadequacies that directed Acton's preoccupation with ensuring women's decorum and lack of sexuality. He was equally concerned about ensuring men's own self control. This was not only because of the debilitating effects he believed intercourse had on the male constitution, but also the authority and social necessity he accorded men's self-command.<sup>35</sup> In the nineteenth century, the ideal male individual was said to possess qualities of physical strength, reason, rationality, will power, and self-control, especially over the sexual body.<sup>36</sup> The sense of authority and

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<sup>31</sup> W. Acton, *The Functions and Disorders of the Reproductive Organs ...* 3<sup>rd</sup> ed. (London: J.Churchill, 1862) p.102-103.

<sup>32</sup> Ibid., p.103.

<sup>33</sup> W. Acton, *Functions of the Reproductive Organs*, (1856) p.81.

<sup>34</sup> P. Gay, *Education of the Senses*, p.197.

<sup>35</sup> Acton argued men's self control was a physical necessity because he believed the loss of such vital a substance as semen whether through spermatorrhoea, masturbation, or sexual intercourse, had a weakening and depressing effect on all men's constitution. Lesley Hall, 'Forbidden by God, despised by man', p.367.

<sup>36</sup> On dominant conceptions of English masculinity in the nineteenth century see Angus McLaren, *The Trials of Masculinity: Policing Sexual Boundaries, 1870-1930* (Chicago: The University of Chicago Press, 1997); John Tosh, *A Man's Place: masculinity and the middle-class home in Victorian England* (New Haven: Yale University Press, 1999).

superiority accorded masculinity, including man's sexual subjectivity, was derived from and dependent on the expression of these traits. For Acton, a man's control over his body and his ability to refrain from excessive behaviour was not only vital to his supremacy but that of the nation. This control gave man "that consciousness of his dignity, of his character as head and ruler, and of his importance which is absolutely essential to the well being of the family and through it of society itself".<sup>37</sup> Yet like the intense concern with ensuring women's modesty, the emphasis accorded these masculine characteristics suggests they were not as innate as some may have liked to assume. The preoccupation with men's control hints at the precarious nature of some men's ability to achieve it. In this sense, the conflation of masculinity with control could have been a source of anxiety for many men. Certainly Acton's work suggests despite—or perhaps because of—the pervasive rhetoric about masculinity in the nineteenth century, many men were not the rational, self-controlled individuals on which hierarchical notions of sexual difference depended. Indeed, it appears many confronted real difficulties in ensuring the capacities on which their authority and superiority were based.

While there was a virtual silence surrounding the medical discussion of men's satyriasis, the abundance of material detailing men's masturbation and spermatorrhea (nocturnal emissions), suggests these things assumed great significance in discussion of male sexual disorder. Historical examinations of nineteenth century attitudes about male masturbation illustrate how much of the anxiety surrounding such sexual practices can be linked to the threat it posed to the sanctity of the self determined will power and bodily control of man.<sup>38</sup> Just as a woman's excess was so antithetical to the ideal of her passivity and virtue, so a man's enslavement to such a baneful practice as masturbation was equally contrary to dominant expectations of his sex. Yet the threat posed to the immutability of man's self control was not limited to his own actions. A woman possessed by strong sexual desire was equally as dangerous.

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<sup>37</sup> W. Acton, *Functions of the Reproductive Organs*, (1862) p.74.

<sup>38</sup> On this aspect of men's masturbation see Lesley Hall, 'Forbidden by God, despised by man'; Vernon Rosario, *The Erotic Imagination: French histories of perversity* (Oxford: Oxford University Press, 1997); Alan Hunt, 'The great masturbation panic and the discourse of moral regulation in nineteenth and early twentieth century Britain', *Journal of the History of Sexuality* 8/4 (1998): 575-615; Pierre Hurteau also discusses this particular aspect of the nineteenth century in comparison with the eighteenth century 'Catholic Moral Discourse on Male Sodomy and Masturbation in the Seventeenth and Eighteenth Centuries', *Journal of the History of Sexuality* 4/1 (1993): 1-26; p.16-17.

The idea of female sexual desire as naturally voracious can be seen as presenting a further challenge to the already uncertain nature of some men's sexual self control, and is why physicians sought to assert and ensure women's moral and virtuous conduct. As one historian astutely observed about nineteenth century medical attitudes, "the conviction of male sexual inferiority haunts the learned vision of woman".<sup>39</sup> Men's fears about the threat female sexuality posed to them really only explain their ongoing preoccupation with ensuring women's constraint and the anxiety surrounding practices that were believed to arouse women's erotic desire. Such unease can be discerned in discussions about the use of anaesthetics and the speculum within medical practice. In turning to these issues, the underlying concerns many physicians expressed are not only further evidence of beliefs about the potential of all female sexual desire for excess, but also concerns about their own authority and capacity for control.

### **Losing control**

In 1847 in a series of lectures which later formed the basis of his popular obstetric manual, William Tyler-Smith outlined his objections to the use of ether during childbirth. His main issue centered on the fact that women under the influence of such a substance exhibited "erotic gesticulations" so antithetical to the women of England they were "more shocking even to anticipate, than the endurance of the last extremity of physical pain".<sup>40</sup> For Tyler-Smith, a woman under ether was enthralled to the demands of her body, and as such, out of control. He argued this was a disastrous situation because control was vital to preventing descent into the types of indecent behaviour characteristic of nymphomania. A woman's loss of self-control or self-consciousness was crucial to Tyler-Smith's conception and understanding of nymphomania. Such a loss explained why women committed "the most extravagant acts" observed in cases of the disorder.<sup>41</sup> This begs the question whether Tyler-Smith's disapproval of ether arose from his belief this substance produced the threatening erotic behaviour in women, or because it removed whatever restraint a woman imposed on her inherently unruly body? Examining his ideas in further detail suggests the latter.

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<sup>39</sup> Alain Corbin, "'A sex in mourning'": The History of Women in the Nineteenth century', in M. Perrot (ed.), trans. F. Pheasant, *Writing Women's History* (Oxford: Blackwell, 1992): 106-117; p.107. Corbin states nineteenth century men were "bearing the burden of the ancient image of virility." Ibid., p.114.

<sup>40</sup> William Tyler-Smith, 'A Lecture on the utility of and safety of the inhalation of Ether', *Lancet* 1 (1847): 321-323; p.322.

<sup>41</sup> W. Tyler-Smith, *A Manual of Obstetrics: theoretical and practical* (London: John Churchill, 1858) p.490.

Tyler-Smith argued a woman's pain in childbirth played an important role in ensuring her decorum during labour because it "neutralizes the sexual emotions".<sup>42</sup> His objections to the use of anaesthesia in labour were thus based on the rationale that in removing women's pain, the "sensations of coitus" would be heightened, reducing women to "the level of the brute creation".<sup>43</sup> In his thinking, pain relief removed the natural restraint labour imposed on women's *true* erotic nature, leaving the physician to deal with a patient whose sexual urges were no longer under control. Professor of Midwifery at St George Hospital, Robert Lee (1793-1877) also expressed grave concerns about the influence of chloroform over a woman's conduct. In his address to the Royal Medical and Chirurgical Society in 1853, Lee described its use as "a most unnatural practice" because of the powerful and detrimental influence such a substance exerted over women's religious and moral character.<sup>44</sup> Charles Routh also worried about the erotic revelations physicians would confront by using such substances on their female patients. Under these "intoxicating drugs" wrote Routh, many women "*betray* the exalted state of their sexual feelings" which, he warned, "will lead you to fear that they are anything but what they have appeared to be".<sup>45</sup>

In her examination of the debates surrounding the introduction of chloroform and ether, Mary Poovey argues physicians such as Tyler-Smith were ultimately concerned about maintaining control over their patients in order to ensure their own reputation.<sup>46</sup> Without such control, physicians felt they could be implicated in whatever it was they believed the patient experienced. These concerns were not unfounded given the legacy of distrust and accusations of sexual predatory that physicians inherited. In the eighteenth century, the conflation of medicine with lechery and the identification of physicians with sexual licence, were entrenched in the minds of the general public. Man midwifery bore the

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<sup>42</sup> W. Tyler-Smith, 'A lecture on the utility of and safety of the inhalation of Ether', p.322.

<sup>43</sup> Ibid.

<sup>44</sup> Robert Lee, 'An Account of seventeen cases of Parturition in which Chloroform was inhaled with pernicious effects', *Lancet* 2 (1853): 608-611; p.611.

<sup>45</sup> emphasis added. C.H.F.Routh, 'On the Etiology and Diagnosis', p.490.

<sup>46</sup> Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid Victorian England* (London: Virago, 1989) p.24-50.

brunt of many of these associations and accusations.<sup>47</sup> Unease and suspicion about the propriety of medicine, especially gynaecology, continued in the nineteenth century. Despite a rapid advancement in authority and prestige, gynaecology and obstetrics continued to fight off the baggage of earlier associations with seedy, unscientific practices and accusations of practitioners as adulterers in disguise.<sup>48</sup> As Moscucci notes, the insinuation was that such practitioners were in a position in which they could easily arouse and then seduce their patients.<sup>49</sup> Thus anything that threatened to heighten a woman's sexual desire while in the presence of her accoucheur inevitably contributed to its rejection by certain physicians.

Ensuring belief in the absolute propriety of the obstetrician and his image as the guardian of women's honour underlay Tyler-Smith's concerns about the danger posed by a substance that could lead to a woman's heightened erotic state. This was why he claimed the accoucheur's concern must be less about a woman's "insensibility to pain". What was "of far more importance" was "chastity of feeling and, above all, emotional self control, at a time when women are receiving such assistance".<sup>50</sup> Yet it could also be argued the anxiety physicians such as Tyler-Smith expressed about a woman's intense erotic state was just as concerned with the threat of seduction they themselves faced from such a figure. Confronted with a woman whose 'sexual orgasm has been substituted for their natural pains' was perhaps too much of a strain on any respectable Victorian man's sense of command.<sup>51</sup>

Like Tyler-Smith, Charles Routh was also concerned about the danger women posed to the physician's precarious reputation. In his 1886 address to the British Gynaecological Society on the subject of false charges brought against medical attendants, Routh warned

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<sup>47</sup> Roy Porter, 'A touch of danger: The man-midwife as sexual predator' in G.S.Rousseau and R.Porter (eds.), *Sexual Underworlds of the Enlightenment* (Manchester:, Manchester University Press, 1987): 206-232; p.209.

<sup>48</sup> As Ornella Moscucci notes, the rise of the man-midwife was accompanied by the publication of pamphlets condemning the indecency of the man's presence in such an intimate situation. *The Science of Woman*, p.118.

<sup>49</sup> Ibid.

<sup>50</sup> W. Tyler-Smith, 'A lecture on the utility of and safety of the inhalation of Ether', p.323.

<sup>51</sup> Tyler Smith claimed that under ether "the human female may possibly exchange the pangs of travail for the sensations of coitus". Ibid., p.322.

physicians they were “all prone” to having such accusations “invented against us”.<sup>52</sup> Yet much of the anxiety physicians such as Routh and Tyler-Smith expressed about the vulnerable position of the physician was inevitable given their reputation and authority relied on women’s expression of a particular deportment. Such vulnerability could be extended to many nineteenth century men whose sexual image was dependent on women, particularly their denial of a stronger sense of erotic desire. In many respects then, nineteenth century physicians confronted the reality of the incongruous nature of Victorian expectations about femininity. A woman’s respectability and worth was largely premised on her ability to successfully deceive and fake her demeanour. Indeed, a woman’s ability to ‘act naturally’ was vital to the successful reproduction of the Victorian construction of idealised femininity, and as such, masculinity. Yet the implicit expectation of such deception also established woman as a potential threat because of the ultimate power it gave her.<sup>53</sup> What man could really know the truth of a woman’s feelings? Underneath the veneer of the most modest of women could be lurking a nymphomaniac whose devouring excess not only threatened the reputation of the physician, but all men’s sexual control. In this sense, the female body figured as a source of danger because it held the capacity to both destroy and expose the artifices that ensured the superiority of the middle class.

Anxiety amongst physicians about the hazards posed by a woman’s potential for erotic disorder was not limited to debates about chloroform. These concerns also appear in discussions about the use of the speculum. Initially, gynaecological examinations were performed purely on the basis of a series of questions to the patient. Gradually, more physical examinations were undertaken using the fingers and hand, until by mid-century, surrounded by great controversy, some physicians began to adopt the use of the speculum.<sup>54</sup> While the disagreement and debate between British practitioners over the

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<sup>52</sup> C.H.F Routh, ‘On the Etiology and Diagnosis’, p.486.

<sup>53</sup> The anxiety raised by the idea of a woman hiding her true character underneath her respectable demeanour was epitomised in Mary Braddon’s novel *Lady Audley’s Secret* (1862) On this aspect of Braddon’s novel see, L. Voskvill, ‘Acts of Madness: Lady Audley and the meanings of Victorian Femininity’, *Feminist Studies* 27/3 (2001): 611-639.

<sup>54</sup> On the various gynaecological examinations in use see, ‘The Method of Conjoint Examination of Gynaecological Diagnosis’, *The Obstetrical Journal of Great Britain and Ireland* 6, April (1878): 337. The author notes that the sense of touch still predominates amongst physicians adding that a woman’s accompanying “nervous sobbing and crying” could be put to good use because such “spasmodic expirations” enabled the hand to enter her more easily. Ibid.

use of the speculum has been dealt with by other historians, anxieties about its effects on women's desire have been less detailed and are of most interest to this thesis.<sup>55</sup> Certain physicians expressed great concern about the practical application of the speculum. Many rejected it on the grounds that it removed a woman's modesty, leading to all manner of physical complications and awkward scenarios for the practitioner. Robert Lee was one of the first to criticise such instrumental interference in gynaecological practice, arguing against the speculum on the grounds of its impropriety and immorality.<sup>56</sup> Both the speculum and gynaecological examinations "of any kind", were especially unjustifiable on the unmarried, whose modesty Lee warned, would be unnecessarily "wounded".<sup>57</sup>

For many physicians, the speculum offered the experience of actually making real clinical observations for the first time, thus facilitating their scientific authority and credibility. Yet it also retained old prejudices and suspicions about gynaecological practitioners that surely contributed to the doubts many had about its use. Interestingly, it was always the detrimental effects on women that was presented as the most pressing concern about the speculum. Use of the speculum would have inevitably heightened some women's anxiety about gynaecological examinations performed by a male physician. Along with the measure of discomfort experienced, there was undoubtedly a degree of awkwardness and embarrassment involved. Yet such issues did not seem to be at the forefront of those expressed by the speculum's opponents. Like those surrounding the use of anaesthesia, many of the concerns raised about the speculum were based on the instrument causing a loss of women's modesty and thus restraint. In a letter to the *Medical Times and Gazette* one physician claimed the speculum would cause the "fair sex" of England the loss of their modesty for which "they are admired and respected". The physician was particularly concerned this loss would then lead women to acquire a "morbid appetite" for the instrument.<sup>58</sup> Marshall Hall also objected to the speculum on such grounds. He was adamant the instrument played a direct role in the degradation of a

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<sup>55</sup> On gynaecological examinations and speculum debates see O. Moscucci, *The Science of Woman*, p.113-118.

<sup>56</sup> Robert Lee, 'On the use of the speculum in the diagnosis and treatment of uterine diseases', *Medico-Chirurgical Transactions* 33 (1850): 261-278.

<sup>57</sup> *Ibid.*, p.269.

<sup>58</sup> 'Letters to the editor', *Medical Times and Gazette*, (1852): 196. See also 'Mr Acton's Speculum Chair', *The London and Edinburgh Monthly Journal of Medical Science*, 1 (1841): 599-600.



woman because once subjected to it she “is not the same in delicacy and purity as she was before”.<sup>59</sup>

Concerns expressed about the speculum suggest a belief that only a woman’s innocence and decency was able to thwart her true erotic nature, and once these were lost she was reduced to her debased and excessive sexual instinct. Hall directly attributed use of the instrument to some women’s *furor uterinus*, the symptoms of which, he argued, included the patient becoming moody, perverse, and whose thoughts and speech became “fixated on their uterine organs.”<sup>60</sup> At a meeting of the Royal Medical and Chirurgical Society in 1852, general medical practitioner Dr George Pollock voiced a similar concern to Hall. Pollock rejected the efficacy and authority of the gynaecological practitioner’s examination because “there was no one to guarantee the truth of what he may assert” and he warned the very techniques of diagnosis were causing women to ‘become obsessed with their genitals which itself could lead to nymphomania’.<sup>61</sup> Robert Brudenell Carter openly condemned the use of genital examinations on the grounds they could exacerbate unsatisfied passions leading to a disorder of excess. He argued the speculum could reduce respectable women to the “mental and moral condition of prostitutes” who would then have to resort to masturbation “to give themselves the same indulgence”.<sup>62</sup> Underlying all these arguments was a belief that a woman’s desire required the constraint provided by her imposed modesty and virtue because once unleashed it was, by nature, prone to excess. The threat this excess posed to the reputation and authority of the physician also played a considerable part in the concern with ensuring women’s innocence and control.

Thus far it has been shown that some physicians’ belief in the potential for women’s sexual desire to become disordered placed them in a precarious situation with regard to many of their medical practices, and in their relationship to their female patients. Yet while nymphomania was the ultimate manifestation of the threat posed by women’s

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<sup>59</sup> Marshall Hall, ‘On a new and lamentable form of Hysteria’ *Lancet*, 1 (1850): 660-661; p.661.

<sup>60</sup> Ibid.

<sup>61</sup> Pollock warned that gynaecological examinations could lead to the abuse of the confidence of the patient by “asserting the presence of a disease when there isn’t one”. George Pollock, ‘Report on post- mortem examinations of uterine organs’, *Medical Times and Gazette* 4 (1852): 143-146; p.143.

<sup>62</sup> R. B.Carter, *On the Pathology and Treatment of Hysteria*, p.69.

sexuality, it was also, as some historians have proposed, men's ultimate fantasy.<sup>63</sup> Evidence suggests women's depravity and excess loomed large in the Victorian male's sexual imaginary, and was often a popular depiction in literature catering to men's erotic imagination. Within pornographic material for instance, a common portrayal was that of a man's aggressive sexual needs enacted on such figures as the nymphomaniac or prostitute.<sup>64</sup> The image of a woman's sexual excess undoubtedly aroused partly because of the extent to which it was so publicly forbidden. However, once this sexual fantasy acquired a degree of reality it actually became a threat that only heightened men's anxieties about ensuring women's control, as seen in the concerns expressed about chloroform and the speculum.

While the idea of woman's insatiable erotic desire may have served some men's sexual desires, in the real world men expected—indeed depended on—women's absolute sexual restraint. This paradox was identified by Mary Poovey. She argues that in the nineteenth century femininity was constructed out of men's "fantasies and appetites", yet social interactions with real women were expected to enhance "the refined and polite behaviors that could theoretically control these excesses".<sup>65</sup> Poovey's argument suggests the extent of the threat women posed to men, or the point at which their fantasies slid into dangerous reality, was of physicians' own making. She claims what medical men identified as sexuality in women "is obviously as much a projection of what they feared or felt in themselves as it was what real women actually experienced".<sup>66</sup> In this sense, the danger physicians ascribed to women's unfettered sexual desire can be read as evidence of men's own sexual anxieties, particularly a fear of their helpless seduction by this devouring creature. Yet it can also be argued the spectre of womanhood medical men so

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<sup>63</sup> On women's insatiability as a central feature of male erotic fantasy and pornographic literature see Frank Mort, *Dangerous Sexualities: medico-moral politics in England since 1830*, 2<sup>nd</sup> ed. (London: Routledge, 2000) p.64-66; Judith Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in late-Victorian London* (Chicago: University of Chicago Press, 1992); Lisa. Z. Sigel, *Governing Pleasures: Pornography and Social Change in England, 1815-1914* (London: Rutgers University Press, 2002).

<sup>64</sup> 'Walter's' *My Secret Life*, the fictional narrative or possibly sexual memoir of a debauchee, is full of references to such types. On this text see Steven Marcus, *The Other Victorians: A Study of Sexuality and Pornography in Mid Nineteenth-century England* (London: Corgi, 1970) p.78-199; Frank Mort, *Dangerous Sexualities*, p.64; Lisa Z.Sigel, *Governing Pleasures*, p.88.

<sup>65</sup> Mary Poovey, *Making a Social Body: British Cultural Formation 1830-1864* (Chicago: University of Chicago Press, 1995) p.170.

<sup>66</sup> Mary Poovey, *Uneven Developments*, p.49.

feared was not simply a product of their own imaginings, but their medical discourse. As shall be shown, this was especially evident in beliefs and concerns about women's masturbation.

### **Pathological pleasure**

Ideas about the potential for women's sexual desire to become excessive and disordered were particularly pronounced in discussions of female masturbation. This practice was generally described in medical discussion as having an exaggerated, morbid effect on women that freed their internal 'floodgate' resulting in their complete loss of control. By touching herself a woman unleashed her latent desires whose strength were such they were unable to be satisfied, leaving her in a state of frenzied insatiability. Many of the attendant symptoms physicians linked to female masturbation were those characterised by women becoming overwrought and unable to regain any composure over themselves, or more specifically, their desires. In his midwifery text, Robert Gooch cited the case of one lady who came to him "labouring under great debility both of body and mind".<sup>67</sup> Gooch was able to persuade the woman to disclose the "secret" of her suffering which was "the most irresistible disposition to lasciviousness imaginable".<sup>68</sup> Gooch described how if left alone the woman was "unable to desist from rubbing the parts" which she would continue until she became exhausted and bathed in perspiration. She then slept well but on awakening "the same propensity recurred".<sup>69</sup>

Medical conceptions of female masturbation encapsulated all the anxieties and beliefs about the potential of women's sexual desire to become insatiable causing them to exhibit immoral and immodest conduct. Yet it was not just the strength of desire unleashed by a woman's self-abuse that led to her inability to control such urges. Rather, it was also due to the fact such desire could never be properly satisfied by this aberrant practice. The link posited between a woman's masturbation and her insatiability was in keeping with the view women's desire was prone to disorder if it was not fulfilled through the correct channels—that is, heterosexual intercourse, presumably with the intention of procreation. Much of the pathology surrounding women's masturbation can

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<sup>67</sup> Robert Gooch, *A Practical Compendium of Midwifery* prepared for publishing by George Skinner (London:, Longman & co., 1831) p.40.

<sup>68</sup> Ibid.

<sup>69</sup> For such a case Gooch prescribed cold baths, cold water injections to the rectum, and the prohibition of all spices and liquors. Ibid.

be linked to the fact it contravened such expectations, and in particular, men's sexual rights. Female masturbation represented a sexual practice and source of sexual pleasure for women devoid of any reliance on man. It was thus the antithesis of conceptions of conjugal relations in the Victorian era, specifically, men's ability to solely incite and satisfy women through penetration.<sup>70</sup>

Ideas about women's masturbation are a good reflection of the way medical discussion contained a degree of anxiety about the threat it posed to men's authority and sexual confidence. It was perhaps for this reason women who masturbated were warned of the risks they ran, most notably, a complete lack of sexual fulfilment. It seems taking no pleasure in the sexual act was the physiological outcome—if not punishment—for a woman who masturbated. William Tyler-Smith wrote about the damaging physical consequences of a woman's masturbation. He described how he had observed the clitoris to be “displaced, relaxed and loose” in those females who are “the subjects of self abuse”. He wrote that in such women, the clitoris is “higher over the pubis than is natural” and he warned this would cause a lack of enjoyment with regard to sexual intercourse.<sup>71</sup> Masturbation was often posited as causing a woman's frigidity and lack of enjoyment in sexual intercourse with her husband. Yet it could be argued that rather than a woman's masturbation causing her to dislike sex with her husband, such a ‘symptom’ was in fact evidence of his sexual inadequacies and failure to fulfil her needs. Given the extent to which a respectable woman's desire and pleasure was supposedly dependent on the achievement and actions of her husband, women's excessive masturbation could be seen as indicative of the problems inherent in Victorian ideas about sex. In this sense, the idea women gained more satisfaction from themselves than their husbands posed a real threat to certain gendered ideals. Perhaps this implication explains why physicians such as Acton had to allay men's anxieties about their conjugal performances and insist on women's sexual passivity and the pathologies attendant to their masturbation.

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<sup>70</sup> Thomas Laqueur makes the point that the emphasis with regard to the ‘solitary vice’ was less concerned with the aspect of ‘vice’ and pathology as it was with its antisocial, ‘solitary’ nature where healthy desire was directed “back into itself”. *Making Sex: Body and Gender from the Greeks to Freud* (London: Harvard University Press, 1990) p.229.

<sup>71</sup> W. Tyler-Smith, *A Manual of Obstetrics: Theoretical and Practical*, p.19.

Over the course of the nineteenth century, masturbation assumed increasing nosological significance in accounts of women's disorders.<sup>72</sup> In asylum notes on female patients, erotic symptoms and displays, including exposing oneself, acting lewdly, and lascivious expression and talk, were accorded much importance and often deemed the result of the patient's propensity for self-abuse. The records of a twenty year old girl admitted to Ticehurst asylum in October 1867 on the authority of her father, are a good example of the causal significance medical attendants at the institution accorded women's masturbation. The girl was brought to the asylum because of her mental anguish and despair from the disappointment of a failed love affair. Yet her displays of "great venereal excitement" and "erotic impulse" whilst at the asylum acquired greater causal significance in the definition of her illness.<sup>73</sup> During the course of her stay the entry notes record how the girl is increasingly disorderly with her conduct "shameless and lost to all delicacy".<sup>74</sup> Much of her indecency appears to have manifested itself in a great compulsion for masturbation. By January 1868 it was ordered that an attendant sit with the young woman every night in the hope that such close observation would cause her constant masturbation to cease. While it is unclear whether masturbation was the real reason behind her father's actions, or if the girl began such conduct whilst at the asylum, the attendants certainly regarded this as necessitating the continuation of her stay. While an array of symptoms were listed for this patient, her masturbation becomes the greatest concern to the authorities at Ticehurst and the definitive sign of her ongoing derangement and affliction. Her recovery also becomes directly linked to this practice. It is only when such behaviour ceases following the application of certain astringents to her genitals the young woman is said to make a recovery and is discharged as 'relieved' with no mention made of any of the sorts of behaviour for which she was originally admitted.<sup>75</sup>

As this and other cases suggest, physicians considered a woman's masturbation extremely pathological, and both a cause and sign of disorder. This can largely be explained by their medical thinking about masturbation inciting excessive, aggressive, and uncontrollable erotic desire in women which was itself a disorder. For this reason many cases of chronic masturbation were directly linked to nymphomania. Senior

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<sup>72</sup> On this see Trevor Turner, *A Diagnostic analysis of the casebooks of Ticehurst House Asylum, 1845-1890* (Cambridge: Cambridge University Press, 1992).

<sup>73</sup> Wellcome Library, MS 6420, Ticehurst Daily case book, July 1866-December 1867.

<sup>74</sup> Wellcome Library, MS 6421, Ticehurst Daily Case Book, January 1868-June 1868.

<sup>75</sup> Ibid.

Physician to the London Metropolitan Free Hospital, Michael Ryan cited the case of a young girl addicted to masturbation whose ensuing attack of nymphomania was said to have driven her to prostitution in order to “gratify her desires”.<sup>76</sup> Yet even this was not able to satisfy her fervour and the girl was forced to employ “all kinds of manoeuvres for self abuse to supply the insufficiency of her daily cohabitations with men”.<sup>77</sup> Eventually she underwent a surgical solution, yet, as Ryan notes, even the <sup>cauterization</sup> of the clitoris—a procedure he strongly approved of in such cases—failed to produce an advantageous result. Only her untimely death provided an end to the young girl’s affliction.<sup>78</sup> Ryan was also interested in another case of excessive masturbation that he found in the French medical press which both he and Thomas Laycock reproduced in their own writings on the hazards of masturbation.<sup>79</sup> The case involved a twenty year old woman said to have been addicted to masturbation for two years whose venereal appetite was heightened to such a degree she was declared as ‘labouring under a degree of nymphomania’. The very sight or touch by the male physician produced such a level of excitement and agitation the woman’s whole body was thrown into convulsions.<sup>80</sup> In the opinion of the attending physician her disorder had enfeebled her mind. Ryan stated that like his own records, this case was evidence of the fact “excessive masturbation excites nymphomania and satyriasis along with debility and epilepsy”.<sup>81</sup> It is interesting to note the explanation Ryan offered for publishing this material. He argued it was warranted because of the degree of ignorance and dishonesty about women’s sexual disorders amongst many physicians in England. Ryan urged medical practitioners to follow the example of their

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<sup>76</sup> Michael Ryan, *Prostitution in London with a comparative view of that of Paris and New York* (London: H.Bailliere, 1839) p.294.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid., Like Ryan, other physicians regarded excessive masturbation leading to nymphomania as able to account for the presence of such a degraded and unnatural disorder in the young, as well as a valid explanation for women’s prostitution. Surgeon at Edinburgh’s lock Hospital William Tait posited excessive masturbation and nymphomania as explanations for why a woman would choose such “a life of impurity and licentiousness”. W. Tait, *Magdalenism: An Inquiry into the Extent, Causes and Consequences of Prostitution in Edinburgh* (Edinburgh: P.Rickard, 1842) p.2. Tait claimed it was “scarcely possible to conceive” that any woman “could give herself up to unrestrained indulgences in this respect without having some inclination to it”. Ibid., p.114.

<sup>79</sup> See Michael Ryan, *Prostitution*, p.289; Thomas Laycock, *A Treatise on the Nervous Diseases of Women*, p.28.

<sup>80</sup> M. Ryan, *Prostitution*, p.289.

<sup>81</sup> Ibid.

neighbours on the continent in seeking a fuller understanding of the diseases caused by 'venereal abuses'.<sup>82</sup>

In many ways, the pathological effects attributed to women's masturbation reinforced its complete aberration to what was deemed healthy and respectable behaviour for women. In turn, this effectively legitimated and naturalised such ideals. In a similar vein, gendered expectations and ideals about masculinity established the pathological character of men's masturbation. Listlessness, passivity, and apathy in men were just some of the effects of their masturbation a wealth of medical literature cautioned against.<sup>83</sup> Such passive behaviour was extremely antithetical to a man's active, controlled and public characterisation and as such, defined the pathological nature of men's masturbation. The degree to which masturbation was perceived as contrary to normal masculine traits is also one reason why it was seemingly a far more prevalent sexual pathology for men than satyriasis.

The gendered characterisation of masturbation goes some way to explaining the aggressive and excessive effects accorded such a practice in women and its relationship to nymphomania. Yet such an assessment does not entirely account for the way physicians conceived of the causal connection between a woman's masturbation and nymphomania. Conceptions of the clitoris are decisive to understanding exactly what was considered pathological about women's masturbation and the types of disorders accorded such a practice.

### **The deviant clitoris**

Nineteenth century medical conceptions of the clitoris communicate a wealth of anxieties surrounding women's sexuality, particularly the potential threat it posed to the gendered social order. As in previous centuries, the clitoris continued to be regarded as extremely susceptible to sensations, directly related to women's sexual pleasure and arousal, as well as exerting a powerful effect over a woman's thoughts and actions. In *The Male and*

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<sup>82</sup> Ibid.

<sup>83</sup> Male masturbation was seen as threatening man's athleticism, vitality and robust virility. Hence the belief of many physicians that they could identify such a practice through evidence of such physical depletion. One author described the "private sensualist" as characterised by his "pallid, bloodless countenance, and hollow sunken and half ghastly eyes". Henry Smith, *The Private Medical Friend or a warning voice to young men* (Newcastle Upon-Tyne: 1857) p.32.

*Female Organs of Sexual Arousal in Man and Some Other Mammals* (1844) Georg Ludwig Kobelt described in detail the “sexually pleasurable titillation” of the clitoris.<sup>84</sup> In addressing the question of clitoral erection, Kobelt claimed in ‘wanton women’ “their private parts stiffens and stands out when they are involved in lascivious activity”.<sup>85</sup> William Tyler-Smith posited the clitoris as the starting point for woman’s orgasm or “paroxysm of sensation”, which he argued was as distinct as that of the male’s.<sup>86</sup> He described the organ as “capable of erection, and when in the erectile state is almost of cartilaginous hardness”.<sup>87</sup> It could also be “subject to a constant erection, almost similar to that which obtains in priapism in the male”.<sup>88</sup> In *A Practical Treatise on the Diseases Peculiar to Women* (1844), obstetric physician Samuel Ashwell (1798-1852) described the clitoris as “marked by exquisite sensibility” which not only “gives rise to sexual passion” but “subdues every feeling of modesty and delicacy”.<sup>89</sup>

Given women’s inherent lack of mastery or corporeal control, they were inevitably assumed to be extremely susceptible to the sensations of their clitoris. Yet women’s vulnerability to stimulation was not the only factor accounting for the influence of this organ. Medical conceptions of the clitoris effectively accorded it an autonomous sense of ‘power’ or control over a woman’s actions and thoughts. In his lectures on women delivered at St Bartholomews Hospital, physician James Mathews Duncan (1826-1890) claimed “more than any other” aspect of the female body, women’s genital system exerts “emotional power over the individual, power also in morals”.<sup>90</sup> Such was the strength of clitoral sensation, wrote Ashwell, “the mind loses all discipline and the thoughts and expressions assume a sentimental and amatory character”.<sup>91</sup> These conceptions of the clitoris reinforced views about the organic nature of women’s erotic desire, its ardency, and its capacity to overwhelm them. Acknowledging the clitoris as the greatest source of

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<sup>84</sup> T.Power Lowry, *The Classic Clitoris: Historic Contributions to Scientific Sexuality* (Chicago: Nelson-hall, 1978) p.44.

<sup>85</sup> Ibid., p.44-45.

<sup>86</sup> W.Tyler-Smith, *A Manual of Obstetrics*, p.28.

<sup>87</sup> Ibid., p.19.

<sup>88</sup> Ibid.

<sup>89</sup> Samuel Ashwell, *A Practical Treatise on the Diseases Peculiar to Women* (London: Samuel Highley, 1844) p.708.

<sup>90</sup> James Mathews Duncan, *Clinical Lectures on the Diseases of Women*, 4<sup>th</sup> ed. (London: J&A Churchill, 1889) p.447.

<sup>91</sup> S. Ashwell, *A Practical Treatise on the Diseases Peculiar to Women*, p.708.



women's titillation also placed it at the centre of men's fears and anxieties about women's sexuality and its potential for excess. As Laqueur suggests, the responsiveness of the clitoris to touch meant it was "difficult to domesticate for reproductive heterosexual intercourse"—an unruliness which ultimately posed a threat to the Victorian domestic order.<sup>92</sup> This sense of danger surrounding the clitoris goes some way to accounting for why it was regarded as the source of much pathology, specifically nymphomania. As Edward Tilt declared, nymphomania arose from the excessive stimulation of the external organs of generation or "the organ of genital gratification – the clitoris".<sup>93</sup> Yet attributing such a disorder to the clitoris pathologised the very functioning of this organ. It also established a woman's autonomous clitoral arousal as unhealthy, unnatural, and posing the greatest threat to her propriety. The inference was the clitoris was the potential source of women's greater carnality, and thus any sort of clitoral stimulation or self-gratification could lead to a depraved state.

Many physicians acknowledged the strength of clitoral sensations, and thus the primary causality of this organ in a woman's masturbation and subsequent nymphomania. Yet many also subscribed to the view that the ardency of such sensations and their ensuing effects were not a natural phenomenon, but rather the result of disease and dysfunction. In the detailed entry on 'Pollutions' in James Copland's medical dictionary it was noted physicians should not overlook the physical condition of 'the parts' because these could often account for "many of our most uncontrollable desires and passions".<sup>94</sup> The idea was, disease in a woman's genital tract initiated some type of sensation or irritation inevitably causing her to touch those parts, the act of which simply heightened her desires leading to further disorder.

From the early nineteenth century, the connection between genital irritation and nymphomania can be discerned in the link physicians made between a woman's masturbation and disease, and malformations of the clitoris. In the *Edinburgh Practice of Physic, Surgery and Midwifery* (1803), the immediate cause of nymphomania was stated as "a preternatural irritability" of the pudenda, or an "unusual acrimony of the fluids in these parts."<sup>95</sup> In 1814, physician and lecturer on midwifery John Burns (1774-1850),

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<sup>92</sup> T.Laqueur, *Making Sex*, p.101.

<sup>93</sup> E.J.Tilt, *On Diseases of Women and Ovarian Inflammation*, p.219.

<sup>94</sup> James Copland, *A Dictionary of Practical Medicine* (London: Longman &co.,1858) p.445.

<sup>95</sup> *The Edinburgh Practice of Physic, Surgery and Midwifery in 5 vols.*, vol. 2 (1803) p.540.

described ‘Erysipelatous Inflammation’ as “a highly sensible inflamed state of the parts” which occurred in “nymphomania, or libidinous madness, either as a primary or secondary affection; and should the patient die under the disease, the parts are generally found black”.<sup>96</sup> In 1824 Edinburgh Professor of Midwifery Alexander Hamilton (1787-1839) felt he could not disclose to his readers many of the abhorrent effects of women’s genital irritation, other than to say they involved “an excessive degree of itching”.<sup>97</sup> In his lectures on the ‘External Organs of Generation’ in 1828, James Blundell lists ‘sexual sensibility to excess’ as one of the effects physicians could expect with inflammation and irritation of a woman’s genitals. Blundell cited nymphomania as a variety of such excess and offered as evidence a case he had heard about at the St Pancras workhouse. He noted although the patient “labored under a high degree of sexual excitement of which she gave a very clear, and at the same time, modest statement” she was not, by any means, of depraved character.<sup>98</sup> Rather, Blundell argued, her “excessive irritation at the parts” was decisive to her affliction and aberrant behaviour.<sup>99</sup> Influential psychiatric spokesmen George Man Burrows, was another who argued no matter how “naturally virtuous and chaste” a woman may be, genital irritation will “excite wanton feelings” which then “proceed to revolting extremes”.<sup>100</sup> In 1844 in his description of ‘pruritus of the vulva’—a fairly minor skin complaint included in numerous medical texts both general and gynaecological—prominent Irish physician and Professor of midwifery Fleetwood Churchill (1808-1878) warned the itching it caused could lead to nymphomania. He claimed the patient’s mind, “influenced by the excitement of the organs affected, is occupied with lascivious thoughts and impure desires”, so much so “the disease may degenerate into nymphomania”.<sup>101</sup> This led Churchill to conclude that certain untoward

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<sup>96</sup> J.Burns, *The principles of midwifery; including the diseases of women and children* 3<sup>rd</sup> ed. (London: Longman, 1814) p.60.

<sup>97</sup> Hamilton claimed that these symptoms were not to be explained to “those who are ignorant of the practice of physic”. *A treatise on the Management of Female Complaints and of Children in Early Infancy* (Edinburgh: Bell & Bradfute, 1824) p.59.

<sup>98</sup> James Blundell, *Observations on Some of the More Important Diseases of Women* (London: printed for E.Cox, 1837) p.275.

<sup>99</sup> Ibid.

<sup>100</sup> George Man Burrows, *Commentaries on the causes, form, symptoms, and treatment, moral and medical of insanity* (London: T&G Underwood, 1828) p.276.

<sup>101</sup> Fleetwood Churchill, *On the Principal Diseases of Females* (Dublin: Keene &son, 1844) p.30.

conduct towards the other sex was a sure sign of such an affliction “because such behaviour was governed by the bodily disorder”.<sup>102</sup>

Attributing a woman’s masturbation and subsequent nymphomania to a bodily disorder or disease effectively suggested this practice and women’s strong erotic desire were part of the pathology. It also removed any acknowledgment of women’s self-pleasuring or strong erotic desires being the result of a conscious or natural act. Moreover, it provided physicians with a means of explaining behaviour that challenged ideals about women, especially their propensity for decency and propriety. In 1839 Michael Ryan argued the genito-urinary mucous membrane of women was much more extensive and thus susceptible to greater irritation, which in his opinion, was why normally chaste women would practice masturbation. He claimed a severe itch at the parts caused a woman to touch herself from which “new sensations arise and masturbation is accidentally discovered”.<sup>103</sup> Irish Obstetric physician Lombe Atthill subscribed to the same reasoning. He argued the habit was contracted “accidentally in the first instance” through a woman’s efforts to alleviate an irritation at the vagina.<sup>104</sup> However, once started, the practice “destroys the health of the body” and if persisted “impairs in no less a degree the powers of the mind”.<sup>105</sup> One of the leading writers on the role of inflammation in women’s afflictions was James Henry Bennet (1816-1891), physician-accoucheur to the Western General Dispensary and later the Royal Free Hospital.<sup>106</sup> In *A Practical Treatise on Inflammation of the Uterus and its Appendages* (1849), Bennet claimed inflammation and irritation of the vagina and vulva could be so intense the patient was rendered “nearly frantic”.<sup>107</sup> He described how the afflicted will “often irritate the part with a sort of

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<sup>102</sup> Ibid.

<sup>103</sup> Michael Ryan, *Prostitution in London with a Comparative view of that of Paris and New York* (London: H.Bailliere, 1839) p.39.

<sup>104</sup> Lombe Atthill, *Clinical Lectures on Diseases peculiar to Women* (London: Lindsay & Blakeston, 1873) p.28.

<sup>105</sup> Ibid.

<sup>106</sup> James H. Bennet considered inflammation “the keystone to uterine pathology” and attributed a wide array of disorders and affections to it. *A Practical Treatise on Inflammation of the Uterus and its Appendages* (London: John Churchill, 1849) p.5. Bennet’s text was regarded by some of his peers as putting gynaecology on the medical map as well as establishing the causal role of inflammation and irritation as the great cause of women’s ‘pathological mischief’. See for instance E.J.Tilt - *A Handbook of Uterine Therapeutics and of Diseases of Women*, 4th ed. (London: J&A Churchill, 1878) p.4.

<sup>107</sup> J. H. Bennet, *A Practical Treatise on Inflammation of the Uterus and its Appendages*, p.268.

rage.”<sup>108</sup> Ideas about irritation were able to both justify and explain such an aberrant practice as masturbation whilst effectively reducing it to a bodily disorder. Once the practice was initiated women’s desires were not only aroused, but inevitably descended into a state of insatiability. This was not only because of the natural strength of such feelings in women once their modesty was removed, but also the belief they could not be satisfactorily fulfilled by such a practice. It seems through such a shameful and indecent act, a woman was left at the mercy of her debased erotic desires whose strength could never be satisfied without the powerful stimulation provided by the penis. A woman’s ensuing nymphomania was proof of the disorder she subjected herself to by denying her physical dependence on man.

Inflammation and irritation of the clitoris or genitals were considered by physicians as a legitimate explanation for masturbation, and in turn, could provide evidence of such disorder. An enlargement and an acute sensitivity of the clitoris were considered the physical effects to be found in a woman who indulged herself in such artificial and unnatural sexual pleasure. In Copland’s medical dictionary, evidence of redness or considerable development of the clitoris and nymphae was said to confirm a suspicion of self-pollution.<sup>109</sup> Numerous medical texts and treatises reflect how much emphasis physicians accorded the presence of any identifiable marks, lesions, or ‘abnormalities’ such as an enlarged clitoris, in identifying masturbation as the source of her disorder. Surgeon to the Middlesex Hospital, John Bland Sutton (1855-1936) declared in his handbook for practitioners and students, “the value of physical signs is that they are of the nature of facts”.<sup>110</sup> He claimed minor degrees of enlargement of the clitoris through hypertrophy of the labia minora, could all be the sign of disorder because these were often “due to masturbation”.<sup>111</sup> Given much of the criticism levelled at gynaecological examinations, these physical signs also played an important role in legitimising the expertise of the physician’s trained eye or touch.<sup>112</sup> Charles Routh confidently declared

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<sup>108</sup> Emphasis added, Ibid.

<sup>109</sup> J. Copland, *A Dictionary of Practical Medicine*, p.443.

<sup>110</sup> John Bland Sutton, *The Diseases of women: A Handbook for students and practitioners* (London: Rebman, 1897) p.23.

<sup>111</sup> Ibid., p.55.

<sup>112</sup> Vision and the interpretation of physical signs played a critical role in both the acquisition of knowledge and the authority accorded both science and medicine and as such, its practitioners. On this see Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Madison: University of Wisconsin Press, 1989) p.91.

with regard to masturbation the symptoms or signs of such a habit “will be very clear”.<sup>113</sup> He described how in such cases the clitoris is “generally swollen and enlarged, or hard and small, and it cannot be pressed upon without making the woman jump, which is a symptom of its extreme sensibility”.<sup>114</sup> While he acknowledged such signs could be linked to other afflictions, he also stated “as a whole they pretty accurately denote imprudent habits”.<sup>115</sup> Indeed, such was the extent to which a woman’s masturbation was revealed by the state of her clitoris, Routh claimed he could even determine whether a woman was left or right handed by the side to which the labium projected.<sup>116</sup>

While many physicians considered the state of the clitoris as the most decisive sign in detecting a woman’s masturbation, other physical states were also accorded significance. One physician noted how in cases of masturbation warty vegetations could be found on the vulva which were due to the “action of the juices secreted during excitement”. The physician added that such outgrowths could also be found covering the finger “used for that purpose” to such an extent it sometimes formed a tumour “so large as to require excision”.<sup>117</sup> While not all physicians placed as much emphasis on the state of a woman’s genitals, there was undeniably a sense in which physicians believed they could physically detect such aberrant behaviour in women. Lombe Atthill cautioned physicians of wrongly charging a patient of being addicted to the degrading habit of masturbation on the basis of suspicious symptoms. Despite this, he was still quick to add that the dilated pupil, the downcast look, and uncontrollable excitement from a vaginal examination “generally tell the tale”.<sup>118</sup>

The preoccupation with physical evidence of a woman’s disorder was tied up with physicians seeking a credible system of meaning for certain aberrant behaviour and authority over such individuals. Some physicians believed only they could decipher the ‘true’ cause of a woman’s malady through their interpretation of her physical symptoms. Given the degree of deception and disguise physicians accorded women, this ability

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<sup>113</sup> C.H.F.Routh, ‘On the Etiology and Diagnosis’, p.494.

<sup>114</sup> Ibid.

<sup>115</sup> Ibid.

<sup>116</sup> Routh stated this was because “one internal labium projects extremely, generally of the side to which they are handed”. Ibid.

<sup>117</sup> ‘Warty Vegetations caused by Masturbation’, *London and Edinburgh Monthly Journal of Medical Science* 4 (1844): 615.

<sup>118</sup> L. Atthill, *Clinical Lectures on Diseases peculiar to women*, p.28.

would presumably have also been crucial. Armed with their list of tell-tale signs, physicians could be confident they would be able to expose even the most cunning of women who secretly abandoned themselves to such shameful acts. Such was the sense of deception in cases of excessive masturbation, Dr Fleetwood Churchill declared that despite what a woman may say only a genital examination “will frequently discover the cause, nature and amount of *the mischief*”.<sup>119</sup> Charles Routh went into great detail outlining the indecency, depravity and ultimate deception of those suffering nymphomania. He described them as those in who “affection the most inordinate, morality the most enigmatical, and mendacity the most plausible, are commingled in a kind of heterodox harmony which baffles description”.<sup>120</sup> He noted that if he looked them directly in the eye they turn away “as if overcome by your look, or perhaps to lead you to suppose that they are exceedingly modest”.<sup>121</sup>

Beliefs about the revelations offered by a woman’s body suggest the state of a woman’s genitals could be used to determine the extent of her sexual normalcy. While not all nineteenth century physicians subscribed to this logic, nonetheless, a great deal of causality was accorded the size, appearance, or physical state of the clitoris in a woman’s masturbation and nymphomania. Despite physicians’ acknowledgments about the overwhelming lack of uniformity with regard to the clitoris, any enlargement or inflammation was deemed a plausible explanation for and evidence of, a woman’s deviant behaviour. Yet any such use of the female genitals as the measurement of a woman’s health or disorder, meant physicians were effectively constructing a false corporeal norm. As such, a woman found to exhibit certain bodily features such as a larger clitoris than this ‘standard’ could presumably be considered a congenital nymphomaniac.<sup>122</sup> In his work on nymphomania Dr David Davis admitted some women

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<sup>119</sup> emphasis added. As an opponent of the speculum Churchill was obviously extremely confident about what could be gained from the digital examination. F.Churchill, *On the Principal Diseases of Females*, p.30.

<sup>120</sup> C.H.F.Routh, ‘On the Etiology and Diagnosis’, p.485.

<sup>121</sup> Ibid. p.490.

<sup>122</sup> Ideas about the size of the clitoris as the sign of a woman’s depravity or racial difference can be linked to an inherently racist anthropological discourse that emerged in Europe in the late eighteenth century. In their search for distinct morphological characteristics that proved the existence of racial boundaries, comparative anatomists attempted to measure and index certain physical differences they noted between black and white bodies. The appearance of the clitoris along with the pelvis and breasts assumed enormous significance in their comparisons of women and were taken as evidence of the inherent civilisation of white

were “originally and constitutionally, not to say even structurally, more liable to become the subjects of this malady than other women”.<sup>123</sup> By the later nineteenth century certain physicians went so far as to suggest the appearance of some women’s genitals was not only the sign of their predisposing constitution to nymphomania, but their inherent deviancy.<sup>124</sup>

Medical discourse on the clitoris established a woman’s ardent sexual desire and autonomous sexual pleasuring as the pathological manifestation of a constitutional anomaly. Identifying the clitoris as the principal source of such aberration effectively pathologised its very functioning. This negation of the clitoris worked towards ensuring women’s masturbation was ruled out of definitions of their healthy and normal sexual expression. Rather, the normative sexual subjectivity for a respectable Victorian woman was penetrative, heterosexual, procreative and ultimately, dependent on man. This heterosexual, penetrative imperative, and its concomitant denunciation of the clitoris foreshadowed the influential theories on female sexuality by Viennese physician Sigmund Freud in the early twentieth century. Indeed, thinking about female desire in the nineteenth century can be seen as the cultural material and medical precedents that gave rise to Freud’s pathologisation and problematisation of clitoral stimulation and exaltation of vaginal penetration. In this sense it can be argued that Freud did not discover the source of women’s sexual problems. He simply gave new idiom to age-old ideas and male anxieties about female sexuality.

Many historians have drawn attention to the fact conceptions of women’s inherent inferiority and disorder provided a scientific grounding to the Victorian gendered social order. Conceptions of female sexual desire as naturally susceptible to excess certainly

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women. On this see Londa Schiebinger, *Nature’s Body: Gender in the Making of Modern Science* (Boston: Beacon Press, 1993) p.120; Sander Gilman, “‘Black Bodies, White Bodies’: Toward an icon of female Sexuality”, *Critical Inquiry* 12/1 (1985): 204-242;

<sup>123</sup> D.Davis, *The Principle and Practice of Obstetric Medicine*, p. 453.

<sup>124</sup> In 1893 in *La donna delinquente*, Italian criminologist Cesare Lombroso argued the deviancy and degeneracy of the prostitute could be observed in the appearance of her genitals, especially the enlargement of her clitoris. Lombroso suggested the clitoris of such women had a close biological association to that of the hypertrophied genitals of black women the - so called ‘hottentot apron’ - and in the text he depicted examples of both types alongside one another, ‘proving’ their similarity. Lombroso’s intention was to suggest not only an anatomical resemblance between the genitals of such women but also their inherent sexual depravity and racial inferiority. On this see S. Gilman, “Black Bodies, White Bodies”.

reinforced dominant notions of sexual difference and thus the unequal perception of the sexes. It also provided a decisive argument for why women must always ensure their virtue and propriety in order to facilitate their bodily control. Yet this chapter has also sought to suggest medical thinking about female sexuality in the nineteenth century complicated or even challenged ideologies and expectations about gender. Conception of the female sexual body, particularly its potential for excess, was a source of men's fears about the danger women posed to their authority, especially the self-control on which their superiority depended. Men's sexual subjectivity was threatened by the idea of all women as potentially an excessive, devouring nymphomaniac. In this sense, excessive female desire was not simply a medical construction designed to reinforce nineteenth century gender norms. Rather, such a conception of woman actually threatened the 'natural' guarantor of difference on which the gendered social order depended.

Achieving control over the bodily economy, especially the physical feelings, was, like regulation in all facets of life, an integral aspect of the Victorian preoccupation with order and discipline in society. Yet this chapter has shown how underlying this pervasive rhetoric of control and restraint were beliefs about men and women which directly problematised the very values and gendered ideologies this society sought to uphold. If anything, the moral and social codes of the Victorian era seemed to both mask the reality and heighten concern about the capacity of the female body for sexual excess, and men's incapacity for control. For this reason many medical writers were concerned with achieving control over women because it ensured their own command, authority and superiority. Conceptions of the functioning of the clitoris isolated much of the threat women's sexual desire posed to ideals of femininity and masculinity to this organ. In this sense, the clitoris provided a valid reason for much of the discrepancy that existed between medical beliefs about female sexuality and societal expectations of woman. As the next chapter shows, the clitoris provided physicians not only with a means of localising many of the problems and fears women's sexual body raised, but also with a solution to their greatest concern—controlling female sexuality.



## Chapter Five

### The Urge to Cut: *Treating Nymphomania*

“Every medical practitioner must have met with a certain class of cases which has set at defiance every effort at diagnosis, baffled every treatment, and belied every prognosis. He has experienced great anxiety and annoyance, and felt how unsatisfactory was his treatment to the friends of his patient: and this, not so much because he was ignorant of the cause, as that he was unable to offer any hope of relief.” Issac Baker Brown, *On the Curability of Certain Forms of Insanity, Epilepsy and Catalepsy and Hysteria in Females*, 1866.<sup>1</sup>

“I am sorry that females have not as much knowledge of the clitoris as we have, for if that were the case I am sure there are very few who would consent to part with it ... verily they know not what the nature of that little knot.” Gage Moore, 1866.<sup>2</sup>

In 1829, Robert Gooch suggested the most important issue in medical science was determining “what is that morbid state of organisation on which the disorder of the mind depends?” For Gooch, solving this mind/body dilemma was decisive to how physician’s then treated such disorder. Reflecting common belief, he argued physicians could only relieve a disordered mind “through the disorder of the body with which it is connected”.<sup>3</sup> Women believed to be the victims of chronic masturbation and nymphomania were conceived as suffering a disorder of the body that manifested in a range of excessive and aberrant behaviour. Such conduct was taken as an obvious sign these somatic afflictions affected both body and mind. In accounting for the range of abnormalities associated with women’s sexual excess, a great deal of causal significance was attributed to certain physical states and bodily symptoms. These corporeal ‘signs’ included menstrual irregularities, disease or various other complications of the reproductive organs, and as the previous chapter outlined, the state of the genitals, particularly the clitoris. The emphasis placed on these pathological revelations directly influenced the type of

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<sup>1</sup> Issac Baker Brown, *On the Curability of Certain Forms of Insanity, Epilepsy and Catalepsy and Hysteria in Females* (London: Robert Hardwicke, 1866) p.14.

<sup>2</sup> Gage Moore, *Lancet*, 1 (1866): 699.

<sup>3</sup> Robert Gooch, *An Account of Some of the Most Important Diseases Peculiar to Women* (London: Murray, 1829) p.64-65.

therapeutics physicians employed. For the first half of the nineteenth century, dietary regimes, bleeding, purgatives, cold applications, various ointments, baths, opiates, and the internal application of pessaries were the stock in trade of physicians treating a variety of women's disorders including nymphomania. Reflecting a much older medical tradition, and a plurality of ideas about the exact cause of such afflictions, these treatments were the only means by which most physicians felt they could confidently alleviate the physical symptoms characterising disorders of the female body. While addressing the immediate suffering of their patients, physicians were well aware such therapeutics did not offer any permanent cure. It was not until the second half of the nineteenth century, in what is best described as an era of surgical enthusiasm amongst gynaecological practitioners, that a more permanent solution was offered for many of women's afflictions, including their wayward sexual desire.

This chapter traces the way increasing prestige and authority accorded gynaecological surgery influenced physicians' attraction to the curative potential of the knife. The conviction of their ability to rid women of their suffering saw some physicians advocating fairly radical and intrusive surgical procedures. One physician in particular, Issac Baker Brown, is renowned for his views regarding the efficacy of gynaecological surgery to treat women's afflictions, especially clitoridectomy. Various historians have assessed the actions of this man, generally giving the impression his support for clitoridectomy was aberrant to his profession and was treated as such.<sup>4</sup> While there is no denying many within the gynaecological profession were horrified by Baker Brown's methods, this chapter suggests he was not as exceptional as some assume. It also proposes that not all the problems the profession had with him were directly related to the nature of clitoridectomy. Through an examination of the anxieties surrounding this once acclaimed physician, this chapter reveals that many of the issues the profession and Baker Brown confronted were an inevitable consequence of their determinist conceptions

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<sup>4</sup> J.B.Fleming, 'Clitoridectomy: the disastrous downfall of Isaac Baker Brown (FRCS) 1867', *Journal of Obstetrics and Gynaecology of the British Empire* 67 (1960): 1017-1034; Andrew Scull, Dianne Favreau, 'The Clitoridectomy Craze', *Social Research* 53/2 (1986): 243-260; Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (New York: Pantheon, 1985) p.76-78; Ann Daly, *Women Under the Knife: A History of Surgery* (London: Hutchinson Radius, 1991) p.162-184; Michael Mason, *The Making of Victorian Sexuality* (Oxford: Oxford University Press, 1994) p.195-205; Ornella Moscucci, 'Clitoridectomy, Circumcision, and Sexual Pleasure' in A.H. Miller and J. E. Adams (eds.), *Sexualities in Victorian Britain* (Bloomington: Indiana University Press, 1996): 60-78; Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (New York: Routledge, 1998) p.13-19.

of women's disorder. As previous chapters outlined, physicians isolated the origin of women's sexual desire and its excess to particular organs. This chapter suggests the idea the removal of particular 'offending' organs could treat women's masturbation and nymphomania was a disastrous outcome of physicians organic aetiology, yet also a very logical one. Given the rationale of their medical thinking it was not unusual some physicians were drawn to certain procedures, which, in their view, could free woman from the source of her sexual disorder.

As with those preceding it, this chapter illustrates how the issues and anxieties physicians confronted in their attempts to treat women's sexual disorder were in many ways a product of their medical thinking. The ramifications of their conceptions presented physicians with yet more reason to worry about their professionalism and authority. In wider terms, this chapter explores physicians' attitudes to their female patients, especially their sexual body. It is concerned with issues of power implicit in the use of invasive surgical procedures, particularly given the ends to which they were put. While it is important to acknowledge physicians strove to alleviate their patient's distress, their beliefs about female sexuality, coupled with a preoccupation with their own authority and prestige, problematises how we assess their motivations. Ultimately, the ambition to find an effective means of curing women of their sexual disorder can also be read as a desire to assert control over the dangerous potential of the female body.

### Early therapeutics

In his midwifery text, Robert Gooch suggested the best treatment for a woman afflicted by an excessive lasciviousness was to "soothe the sexual irritation" which would then "restore the general health".<sup>5</sup> Gooch was a proponent of cold water therapy, especially cold bathing. He urged physicians to send such patients to the seaside or the country where they could have all the advantages of such treatment. He also recommended the ingestion of camphor, cold applications to 'the parts', and ice water injections into the rectum. Injections of this nature were common in treating irritation believed to incite violent itching in the vulva and vagina. Such irritation was said to lead to masturbation and ensuing disorders, such as an excessive and artificially heightened erotic desire.<sup>6</sup>

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<sup>5</sup> Robert Gooch, *A Practical Compendium of Midwifery; being the course of Lectures on Midwifery and on the Diseases of women and Infants* (London: Longman & co., 1831) p.41.

<sup>6</sup> On this see Herbert Mayo, *The cold-water cure: Its use and misuse examined* (London: H.Renshaw, 1845)

Some suggested pieces of lint made wet with belladonna or deadly nightshade—a herb whose narcotic and sedative qualities paralyse the muscles and nerves eventually affecting the central nervous system—be inserted into the vagina along with pieces of ice. Dr David Davis was aware of the limitations physicians in the first half of the nineteenth century faced in their attempts to treat nymphomania. In his own work on the subject, he asserted a permanent cure could only be effected in those cases where the disturbance was principally in the genitals, and not in those cases arising from structural diseases of the uterine system.<sup>7</sup> For genital irritations he suggested a range of treatments, including the application of leeches to the parts to induce enough bleeding until the patient fainted.<sup>8</sup> He also cited as worthy of consideration a French treatise on midwifery that recommended the use of a wax pessary in cases of nymphomania.<sup>9</sup>

The nineteenth century saw the introduction of caustics and astringents such as nitrate of silver, bromide of potassium, ammonium and stramonium, to treat a number of afflictions linked to genital irritation including cases of nymphomania.<sup>10</sup> In 1829 the *Lancet* reported a case where all known therapeutics, including spasmodics, narcotics, and cold baths had proved a complete failure in alleviating the patient's nymphomania. The application of a solution of nitrate of silver to the swollen genital parts twice a day proved to be the successful therapeutic.<sup>11</sup> A "slight eschar" ensued, the sensibility of the parts decreased, and within four days the patient was reported as cured.<sup>12</sup> The use of caustics was popular amongst physicians because they effectively relieved the patient's irritation and inflammation of the genital tract. They were also explicitly designed to prevent a woman's masturbation by both deadening the sensations of the clitoris, and producing blistering which made it too painful to touch the area. While physicians' use

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<sup>7</sup> David Davis, *The Principles and Practice of Obstetric Medicine* (London: Taylor & Walton, 1836) p.485.

<sup>8</sup> *Ibid.*, p.473.

<sup>9</sup> According to Ann Dally, by mid nineteenth century there were over 120 types of different pessaries on offer to women ranging in size and complexity. *Women Under the Knife*, p.126.

<sup>10</sup> Bromides were applied throughout the nineteenth century to treat a variety of nervous disorders, because they have a special influence on nerve tissues and on the vaso-motor nerves. It was generally recommended that they be administered in large doses over a prolonged period of time. On this see, W. B. Kesteven, 'Remarks on the Use of the Bromides in the Treatment of Epilepsy and other neuroses', *Journal of Mental Science* 15 (1869): 205-10.

<sup>11</sup> Case seen by a Dr Ozanam of Lyons, reported to the French Academy of Medicine, *Lancet* 2 (1829): 590.

<sup>12</sup> *Ibid.*

of caustics, vaginal insertions, cold bathing and other therapeutics employed to treat a number of women's disorders persisted throughout the nineteenth century, the increasing authority accorded gynaecological surgery eventually altered many physicians' approach. Turning to an examination of the types of surgical procedures embraced by gynaecological physicians, it will be shown that many believed these offered a permanent solution to treating their female patients that not only accorded them greater prestige, but ultimately, greater authority and control.

### **The belly rippers**

Nineteenth century physicians who treated women's afflictions were slow to embrace the use of operative measures. For much of the first half of the nineteenth century abdominal surgery was relatively unknown. It was not until the widespread implementation of anaesthesia, and to some extent antisepsis, that surgery developed at an accelerated pace, initiating the era of surgical treatments for women's disorders.<sup>13</sup> Gynaecology's turn to surgery really began with ovariectomy—a procedure removing one or both ovaries as a cure principally for ovarian disease, particularly ovarian cysts.<sup>14</sup> Ovariectomies earliest advocates can be traced to the eighteenth century, including the famous surgeons John Hunter (1728-1793) and John Bell (1763-1820). However, it is generally accepted by historians that the first ovariectomy was carried out in 1809 in America by surgeon Ephraim McDowell (1771-1830) who studied in Edinburgh under Bell.<sup>15</sup> In Britain, McDowell's reports of success were treated with an hostility and scepticism that lasted

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<sup>13</sup> On this see James V. Ricci, *The Development of Gynaecological Surgery: A Comprehensive review of the evolution of surgery and surgical instruments for the treatment of female disorders from the Hippocratic Age to the antiseptic period*. (Philadelphia: Blakiston, 1949); Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England 1800-1929* (Cambridge: Cambridge University Press, 1990) p.153; Christopher Lawrence makes a case against linking surgical advances completely to developments in anaesthesia and antisepsis. He argues it was a long time before both innovations were used by a majority of practitioners and surgery continued to be performed without their use. 'Democratic, Divine and Heroic: The History and Historiography of Surgery' in Lawrence (ed.), *Medical Theory, Surgical Practice: Studies in the History of Surgery* (London: Routledge 1992):1-47; p. 25-26. See also Owsei Temkin, 'The role of surgery in the rise of modern medical thought', *Bulletin of the History of Medicine* 25 (1951): 248-259.

<sup>14</sup> O. Moscucci, *The Science of Woman*, p.135.

<sup>15</sup> On Ephraim McDowell 'the father of ovariectomy' see A. Dally, *Women Under the Knife*, p.136-137; Venita Jay, 'This month in history (Ephraim McDowell)', *Journal of the Royal Society of Medicine* 92 (1999).

for some time.<sup>16</sup> Indeed, debates over ovariectomy raged within British medical circles for many decades. Public division and discord arose between those few who first began to advocate for its use, such as Edinburgh professor of surgery John Lizars (1787-1860), and the many who abhorred the practice and sought its removal.<sup>17</sup>

Objections to ovariectomy centered on the fact it was highly susceptible to intestinal obstructions and peritonitis, as well as perceived side effects such as sterility, loss of sexual feelings, and the development of masculine traits. Criticism was also raised about the nature of the procedure itself which some deemed akin to vivisection in its barbarity. Such a comparison continued through to the late nineteenth century, with many antivivisectionists, such as prominent physician and feminist Elizabeth Blackwell, publicising their opposition to ovariectomy because, like vivisection, it devalued and even at times sacrificed the sacredness and inviolability of life.<sup>18</sup> Critics also delighted in making associations between the ovariectomist and the spaying practices of the veterinary surgeon. One story cited by nineteenth century physicians described a seventeenth century countryman who, on discovering his daughter was living a loose life, is said to have 'spayed her as he would a sow'.<sup>19</sup> While intended as hyperbole by opponents to gynaecological surgery, it is true that some of the early techniques used to treat ovarian pedicle were borrowed directly from the veterinary practice of spaying. Indeed, in suggesting the utility of such a procedure, Hunter himself asked "why should not a woman suffer spaying without danger as well as other animals do?"<sup>20</sup>

Much of the alarm and anxiety surrounding ovariectomy within the medical domain focussed not only on the procedure itself, but also those who sought their own

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<sup>16</sup> O. Moscucci, *The Science of Woman*, p.136.

<sup>17</sup> John Lizars is considered the first British surgeon to successfully perform the operation and was inevitably a prominent advocate of the procedure. See John Lizars, *Observations on Extraction of Diseased Ovaria* (Edinburgh: Daniel Lizars, 1825).

<sup>18</sup> Mary A. Elston. 'Women and Anti-vivisection in Victorian England, 1870-1900', in N.Rupke (ed), *Vivisection in Historical Perspective* (London: Croom Helm, 1990): 259-293; p.278. The idea that gynaecological surgery was a form of vivisection was particularly pronounced during the series of murders attributed to Jack the Ripper who was widely believed to be a vivisectioning surgeon from London University. Ibid. p.281. See also Carol Lansbury, 'Gynaecology, Pornography and the antivivisection movement', *Victorian Studies* 28 (1985): 413-437; p.431.

<sup>19</sup> John A. Shephard, *Spencer Wells: The Life and Work of a Victorian Surgeon* (London: Livingstone, 1965) p.37.

<sup>20</sup> Ibid., p.38.

advancement through its application. Issues of professional and generational rivalry are a re-occurring theme not only in the context of ovariectomy, but as this work will show, in much gynaecological surgery. Young and ambitious practitioners tended to be those most attracted to surgery because it enabled them to quickly secure a place in the profession, whilst also making their name in uncharted territory.<sup>21</sup> The zeal of many aspiring practitioners caused alarm amongst the older ranks of general practice, gynaecology and surgery. In 1844, in an examination of four texts on ovariectomy, the *London and Edinburgh Monthly Journal of Medical Science* criticised the violence of the procedure which “neither requires anatomical knowledge nor surgical dexterity, but which is chiefly remarkable for its coarseness and cruelty”.<sup>22</sup> Individuals were accused of using this operation to seek notoriety, with Manchester physician Charles Clay (1801-1893) coming under most attack in this respect.<sup>23</sup> In September 1842, along with six of his colleagues, Clay performed what was heralded by them as the first successful ovariectomy by use of a long incision. He believed the objection to his use of the 24 inch incision that split the patient from the sternum to pubis, performed without anaesthesia, would be overcome, in “a new era” in the operation on the abdominal viscera.<sup>24</sup> Following several months of performing such procedures (many of which were unsuccessful), Clay declared the procedure as “comparatively safe”.<sup>25</sup> Yet in scrutinising Clay’s results, the *British and Foreign Medical Review* revealed inaccuracies in the statistics on which he based such a claim.<sup>26</sup> Clay stated that of the 12 cases dealt with by such a method, only one proved fatal, yet in fact six had died. The journal cautioned younger members who “are unwilling to let slip any opportunity of advancing their reputation”, from becoming “dazzled by the alleged success of the operation, which though it might excite the astonishment of the vulgar, calls neither for the knowledge of the anatomist nor the skill

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<sup>21</sup> Regina Morantz-Sanchez, *Conduct Unbecoming a Woman: Medicine on Trial in turn-of-the-century Brooklyn* (New York: Oxford University Press, 1999) p.96.

<sup>22</sup> *The London and Edinburgh Monthly Journal of Medical Science* 3 (1843-1844): 55-68; p.56.

<sup>23</sup> The reviewer claimed “If Mr. Clay’s name reaches posterity through the instrumentality of these cases the science of surgery is destined to retrograde”. *Ibid.*, p.64.

<sup>24</sup> J. Sheppard, *Spencer Wells*, p.43.

<sup>25</sup> Clay regarded even the failures as justifying exploration of the abdomen through the long incision. It seems for him, fatalities were not regarded as directly reflecting on the procedure. Rather, such cases were viewed as aberrations or a consequence of unexpected circumstances that in no way questioned the ultimate utility of the operation. *Ibid.*

<sup>26</sup> ‘Clay on Extirpation of Diseased Ovaria’ (review article), *British and Foreign Medical Review* 16 (1843): 402.

of the surgeon”.<sup>27</sup> The number of fatalities arising from use of the long incision were such that at a meeting of the Royal Medico-Chirurgical Society in november 1850, the operation was declared “unacceptable”.<sup>28</sup> The establishment had spoken, and not until the 1860s, with the increasing success of renowned surgeons Thomas Spencer Wells and Issac Baker Brown, was the curative potential of the operation reassessed.<sup>29</sup>

After years of criticism and division, the ascendancy of ovariectomy as a legitimate procedure illustrates a shift in attitudes to gynaecological surgery, and was seen by some as representing its triumphant beginnings. As Thomas Spencer Wells claimed some years later, “no intelligent student of the history of our science and art can doubt that ovariectomy was the starting point in the modern advance of abdominal surgery”.<sup>30</sup> In 1866, the Obstetrical Society of London held an exhibition of its surgical instruments at the Royal College of Physicians. It was a symbolic moment in an era of increasing surgical confidence within British obstetrics and gynaecology that saw many exalting certain surgical procedures as enabling practitioners to both treat and master woman’s pathological body. Amongst the instruments displayed were those used by Issac Baker Brown in his ovariectomies, as well as the forceps and scissors he used when performing clitoridectomy—a procedure for which he became England’s most public advocate.<sup>31</sup>

Following a well-trodden career route from general practice to obstetrics and gynaecology, Issac Baker Brown (1812-1873) was accepted into the Royal College of Surgeons in 1848. He became a respected and renowned uterine surgeon whose credibility was based on his ovariectomy procedures. His use of the cautery, and his success with the short incision in this procedure, were particularly noted by his

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<sup>27</sup> J. Shephard, *Spencer Wells*, p.45-46.

<sup>28</sup> ‘Discussion on Robert Lee’s “Analysis of one hundred and eight cases of ovariectomy which have occurred in Great Britain”’, *Lancet*, 2 (1850): 584-587; p.585.

<sup>29</sup> It is important to acknowledge that many operations continued to be carried out despite the attitudes towards such procedures. In 1851 Robert Lee claimed that ovariectomy had been performed over 130 times since 1838 which, as Moscucci claims, was undoubtedly the ‘tip of the iceberg’ given the lack of reporting that went on in regards to the procedure. *The Science of Woman*, p.137.

<sup>30</sup> Thomas Spencer Wells, ‘Modern Abdominal Surgery: The Bradshaw Lecture delivered at The Royal College of Surgeons of England, December 1890’ *British Medical Journal*, December (1890): 1413-1416: 1465-1468; p.1413.

<sup>31</sup> Instruments were listed in the catalogue of the exhibition, on this see Helen King, *Hippocrates’ Woman*, p.17.



contemporaries who later attributed this method to him.<sup>32</sup> The publication of his *Surgical Diseases of Women* in 1854 brought Baker Brown further acclaim and prominence. This was one of the first texts to deal solely with surgical diseases of women and, as the *Lancet* later acknowledged, “established his celebrity as an operator at once bold, ingenious, and successful, and of itself will ensure his memory”.<sup>33</sup> Baker Brown’s surgical text illustrates his faith in the curative potential of surgery for any number of women’s afflictions. While in the preface to the first edition he stated there was no branch of surgery more open to improvement than that concerned with “those accidents and diseases incident to the female sex”, he also declared there was “no other type of effective relief” other than surgery.<sup>34</sup> The medical establishment’s reaction to his ideas, and thus presumably to such surgery, was obviously one of support given the standing Baker Brown continued to enjoy. By 1858 he was able to leave his position as physician and Lecturer of Midwifery and Diseases of women at St Mary’s Hospital and establish his own institution, the London Home for Surgical Diseases of Women, where he is said to have treated more than 1200 patients.<sup>35</sup> The home also established a place where Baker Brown and other visiting medics could extend their innovative surgical techniques. In 1865 Baker Brown was elected president of the Medical Society of London. The following year saw the publication of *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females*, largely based on his work at the Home. Yet this text revealed the extent of Baker Brown’s confidence—indeed daring—with the knife, and led to questions being raised about his professionalism. The doubts many came to express ultimately culminated in the dismissal of Baker Brown who, in 1873, died a man whose reputation had all but been destroyed. This chapter now examines Brown’s fall from grace, particularly the role played by his support for clitoridectomy which he heralded as the only successful treatment for nymphomania.

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<sup>32</sup> In his obituary it was stated that admiration was invariably invoked “by his brilliant dexterity...in cases of prolapse uteri... He was a master”. ‘Obituary - Isaac Baker Brown F.R.C.S’, *Lancet*, 1 (1873): 223.

<sup>33</sup> Ibid.

<sup>34</sup> Isaac Baker Brown, *On Some Diseases of Women admitting of Surgical Treatment* (Philadelphia: Blanchard & Lea, 1856) p.v. In the text Brown divided all women’s diseases requiring surgery into those resulting from parturition such as rupture of the perineum, vesico-vaginal and recto vaginal fistulas, and those occurring independent of pregnancy such as tumours, hypertrophied cervix, displacements, and prolapse of the uterus or vagina.

<sup>35</sup> ‘Obituary - Isaac Baker Brown F.R.C.S’, *Lancet*, 1 (1873): 223.

## Effective excision

In *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* (1866), Baker Brown declared that through the use of clitoridectomy he had alleviated and cured a host of previously incurable afflictions, including hysteria, epilepsy, catalepsy, and nymphomania. The text detailed use of the procedure on forty-eight women at his private institution. The cases present a wide range of symptoms and afflictions, all of which were attributed to a single determining factor—‘loss of nerve power’.<sup>36</sup> For Baker Brown, the functioning of the pudic nerve—the incident nerve supplying the clitoris—was crucial to this loss, and justified the use of clitoridectomy.<sup>37</sup> Such was the significance of this nerve centre, he declared its increased excitability as the “principal causative condition” in women’s afflictions.<sup>38</sup>

Baker Brown attributed the decisive role he accorded the pudic nerve to the work of French neurologist Charles Edouard Brown-Sequard (1817-1894). The neurologist’s ideas about the reflex action of the pudic nerve was, Baker Brown declared, most influential to his adoption of clitoridectomy.<sup>39</sup> In a series of lectures titled ‘The Physiology and Pathology of the Central Nervous System’ which appeared in the *Lancet* in 1858, Brown-Sequard argued that when overexcited by irritation, the actions of the peripheral nerves such as that of the pudic damaged the central nervous system, leading to various functional nervous disorders.<sup>40</sup> Baker Brown stated such an idea gave him an understanding of the influential role of “peripheral excitement of the pudic nerve” in the disorders of the nervous centres.<sup>41</sup> He wrote he was then able to identify the effect of such excitement in those cases where he found patients exhibiting nervous affections as

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<sup>36</sup> I. Baker Brown, *On the Curability of certain forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* (London: Robert Hardwicke, 1866), p.8.

<sup>37</sup> Ibid., p.7.

<sup>38</sup> Ibid., p.19.

<sup>39</sup> Ibid., p.vi. Brown Sequard who was later renowned for his ideas about ‘spermatic rejuvenation’, protested that his work had been taken out of context and sought the removal of his name from Brown’s text. ‘The Obstetrical Society’s charges and Mr Baker Brown’s reply’ *Lancet*, 1 (1867): 427-441; p.436. On Sequard’s spermatic ideas see the translation of ‘The physiological and therapeutic role of animal testicular extract: based on several experiments in man’, *Benchmark papers in physiology*, 11 (1977): 100-105.

<sup>40</sup> Brown-Sequard’s lectures were the basis to his later text, *Lectures on the diagnosis and treatment of functional nervous affections* (Philadelphia: J.B.Lippincott, 1868).

<sup>41</sup> I. Baker Brown *On the Curability*, p.v.

well as diseased states of the genitals.<sup>42</sup> Taken together, these tell tale signs were decisive not only in Baker Brown's diagnosis, but also in convincing him removal of this nerve centre was the best means of successfully treating such patients.

For Baker Brown, the main cause of peripheral excitement at the pudic nerve was masturbation. He regarded the practice as one of the greatest causes of women's afflictions especially among those women he observed at his Surgical Home. As the previous chapter outlined, many nineteenth century physicians regarded irritation of the genital area as capable of producing a series of disturbances, including an insatiable sexual desire. Baker Brown subscribed to such views, but specifically attributed a very powerful 'force' to the irritated pudic nerve. He argued nymphomania was linked exclusively to masturbation because such a practice produced an over-excitement of the pudic nerve which, through a reflexive action, led to the destruction of the central nervous system. He described how eventually a woman could not resist even the smallest irritation and became completely overrun, exhibiting the sort of derangement seen in cases of nymphomania.<sup>43</sup> Baker Brown's ideas about masturbation were not exceptional. Indeed, the *British Medical Journal* acknowledged this aspect of his work as most valid, stating the "onanism practiced to the extent supposed by Mr Brown will occasion all the various disorders named by him".<sup>44</sup> The fact that his thinking was typical of nineteenth century medical ideas is extremely important to an analysis of Baker Brown. Ultimately, the medical discourse about female masturbation supported or at least influenced Baker Brown's views regarding the efficacy of clitoridectomy, for which he was eventually ostracised by the wider medical community.

The previous chapter detailed the power physicians accorded the functioning of the clitoris over a woman's thoughts and actions, and the decisive role attributed to this organ in accounting for women's sexual disorder. A woman's insatiable desire for sexual intercourse was not the outcome of conscious thoughts or actions, but a product of her overpowering clitoris. Such thinking led to the logic of using caustics, cold bathing and vaginal insertions to relieve a woman's masturbation or nymphomania. These applications were designed to deaden the sensations of the clitoris or genital tract in order to prevent or alleviate such disorders. Baker Brown sought to deal with the origin of

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<sup>42</sup> Ibid., p.v-vi.

<sup>43</sup> Ibid., p.11.

<sup>44</sup> 'Review of On the Curability', *British Medical Journal*, April 28 (1866): 439-440; p.439.

women's 'problem' in a similar way. However, he insisted the only effective remedy was to completely remove "the source of evil".<sup>45</sup> While he acknowledged the use of caustics supported the logic of clitoridectomy because the clitoris was identified as the center of irritation, he also rejected their curative value because they did not "destroy deep seated nerve irritation as is required".<sup>46</sup> Baker Brown believed nymphomania was particularly conducive to the curative potential of clitoridectomy because the clitoris was the vital source of this disorder. Such was his confidence he declared, "I have no hesitation in saying that in no case am I so certain of a permanent cure as in acute nympho-mania; for I have never after my treatment seen a recurrence of the disease".<sup>47</sup>

Baker Brown's pathologisation of female masturbation, and as such, the functioning of the clitoris, is further evidence of a belief amongst nineteenth century physicians that the source of women's autonomous sexual pleasure was the source of their disorder. Like others, Baker Brown believed such disorder had a most detrimental effect on a woman's conjugal relations with her husband. While he acknowledged the clitoris gave women pleasure, at the same time this very pleasure was the source of her "domestic unhappiness".<sup>48</sup> He regarded clitoridectomy as extremely useful in resolving such a dilemma. Baker Brown described cases where women who previously disliked marital intercourse and preferred self-abuse had "completely changed" after the clitoridectomy procedure.<sup>49</sup> It was presumably this type of thinking that led Baker Brown to reject claims such as that made by one patient, that the procedure destroyed a woman's 'marital happiness'.<sup>50</sup> He also rejected accusations the procedure left women frigid, stating five of his cases proved the opposite.<sup>51</sup> Given his understanding of the clitoris, Baker Brown was presumably well aware of the effects of its removal, thus begging the question of exactly how he conceived of women's sexual fulfilment or marital happiness?

Ornella Moscucci argues Baker Brown's actions can be interpreted as part of a wider concern amongst mid-nineteenth century physicians with directing attention away from

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<sup>45</sup> I. Baker Brown, *On the Curability*, p.10.

<sup>46</sup> Ibid.

<sup>47</sup> Ibid., p.70.

<sup>48</sup> 'Clitoridectomy', *Lancet* 2, (1866): 495.

<sup>49</sup> 'Discussion on Excision of the Clitoris as a cure for Hysteria &c', *Lancet*, 2 (1866): 667-669.  
*Transactions of the Obstetrical Society of London* 8 (1866) p.669.

<sup>50</sup> Isaac Baker Brown, 'Case 15', *On the Curability*, p. 34,79.

<sup>51</sup> 'Discussion on Excision of the Clitoris as a cure for Hysteria &c', *Lancet*, 2 (1866): 668.

the clitoris and ‘forbidden pleasures’ towards more socially desirable, that is, procreative, ends of coition for women.<sup>52</sup> Baker Brown’s case notes certainly suggest an expectation that women’s sexual desire be exclusively directed towards reproductive purposes, and as such, limited to penetrative heterosexual intercourse. One example is case ‘forty-eight’, a woman whose physical symptoms included an irritated clitoris and labia, and who was noted for her ‘great distaste’ of her husband. Following the surgical procedure the woman became pregnant and, Baker Brown concluded, “a happy and healthy wife”.<sup>53</sup> He regarded such a case as demonstrating the success of clitoridectomy, because prior to the procedure the couple were contemplating divorce. This led Baker Brown to ponder whether this case was “typical of many others where there is a judicial separation of husband and wife, with all the attendant domestic miseries, and where if medical and surgical treatment were brought to bear, all such unhappy measures would be obviated?”<sup>54</sup> Given such views, it can be seen how the clitoris figured as not only superfluous to women’s sexuality in Baker Brown’s assessment, but also a potential agent of disorder to dominant gendered ideals. Baker Brown’s deliberate excision of the clitoris can thus be seen as a means of gaining control over the unruly aspect of women’s sexuality by removing its vital source. In this sense, his use of clitoridectomy was not simply about alleviating women’s afflictions. It was equally about disciplining the female body, particularly its autonomous and ardent erotic pleasure, and directing women’s sexual pleasure towards more ‘appropriate’, sexual norms that ultimately privileged men’s sexual pleasure.

By the time Baker Brown’s work from the Surgical Home was published, the use of clitoridectomy in the treatment of certain afflictions was not unheard of. Medical texts and periodicals available to English physicians recorded several instances where it was utilised for the alleviation of symptoms and disorders linked to elephantitis and tumors of the clitoris. Even in the eighteenth century, amputation of the clitoris is one of the few gynaecological operative procedures described in *A Course of Chirurgical Operations* (1710), the work of Pierre Dionis (1643-1718), and the standard text on surgery and

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<sup>52</sup> Moscucci suggests Baker Brown represents the beginning of the “downgrading of the clitoris”.

‘Clitoridectomy, Circumcision, and Sexual Pleasure’ p. 75

<sup>53</sup> I. Baker Brown, *On the Curability*, p.70.

<sup>54</sup> *Ibid.*

anatomy for much of that century.<sup>55</sup> The work of Lorenz Heister (1683-1758)—a German military surgeon and later professor of anatomy and surgery—was similarly popular in England throughout the eighteenth century.<sup>56</sup> In his work Heister advised tying or cutting an excessively elongated clitoris, a disorder he claimed was common amongst the Arabians and the Egyptians. He noted it was not common amongst European women because those “who have this part larger than usual are desirous of concealing it either through lust, modesty, or a dread of the knife”.<sup>57</sup> In the early part of the nineteenth century French physician and acclaimed surgeon Andre Levret (1703-1780) was a leading proponent of such excision, particularly in cases of nymphomania and masturbation. His ideas continued to influence several physicians in both France and England.<sup>58</sup> In 1825 the *Lancet* detailed a case of idiocy accompanied by nymphomania that was successfully cured through the excision of the clitoris by the German physician Karl von Grafe. At the age of 14, the girl who, since birth, had been diagnosed with idiocy, was said to have “an insatiable propensity for self pollution which she performed either by rubbing her extremities on a chair, or by the reciprocal friction of her thighs”.<sup>59</sup> Following cauterization, there was said to be a marked decrease in such practices and a noted improvement in the intellectual faculties to the extent that the girl was able to “talk, read, reckon accounts, execute several kinds of needle work and a few easy pieces on the piano forte”. The procedure was hailed a great success in removing this girl from her “moral lethargy”.<sup>60</sup> London physician Michael Ryan suggested as early as 1828 that “excision becomes necessary” in cases where the clitoris was overstimulated by

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<sup>55</sup> Pierre Dionis, *A course of chirurgical operations in the Royal garden at Paris translated from the Paris edition* (London: Jacob Tonson, 1710). The text also included an illustration of the instruments required, on this see Helen King, *Hippocrates' Woman*, p.17.

<sup>56</sup> James V. Ricci. *The Development of Gynaecological Surgery*, p.200. Heister's text *A Compendium of the practice of physic* was translated from the original Latin by Edmund Barker and published in London in 1757.

<sup>57</sup> J. Ricci, *Ibid.*, p.210.

<sup>58</sup> In 1810 the *London Medical Review* reported on the work of French physician Anthelme Richerand who claimed Levret's work gave him the idea for extirpating the clitoris as a cure for nymphomania because this was the principle organ of pleasure. *London Medical Review* 3 (1810): 107. Micheal Ryan also notes Levret as the first to conceive of the idea for curing nymphomania. *Prostitution in London with a Comparative of that of Paris and New York* (London: H.Bailliere, 1839) p.369.

<sup>59</sup> 'Case of Idiocy in a Female, accompanied with nymphomania, cured by the excision of the clitoris', *Lancet*, 2 (1825-1826): 420-421; p.420.

<sup>60</sup> *Ibid.*, p.420-421.

masturbation or when certain propensities become “unrestrainable”.<sup>61</sup> Similarly in 1844, Obstetric physician and lecturer, Samuel Ashwell, proposed that if relief was sought from the “exquisite sensibility of the clitoris”, or if its size causes “mechanical annoyance” then “the best way is to excise it”.<sup>62</sup>

Despite these instances, clitoridectomy was generally regarded as a very radical operation, and somewhat suspect in terms of its ‘primitive’ associations. Historian Thomas Laqueur notes it was often rejected because of its link with certain ‘uncivilized races’.<sup>63</sup> In 1866, in a paper delivered to the London Obstetrical Society on the subject of excision of the clitoris, Dr Thomas Hawkes Tanner (1824-1871) both reflected and reinforced such associations.<sup>64</sup> Tanner referred to the procedure as part of the “primitive cultural practices” of African, Egyptian, and Arabic peoples “faithfully preserved” through the centuries.<sup>65</sup> While Tanner acknowledged its cultural heritage, he declared the procedure had “no obvious medical or therapeutic purpose”.<sup>66</sup> The expressed intention of Tanner’s paper was to illustrate the ineffectiveness of clitoridectomy as a cure for women’s masturbation, and in so doing, rebuke the claims of success made by Baker Brown. Yet it is worth noting the extent to which Tanner’s paper demonstrates how unexceptional Baker Brown’s ideas and use of clitoridectomy was. Despite his rejection of its efficacy, Tanner proceeds to cite instances where he himself had employed clitoridectomy in the hope of alleviating a wide array of afflictions he reduced to the effects of women’s masturbation. The first case Tanner cites is a perfect example of this logic. The thirty year old woman suffered a range of physical discomforts, from headaches and constipation to spinal pains and bad teeth, which Tanner concludes was evidence that she was “addicted to unhealthy practices”.<sup>67</sup> In order to restore the woman’s health Tanner removed her clitoris only to find “the procedure has been a

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<sup>61</sup> Michael Ryan, *A Manual of Midwifery* (London: Longman & co., 1828) p.48.

<sup>62</sup> Samuel Ashwell, *A Practical Treatise on the Diseases peculiar to women* (London: Samuel Highley, 1844) p.708.

<sup>63</sup> Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (London: Harvard University Press, 1990) p.115.

<sup>64</sup> Thomas Hawkes Tanner, ‘On Excision of the Clitoris as a cure for Hysteria &c’, *Transactions of the Obstetrical Society of London* 8 (1866): 360-385.

<sup>65</sup> *Ibid.*, p.366-367.

<sup>66</sup> *Ibid.*, p.367.

<sup>67</sup> Tanner does not explain why he arrives at such a diagnosis, and it is uncertain as to whether he regards such symptoms as self-evident.

complete failure”, her behaviour continued, and “very little control can be exercised over her”.<sup>68</sup> A second case displayed similarly vague symptoms, yet significantly in this instance, the twenty-eight year old governess admitted to “bad habits” which she was unable to conquer. In such a case Tanner concluded excision of the clitoris “ought to be resorted to”.<sup>69</sup> While after the operation the patient continued to occasionally experience “vulval irritation”, Tanner claimed the particular affliction was to some degree alleviated because “she no longer thinks only of herself; her mind is healthily engaged while ministering to the wants of others”.<sup>70</sup> In an era when women were expected to be devoted and self-sacrificing figures who inspired the love of others, Tanner’s comments are most revealing. They suggest the sense in which some of the ‘pathology’ surrounding women’s masturbation, particularly its solitary nature, was its antithesis to dominant expectations of women, especially their denial of self.<sup>71</sup> The third case Tanner cited involved another thirty year-old woman who confessed to continually practicing masturbation. The woman apparently admitted she was “tortured by lascivious dreams”, so much so she feared she would have to be placed in a lunatic asylum unless something could be done to effect a cure.<sup>72</sup> In this case Tanner’s use of caustics proved ineffective and with the continuation of the woman’s symptoms he felt “a duty to resort to excision of the clitoris”.<sup>73</sup> The patient’s mental and bodily health was reported as restored by the procedure, though only while the site of the operation remained tender. After that time, Tanner admitted he could not persuade himself a cure had been effected.<sup>74</sup>

While Tanner’s intention was to illustrate the ineffectiveness of clitoridectomy, he never fundamentally questioned use of the procedure in the first place. He sees no need to deal with his own application of the operation, rather, his view appears to be that in cases of women’s sexual disorder, radical procedures were worth the risk, even if their success remained doubtful. Despite detailing his reservations about the procedure Tanner concludes by remarking that many distressing afflictions in women were due to

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<sup>68</sup> T.H. Tanner, ‘On the Excision’, p.370.

<sup>69</sup> Ibid., p.371.

<sup>70</sup> Ibid., p.372.

<sup>71</sup> Such was the extent to which women were expected to be altruistic and self-sacrificing figures, masochism was considered a distinctly feminine trait. Angus McLaren, *The Trials of Masculinity: Policing Sexual Boundaries, 1870-1930* (Chicago: The University of Chicago Press, 1997) p.174.

<sup>72</sup> T.H.Tanner, ‘On the Excision’, p.372.

<sup>73</sup> Ibid., p.373.

<sup>74</sup> Ibid., p.373.



masturbation, and “if clitoridectomy could effect a permanent cure it would be a great boon”.<sup>75</sup> In his remarks on Tanner’s presentation, Dr Charles Routh admitted that clitoridectomy should be tried in cases where all preventative remedies had failed, including caustics, blistering, and drugs. He added that want of success in surgery was common and even if clitoridectomy failed, “was it necessarily a wrong step to have taken?”<sup>76</sup> Tanner’s use of clitoridectomy and Routh’s support for the procedure is not the only significant point, it is also their attitude that simply trying this procedure was justified despite whatever misgivings they may have. Such a cavalier position not only suggests a real lack of respect for the integrity or value of women’s sexual body, but is evidence of a particular attitude towards this aspect of women’s sexuality. Even if the procedure failed in alleviating an affliction supposedly caused by a woman’s self abuse, it was no great loss that her clitoris had been sacrificed. Ironically, this sort of attitude brought Baker Brown into much conflict with his profession. Yet given Routh and Tanner’s sentiments, the extent to which Baker Brown was so anomalous is questionable. Moreover, his ideas about the clitoris and the effect of its excision were also far from exceptional. While he emphasised the influential role played by French physician Brown-Sequard, in truth, Baker Brown’s ideas about the clitoris were similar to many physicians. Like Tanner, Routh, and others, Baker Brown attributed all manner of nervous behaviour, physical symptoms, and disordered conduct to the over stimulated clitoris.

A number of historians have recounted the events surrounding Baker Brown and his extreme actions and views. In such accounts Baker Brown’s contemporaries are generally portrayed as denying the link he posited between masturbation and disorder, and the efficacy of clitoridectomy.<sup>77</sup> Curiously, there has been no real interest with those physicians who did regard women’s masturbation as leading to disturbance, or those who regarded clitoridectomy as having therapeutic potential. Similarly, there has been a real lack of addressing the extent to which Baker Brown’s conception of women’s afflictions, and his desire to seek surgical solutions to such disorder, was not that unusual. There is no denying Baker Brown’s actions were completely misguided, and that clitoridectomy

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<sup>75</sup> Ibid., p.384.

<sup>76</sup> Ibid., p.377.

<sup>77</sup> As Michael Mason asserts, “in the great controversy over Baker Brown’s clitoridectomies the link between masturbation and nervous or mental disease was simply denied”. *The Making of Victorian Sexuality*, p.205.

was considered a radical procedure. Yet given the dominant medical ideas about the clitoris and the organic conception of disorder, it is not all that extraordinary that clitoridectomy was suggested as a solution for excessive masturbation and nymphomania. The idea of removing this organ made sense because such excision would theoretically alleviate all that was connected to its excitement and irritation. In this sense, Baker Brown can be examined as a product of the somatic determinism that directed the medical approach to the female body and to woman's sexual disorder, particularly the causal role accorded the clitoris. Indeed, this determinism not only led to Baker Brown's support for clitoridectomy, but saw the adoption of other invasive surgical procedures by the profession. Isolating a range of disorders and afflictions to a particular organ be it the uterus, ovaries, or clitoris, supports the logic of advocating its removal. This was most obvious in the case of clitoridectomy, but also oophorectomy, and to some extent, ovariectomy and hysterectomy, where a host of afflictions were increasingly identified as arising from the (dys)functioning of women's genitals, ovaries or uterus. The cure became simply one of removing the organ causing the trouble. Yet if Baker Brown was not exceptional in his medical approach to women's afflictions what contributed to the medical profession's anxiety about his use of clitoridectomy? The issues many physicians had with Baker Brown reveal much wider preoccupations that actually go against the notion women's interests (and bodies) were their main concern.

### **Extreme surgical tendencies**

Like ovariectomy, clitoridectomy generated great controversy and division within the medical profession. In fact, the backlash and anxiety surrounding ovariectomy had not altogether waned by the time Baker Brown's text was published, and inevitably heightened the reaction not only to his work, but also his drive for surgical dexterity and professional acclaim. Within the gynaecological domain, many continued to worry about the impact radical surgical procedures had on the reputation of their profession. It is no coincidence that in the same year Baker Brown's work with clitoridectomy was made public, the Obstetrical Society of London publicly questioned the utility of excision of the clitoris. Yet it was not just clitoridectomy causing concern, but gynaecological surgery in general. The central theme of President Edward Tilt's presentation to the Society in 1866, which Baker Brown attended, was the "extreme surgical tendencies of uterine pathologists".<sup>78</sup> Tilt's call for conservatism in the area of gynecological surgery

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<sup>78</sup> Edward I. Tilt, 'On Extreme Surgical Tendencies of Uterine Pathologists; and on the Division of the Cervix Uteri', *Transactions of the Obstetrical Society of London* 8 (1866): 262-273.

and a return to 'non interventionist therapeutics', hints at the growing sense of crisis about such matters.

In his address Tilt admitted he could understand the growing temptation for frequent use of the knife, particularly by those who had already achieved certain surgical successes. He offered his paper as a "friendly warning" to those whose talents he admired and who he was anxious to ensure would "hand down to posterity reputations unsullied by the taint of eccentricity or exaggeration".<sup>79</sup> Among other things, Tilt expressed concern at the loss of life unnecessarily occurring with certain surgery, suggesting a real degree of inexperience in both its use and the manner it was being performed. He cites cases where loss of blood and peritonitis proved fatal, which he admits finding "hardly possible" considering the nature of the procedure.<sup>80</sup> Other cases were apparently so misdiagnosed that rather than alleviating the problem, it was exacerbated. Equally alarming is Tilt's rejection of a number of surgical procedures used by many within the profession. Tilt's disapproval even extended to American gynaecologist John Marion Sims (1813-1883) procedure for vesico-vaginal fistula, which not only established Sims career, but his reputation amongst many as the 'father of modern gynaecology'.<sup>81</sup> While Tilt acknowledges the "great value" of the operation, he was also convinced it was "greatly overrated".<sup>82</sup> One wonders how it was such serious operations continued to take place at an unprecedented rate when one of London's leading medical authorities doubted their utility. Tilt's overriding message was the need for a clearer understanding of the limitations of operations. For Tilt, the extent of misguided application and overuse of surgery meant it had become merely "a panacea for intractable diseases".<sup>83</sup>

In his paper Tilt also found it necessary to remind physicians that 'permission must always be sought before carrying out any operation'. Tilt defends the necessity of restating "so simple a rule" on account of the fact he had recently been made aware of three cases in which the patients had been unaware that a procedure—a division of their

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<sup>79</sup> Ibid., p.263.

<sup>80</sup> Ibid., p.268.

<sup>81</sup> It is worth noting Sims made public the fact that he had performed his procedure five hundred times in 2 years. On Marion Sims' surgical enthusiasm see Terry Kapsalis, *Public Privates: Performing Gynaecology at both ends of the speculum* (London: Duke University Press, 1997) p.31-50; D.Ojanuga, 'The Medical ethics of the "the father of gynaecology"', *Journal of Medical Ethics* 19/1 (1993): 28-31.

<sup>82</sup> E.J. Tilt, 'On Extreme Surgical Tendencies of Uterine Pathologists', p.268.

<sup>83</sup> Ibid.

womb—had been performed on them.<sup>84</sup> The reference to unethical practices would also have undoubtedly been intended as a subtle warning to Baker Brown, who by this stage was under suspicion for carrying out his procedures either without consent, or under the extreme duress of some patients. At the same meeting Dr Tanner presented his paper to the Obstetrical Society of London, gynaecologist Dr Wynn Williams reported a patient had informed him that clitoridectomy had been performed in a ‘devious manner’ at Baker Brown’s establishment, and moreover, ‘the woman knew of no reason as to why’.<sup>85</sup> Similarly, another physician present, Dr Greenhalgh, cited a case he heard about in which a woman admitted to the Home for a slight periodic discharge had the nymphae and clitoris surgically removed without her or her husband’s knowledge.<sup>86</sup> Dr Tyler-Smith reported he knew of a woman who had been virtually threatened into consenting to the operation with Baker Brown claiming insanity and death would ensue if it were not performed. In a letter to the editor of the *Lancet*, Dr Charles West mentioned another case of clitoridectomy performed by Baker Brown involving a woman whose condition—fissure of the anus—was regarded by the physician as the effect of an addiction to a vice, the “very name and nature of which” West claimed, “she was alike unacquainted”.<sup>87</sup> West accused Baker Brown of removing the woman’s clitoris without any indication of his intention.<sup>88</sup>

Many physicians were well aware that surgical procedures held the potential for furthering the legitimacy and authority of gynaecology by possibly curing a range of women’s afflictions. Yet as Tilt’s paper suggests, in practice such procedures were also beginning to highlight real gaps in knowledge and regulation within the profession. Rather than a stepping stone or an opportunity to assert its efficacy in treating women, surgery was actually revealing many of gynaecology’s inadequacies. Some, such as Tilt, were realising that without stricter measures these procedures would detract from the

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<sup>84</sup> Tilt was horrified that the three cases he mentioned were not only performed without consent, but had resulted in a loss of blood which “was so great it saturated the mattresses and carpets, causing a useless addition to hotel bills, besides the unnecessary protraction of convalescence”. *Ibid.*, p.269.

<sup>85</sup> ‘Discussion on “On Excision of the Clitoris”’, *Transactions of the Obstetrical Society of London* 8 (1866): 374-384; p.375.

<sup>86</sup> *Ibid.*, p.378-379.

<sup>87</sup> Charles West, ‘Letters to the Editor, *Lancet*, 2 (1866): 678-679; p.678.

<sup>88</sup> Baker Brown later protested that the woman had sworn him to keep her ‘habit’ a secret from her husband and that this was why she told her husband that she did not know the reason for the procedure. ‘The Obstetrical Society’s charges and Mr Baker Brown’s reply’ *Lancet*, 1 (1867): 427-441; p.428.

status of gynaecology. The 'threat' surgery posed is crucial to understanding the anxiety surrounding Baker Brown. By the mid-nineteenth century, physicians who constituted the ranks of English gynaecology had struggled to achieve standing amongst the medical profession. While the gynaecological discourse was well established, the authority of those practitioners who sought independent status on the basis of its approach continually faced opposition both from within and outside the medical domain. Accusations of gynaecological practitioners as sexual predators or charlatans continued to haunt practitioners. Concerns about surgery were also linked to anxiety about the past. In the eighteenth century, male midwives had come under attack for certain surgical procedures deemed unnecessary and dangerous. In the nineteenth century, physicians remained sensitive to this sort of criticism. Such was the concern with their reputation that midwifery lecturers recommended their students avoid certain unseemly operations whenever possible, despite their value as a therapeutic.<sup>89</sup> Much of the criticism gynaecology faced was inevitable given the delicacy and seeming impropriety of certain gynaecological treatments, and would haunt the institution, particularly as it increasingly sought to extend its territory. Given this precarious identity and uncertainty regarding its practice, it is little wonder surgery on the sexual body of woman, be it the ovaries, uterus or clitoris, raised concerns amongst many gynaecological physicians. Yet as shall be shown, the issues physicians expressed suggest their attitudes about such excision varied according to the organ in question or, more specifically, the value accorded its function.

Ongoing anxiety about their reputation, coupled with revelations about Baker Brown's unethical practices ultimately led to the actions gynaecology took. However, not all those who were critical of Baker Brown based their concerns on revelations of his failure to gain women's consent or his use of clitoridectomy. The criticisms of many in the wider medical domain were caught up in an ongoing debate about the growth of medical specialism such as surgical gynaecology, and the establishment of specialist hospitals such as Baker Brown's surgical home.<sup>90</sup> While physicians such as Baker Brown may

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<sup>89</sup> The perforation of the hymen for instance said to relieve amenorrhea was considered extremely distasteful and despite the fact that many physicians regarded it as a worthwhile therapeutic was considered one to avoid. Alexandra Lord, 'The Great Arcana of the Deity': Menstruation and menstrual Disorders in Eighteenth-century British thought', *Bulletin of the History of Medicine* 73/1 (1999): 38-63; p.52.

<sup>90</sup> From the 1840s, increasing medical interest in women's diseases saw the appearance of specific hospitals and specialist institutions for their treatment. Physicians frustrated by general hospitals stifling their specialist tendencies founded many of these institutions that enabled them to develop their skills without surveillance and obstruction. The rise of specialty hospital played an important role in the

have regarded themselves as specialists and sought to establish a hospital practice to reflect this, for most of the nineteenth century the wider medical establishment sought to resist distinctions between the general practitioner and the gynaecologist. Objections to such specialism inevitably centered on the loss of particular patients and their patronage, which in the case of women represented a significant number. The *British Medical Journal* was instrumental in the campaign against specialist institutions in medicine, declaring them evidence of “the grossest self seeking on the part of some individuals”.<sup>91</sup> The *Lancet* was equally disparaging about the means by which some of these hospitals sought their clientele. The use of advertisements in the leading papers of London, for instance, was declared as savouring “more of quackery than philanthropy”.<sup>92</sup> When it came to light that Baker Brown himself had used *The Standard* and *Times* to promote his own institution, the *British Medical Journal* was quick to condemn. “We doubt whether the profession will approve of the way in which this particular institution is brought before the public ... a superfluous amount of self laudation is not always a real recommendation”.<sup>93</sup> Much to the horror of other gynaecological physicians, Baker Brown was exalted by the *British Medical Journal* as typical of the sort of self-aggrandising associated with specialist medical practice. The advertisement described Baker Brown as having success with “operations never before performed in England” in cases previously considered incurable such as epilepsy, hysteria, and insanity.<sup>94</sup> Reactions against such claims came from both Baker Brown’s gynaecological contemporaries and the wider medical establishment, and centered not only on his unorthodox self-promotion, but the fact that claims of treating mental diseases at the Home was a direct violation of the Lunacy Laws.<sup>95</sup>

Another area of concern raised by Baker Brown’s promotion of clitoridectomy and his work at his Surgical Home, was the public discussion of a subject considered not suitable for the general public, namely, women’s masturbation. Although the word itself never

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development of gynaecology and the advancement of individual practitioners careers. Specialist Hospitals were often founded with the assistance and patronage of lay men. On this see Brian Abel Smith, *The Hospitals 1800-1948 A study in Social Administration in England and Wales* (London: Heinemann, 1964) p.28.

<sup>91</sup> *British Medical Journal* (1860): 257.

<sup>92</sup> ‘Editorial’, *Lancet*, 2 (1866): 697-698.

<sup>93</sup> *British Medical Journal*, January 20 (1867): 397.

<sup>94</sup> *Ibid.*

<sup>95</sup> *Journal of Mental Science* 13 (1867-1868): 129.

appears in the text, it seems Baker Brown's attempts at professional prudence were woefully inadequate according to some of his peers.<sup>96</sup> The *British Medical Journal* warned that Baker Brown's book did not belong "to the class of works which lie upon drawing room tables".<sup>97</sup> In fact, they declared the topics addressed in his text a "dirty subject" that "needs to be handled with an absolute purity of speech, thought, and expression, and as far as possible, in strictly technical language".<sup>98</sup> Although women's masturbation was considered a primary causative factor in a host of disorders, and the clitoris the organ most responsible for such afflictions, discussion of such topics was severely limited, not just amongst physicians, but especially with their female patients. This type of thinking was in fact used to justify arguments against women's inclusion in the obstetrical and gynaecological profession. In 1874 *The Obstetrical Journal of Great Britain and Ireland* claimed the issue that "perhaps more than any other" justified women's restriction was the fact that "matters would necessarily be openly spoken about, which rightly or wrongly, are not now conventionally discussed by gentlemen in the presence of ladies".<sup>99</sup> Part of the concern lay with the effects physicians believed such discussion may have on women's decency, the loss of which led to all sorts of disorder. The review of Baker Brown's text in the *Lancet* declared discussion of particular subjects could have the effect of "wounding the sensitive nature of delicate young females" and could even lead to "suggesting the deed where there was no previous knowledge of it".<sup>100</sup> Women's vulnerability extended far beyond the corporeal, with even the discussion of their sexuality posing a direct threat to their virtue and propriety. Much of the anxiety raised by the medical discussion of women's masturbation was also tied to physicians' concern with their reputation as custodians of women's honour and 'paternalistic protectors'. In his text on women's diseases, Charles West described how it was "in the spirit of chivalry alone" that such medicine "can be safely practised". West cautioned physicians to always find occasions for the exercise of such chivalry in the practice of

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<sup>96</sup> In replying to such criticism Baker Brown claimed his text was addressed to the profession and not the public, evidence for which, he suggested, lay with the fact that it was written in technical not popular language. 'The Obstetrical Society's charges and Mr Baker Brown's reply' *Lancet*, 1 (1867): 427-441; p.427.

<sup>97</sup> 'Review of "On the Curability"', *British Medical Journal*, (1866): 439-440; p.440.

<sup>98</sup> 'Clitoridectomy', *British Medical Journal*, (1867): 665.

<sup>99</sup> 'Admission of Medical women to the Obstetrical Society of London', *The Obstetrical Journal of Great Britain and Ireland* 2 (1874): 23-25; p.23.

<sup>100</sup> 'Review', *Lancet*, 1 (1866): 485-486; p.485.

their art, which, he acknowledged, was “most God-like”.<sup>101</sup> In a later discussion about such matters, Thomas Spencer Wells voiced grave concerns regarding the profession’s standing amongst the general public because women had begun to show “flippant familiarity with the jargon of gynaecology”.<sup>102</sup> In a revealing comment, Wells cautioned the profession not to forget “the mental soundness and purity of our patients is presumed to be as much in our keeping as their bodily health”.<sup>103</sup>

The public discussion of women’s sexuality, especially outside its reproductive context, raised a number of issues, many of which were not only linked to the detrimental effects on women’s propriety or the reputation of the physician. Rather, much of the concern lay with the authority and control such knowledge accorded physicians. Safeguarding ideas about women’s sexual body was not only part of the physicians moral responsibility, but also ensured the superiority they assumed over women, not only as medical attendants, but as men. Attention to physicians’ language hints at a sense of paternalism, condescension and authority towards their female patients. As Francis Seymour Hayden (1818-1910) of the Obstetrical Society of London indicated during the debates over Baker Brown, “we are, in fact, the stronger, and they (women) the weaker. They are obliged to believe all that we tell them. They are not in a position to dispute anything we say to them, and we therefore may be said to have them at our mercy.”<sup>104</sup> While women remained innocent of their sexual body they also remained ignorant of its potential, which thus ensured both their sexual control, the physicians’ authority, and men’s own sexual image. In one sense Baker Brown’s work and ideas stigmatised and negated women’s masturbation, and as such, their clitoral pleasure. Yet at the same time, his text created a public discourse on such forbidden sexual practices for women. The reaction to Baker Brown ‘speaking the unspeakable’ can be read as an acknowledgment that it could

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<sup>101</sup> Charles West, *Lecture on the Diseases of Women*, 3rd edition, (London: John Churchill & sons, 1864) p.663-664.

<sup>102</sup> T. Spencer Wells, ‘The Bradshaw Lecture on Modern Abdominal Surgery, delivered at The Royal College of Surgeons of England, December 1890’, *British Medical Journal*, (1890): 1413-1416: 1465-1468; p.1466.

<sup>103</sup> Ibid.

<sup>104</sup> ‘The Obstetrical Society’s Charges and Mr Baker Brown’s reply’ *Lancet*, 1 (1867): 427-441; p.430.



expose women to the very things about their sexuality physicians sought so desperately to deny.<sup>105</sup>

In order to halt the type of criticism the general medical profession were levelling at Baker Brown, particularly the association of the gynaecological profession with his dubious practices, physicians staunchly defended themselves by declaring their opposition to him. Despite his protests English gynaecology effectively closed ranks on Baker Brown because he was a threat and a liability to a profession preoccupied by matters of prestige, ethics, professionalism and authority.<sup>106</sup> It could be suggested that more than anything else physicians' own reputations was their main concern and issue with Baker Brown. In February 1867 the Obstetrical Society of London recommended Brown's expulsion. Two months later the resolution was accepted by vote at a special meeting of the society where 194 members voted for the removal of Brown compared to 38 who did not, and 5 who abstained.<sup>107</sup> At the expulsion meeting it was stated,

we meet here as gentlemen constituting a public body who, having emerged from the difficulties and the cloud under which we lay during previous centuries, have achieved a position, and satisfied the public of our honourable intentions to do what is right, and to hold their health in our hands as becomes men of honour.<sup>108</sup>

In many respects, Brown's expulsion was not about the efficacy of clitoridectomy, nor the violation of women's bodies on whom he made his mark. Rather, as the President of the Obstetrical society Dr Hall Davis stated clearly at the expulsion meeting, "it is the manner in which the operation is performed, not the operation itself".<sup>109</sup> In a similar vein, William Tyler-Smith claimed the society "must eliminate clitoridectomy performed *under the conditions under which* Mr Brown performs it", adding that "if Mr Brown could perform this operation, if he could go his own way, if he could separate himself from us if we had nothing to do with the matter we need not interrupt him".<sup>110</sup>

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<sup>105</sup> This is a point Michel Foucault makes about sexual discourses in general which in seeking to prevent certain behaviour and sexual subjectivities open up new avenues for exploration. See *The History of Sexuality Volume One: An Introduction*, (New York: Vintage Books, 1990).

<sup>106</sup> For Baker Brown's protests and rebuttals see 'Clitoridectomy' *Lancet*, 2 (1866): 709-710; 'The Obstetrical Society's Charges and Mr Baker Brown's reply' *Lancet*, 1 (1867): 427-441.

<sup>107</sup> 'The Special Meeting of the Obstetrical Society', *Lancet*, 1 (1867): 425-426; p.426.

<sup>108</sup> 'The Obstetrical Society's Charges and Mr Baker Brown's Replies', p. 440.

<sup>109</sup> *Ibid.*, p.435.

<sup>110</sup> *emphasis added, Ibid.*, p.439.

This chapter is not intending to suggest all nineteenth century physicians who subscribed to the gynaecological discourse of the time were by virtue of this fact, supporters of clitoridectomy. It does however, wish to emphasise that Baker Brown's conceptions of women's afflictions, and the explanatory schemes he utilised to explain his ideas, were not exceptional. Unlike many historians who have assessed this notorious period of history, this work does not see Baker Brown as representing a total anomaly. Rather, his work and his medical thinking illustrate the direction mid-nineteenth century gynaecological conceptions of women's disorder could take. Moreover, his ideas for treating nymphomania and masturbation were not isolated only to him. While his methods may have been unethical, the extent to which clitoridectomy itself was seen at the time in the same light is debatable. Many within the gynaecological domain were deeply troubled by the ramifications of an unseemly procedure such as clitoridectomy on the profession's already precarious image and reputation. Yet debate about the efficacy of this procedure was certainly less than vociferous. Enough evidence exists to show it was not just Baker Brown who supported the use of clitoridectomy for all the disorders linked to masturbation. A number of physicians regarded the clitoris as the mitigating factor in hysteria and nymphomania who would continue to declare their belief in the effectiveness of clitoridectomy.<sup>111</sup> Sentiments expressed by physicians present at Dr Charles Routh's paper on nymphomania presented to the British Gynecological Society some twenty years after the Baker Brown controversy reveal a continued support for clitoridectomy as a therapeutic for this disorder. Dr Fenton Jones remarked he did not see any harm in the operation, but due to certain "sentimental objections" he had devised an alternative to dealing with the incident nerve supplying the clitoris.<sup>112</sup> Dr Heywood

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<sup>111</sup> In the *Asylum Journal of Mental Science* it was reported that in examining the literature on Baker Brown a German physician had concluded the operation justifiable although only in cases where there was 'strong reason to anticipate a good result and where every other remedy had been tried'. In an editorial note accompanying this report it was recorded that another European physician a Professor Gustav Braun, had also had success with the procedure. *Asylum Journal of Mental Science* 14 (1868): 272. In her examination of the records at Chelsea Hospital for Women, Ornella Moscucci notes two recorded cases of excision of the clitoris after the Baker Brown controversy. Both cases involved two young unmarried women, one for menstrual irregularities and 'irritation', for the other case there was no recorded notes explaining what necessitated such a procedure. *The Science of Woman*, p.130.

<sup>112</sup> 'Discussion on Charles Routh's 'On the Etiology and Diagnosis, considered specially from a Medico-legal Point of view, of those cases of Nymphomania which lead women to make False charges against their Medical Attendants', *British Gynaecological Journal* 2 (1886): 485-511.

Smith agreed that despite popular prejudice, in certain cases the procedure “held out the best prospect of cure”. He boldly revealed he had performed the operation several times “with the happiest results”.<sup>113</sup> Dr Bantock suggested that in treating nymphomania it was not improbable that the removal of the clitoris “might be of essential benefit”.<sup>114</sup>

While Baker Brown was ostensibly concerned with alleviating afflictions linked to women’s masturbation, there is no doubting his own interests and reputation influenced his actions, which then created a distorted relationship with his patients. The women he treated and those who came under his care in the London Surgical Home represented a chance to improve his technique, and add numerical support to his claims, increasing his prestige and presumably monetary rewards. His desire to succeed meant in the end, women’s sexual body merely represented a stepping stone to greater professionalism and personal success. His attitude towards the clitoris, and as such women’s autonomous sexual pleasure, was directed by his belief in this organ as the source of their greatest disorder. Removing the clitoris did not destroy a woman’s capacity to reproduce or satisfy her husband’s sexual needs which seemed to only further legitimise clitoridectomy. In many respects, Baker Brown’s sexual ideology appeared to merge perfectly with his professional agenda. Yet his ambition, his opinions about the clitoris, and his desire to offer a permanent cure to women’s sexual excess, does not entirely single him out from other nineteenth century physicians. In fact, events surrounding his actions illustrate the distorted relationship many in the medical profession had, not only with those women believed to be afflicted by a sexual disorder, but especially to women’s clitoral titillation.

The desire to use invasive surgery to cure women of disorders linked to their bodily organs did not end with Baker Brown. Over the last quarter of the nineteenth century prominent practitioners continued the use and application of other radical procedures. Most notable amongst these was oophorectomy, which saw the continuation of the type of biological reductionism underlying Baker Brown’s surgery and the degree of anxiety and tension about gynaecological surgery. It also exposed the different worth physicians accorded women’s sexual organs.

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<sup>113</sup> ‘Discussion on Charles Routh’s ‘On the Etiology and Diagnosis’, p.506. Smith did acknowledge that in some cases it had failed and in fact, the sexual excitement had recurred.

<sup>114</sup> *Ibid.*, p.507.

## Expedient excision

Oophorectomy or 'Battey's operation', so named after its American proponent, Professor of Obstetrics Robert Battey (1828-1895), was another invasive surgical procedure advocated as a worthwhile treatment for a range of women's disturbances.<sup>115</sup> Oophorectomy differed to ovariectomy because it involved removing ostensibly healthy ovaries. It was used in cases of dysmenorrhoea, and in those displaying varying mental aberrations believed connected to the functioning of the ovaries, especially during menstruation.<sup>116</sup> Oophorectomy was initially used in England by prominent gynaecological physician Lawson Tait in the treatment of women's 'menstrual neuroses'. The Birmingham physician eventually devised his own version known as salpingo-oophorectomy or 'Tait's operation', that removed the ovaries as well as the fallopian tubes.<sup>117</sup> In his early days using the procedure Tait believed it may be beneficial for certain nervous afflictions, especially 'menstrual epilepsy'. However he later acknowledged it was not a successful treatment for such cases.<sup>118</sup> Senior Surgeon to the Birmingham's Women's hospital, Thomas Savage was also particularly in favour of the procedure for curing women's disturbances, declaring "whether menstruation be absent, scanty or otherwise, this operation is justifiable after all the usual remedies fail to relieve".<sup>119</sup>

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<sup>115</sup> On Robert Battey and his operation see Lawrence D. Congo, 'The rise and fall of Battey's Operation: A fashion in surgery', *Bulletin of the History of Medicine* 53 (1979): 244-267; M.Thiery, 'Battey's Operation: an exercise in surgical frustration', *European Journal of Obstetrics, Gynaecology and Reproductive Biology* 81/2 (1998): 243-246.

<sup>116</sup> O. Moscucci, *The Science of Woman*, p.157.

<sup>117</sup> Many regarded Tait's operation as the same as Battey's however, Tait only advocated for the removal of 'normal' looking ovaries in cases where their appendages were evidently diseased. On this issue see Regina Morantz-Sanchez, *Conduct Unbecoming a Woman*, p.75.

<sup>118</sup> Lawson Tait, 'A Discussion of the general principles involved in the Operation of the removal of the uterine appendages' *Proceedings of the Medical Society of London* 10 (1887): 38-54; p.46. A wealth of disorder was accorded to a woman's menstruation. Tait was a leading proponent of 'menstrual epilepsy' believing in some women the inordinate expenditure of nerve force from the act of menstruating, caused a detrimental reflex action on the nervous system that could induce paroxysms and fits characterising epilepsy. On such causes of epilepsy see Walter. S. Friedlander, *The History of Modern Epilepsy: The beginning 1865-1914* (London: Greenwood Press, 2001) p.124.

<sup>119</sup> Thomas Savage, 'On Oophorectomy', *Obstetrical Journal of Great Britain and Ireland* 9 (1880): 257-230; p.259.

While Battey reportedly found little justification for using oophorectomy in cases of hysteria and nymphomania, various prominent gynaecological practitioners saw potential in treating a host of women's afflictions through such a procedure. Somewhat inevitably, the operation was taken up in a range of cases displaying vague physical symptoms that were considered directly connected to the ovarian region.<sup>120</sup> Some physicians suggested its therapeutic value was worthy of consideration with regard to certain sexual disorders.<sup>121</sup> This is best explained by an ongoing subscription amongst some physicians to the role of the ovaries in both women's sexual desire and nymphomania. Indeed, one objection Hawkes Tanner raised in his discussion of Baker Brown's use of clitoridectomy was that the influence of the ovaries "in setting up sexual desire" had been completely ignored.<sup>122</sup> Tanner recalled the work of Dr James Blundell who, in the early nineteenth century, suggested in cases of severe nymphomania, "it might be worth consideration whether the diseases could not be terminated by extirpation of the ovaries".<sup>123</sup> The logic supporting the use of oophorectomy in cases of nymphomania and other disorders attributed to the functioning of the ovaries, in many ways mirrored that of Baker Brown's use of clitoridectomy. Just as Baker Brown isolated a wealth of nervous afflictions and disorders such as nymphomania to an irritated pudic nerve, so too the advocates of oophorectomy reduced many disturbances to a single causative factor. While the organ posited as most responsible differed, the logic remained the same: remove the offending organ in order to remove the problem.

Like ovariectomy in its infancy, and Baker Brown's use of clitoridectomy, great debate and division also raged over the value of oophorectomy, not only in terms of its therapeutic benefits but also the nature of the procedure itself. Objections varied from

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<sup>120</sup> In America the more prominent advocate was gynaecologist William Goodell, a key figure in the founding of the American gynaecological society and American obstetrical society, and a staunch advocate of gynaecological surgery for women's mental afflictions. In outlining his operation of 'Spaying for some disorders of Menstrual Life' Goodell concluded that this operation will prove "the sole means for curing many mental and physical disorders of menstrual life, which have hitherto baffled our science, and are a standing opprobrium to our profession". William Goodell, 'The Operation of Spaying for some of the disorders of Menstrual Life', *The Obstetrical Journal of Great Britain and Ireland* 7 (1879-1880): 340-346; p.341.

<sup>121</sup> Robert Barnes, 'On the Correlations of the Sexual Functions and Mental Disorders of women' *British Gynaecological Journal* 6 (1890-1891): 90-413; 416-430; p.391.

<sup>122</sup> T.H. Tanner, 'On Excision of the Clitoris', p.

<sup>123</sup> *Ibid.*, p.364.

concerns about the detrimental effects of removing a woman's ovaries, to the image of such surgery, to who should perform such surgical procedures. By 1886, concern over oophorectomy heightened with the very public furore that took place over the actions of Liverpool physician, Dr Francis Imlach (1851-1920). In a series of papers Imlach delivered to the Liverpool Medical Institute between 1884 and 1885, it came to light that at the Hospital for Women in Shaw Street Liverpool, not only had the number of such abdominal operations increased from 86 in 1884 to 166 in 1885 with a mortality rate of 9%, but that most had been performed merely for menstrual epilepsy and ovarian pain. Imlach, who had performed over 80% of the procedures, attracted considerable criticism from the overwhelmingly conservative Liverpool Medical Institute who regarded his actions in a particularly negative light. A young and ambitious practitioner, Imlach was accused by the Liverpool medical fraternity of performing an unnecessary number of Tait's operation without consultation of his patients, or their full understanding of the procedure. One of the Institute's meetings called for the establishment of a Committee of Inquiry in order to assess the merits of the operation, particularly in cases of ostensibly nervous diseases. By August 1886, while waiting for the committee's findings, Imlach faced more controversy when one of his patients, Mrs Casey, brought a civil action against him on the grounds she had not been made aware of the necessity of the procedure or its consequences, nor provided her consent. During the trial, the woman described her experience of an early menopause wrought by the removal of her ovaries and fallopian tubes, which had not only brought a terrible change to her own life, but also 'that of her husband's'.<sup>124</sup> The council for the plaintiff accused Imlach of negligence and brought several witnesses to support the charge, including physicians from the Liverpool Medical Institute such as Professor of Midwifery John Wallace (1839-1898), and senior surgeon at the Women's Hospital Dr Thomas Grimsdale (1823-1902). Advocates of non-interventionist means, both men were particularly critical of Imlach's use of surgery. Grimsdale argued Mrs Casey condition—haematocele—did not justify an operation, and both men condemned the procedure as "unsexing".<sup>125</sup> Lawson Tait testified in Imlach's defence and was particularly vociferous in his rebuttle of the accusations against Imlach and his own operation. Tait accused Grimsdale of encouraging Mrs Casey to bring an action against Imlach for his own purposes. In the end the whole case rested on the evidence of a nurse from the hospital who testified that the physician had in fact

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<sup>124</sup> John Shepherd, *Lawson Tait: The Rebellious Surgeon 1845-1899* (Kansas: Coronado Press, 1980) p.164.

<sup>125</sup> Ibid.

informed the patient of the consequences of the operation.<sup>126</sup> A not guilty verdict was returned by the jury, although the damage to Imlach's reputation and Tait's operation had been done. The trial saw a wave of public outcry against the 'spaying' and 'unsexing' of women' and launched yet more fears amongst the gynaecological profession about their reputation.

During Imlach's trial, numerous letters decrying oophorectomy were sent to Liverpool's daily papers from both the general public and medical profession. Many deplored the fact that the procedure unnecessarily subjected women to 'mutilation', leaving them 'unsexed', and as such, 'incomplete'.<sup>127</sup> Both the *Lancet* and *British Medical Journal* also became involved in the discussion, prompting numerous contributions from a variety of physicians on the advantages or not, of the procedure. By November, the committee originally set up to investigate the operation released its report based on detailed investigation of patients and staff involved at the Shaw Street hospital, as well as the commentary of a number of eminent surgeons and gynaecologists. In its special report the committee outlined its main objections to oophorectomy. It declared, "whether it be regarded as a mere sentimental objection or not, the removal of the organs which are characteristic of sex is, and always will be, viewed by the public and the profession with great misgiving".<sup>128</sup> Two recommendations were made. Firstly, that no operation be performed without the consent of a second surgical opinion, and secondly, that a patient be given a clear explanation on the nature of the procedure.

The horror evoked over Tait's operation illustrates how removing an organ believed to be vital to women's femininity and biological purpose, especially when there was no evident disease, was deemed much more than a surgical issue. There were various ethical and moral factors to consider when removing the organs that defined woman as female, and which essentially ensured many of the basic tenets of the gendered status quo. Yet such considerations were never as pronounced in the reaction to clitoridectomy. The premise on which oophorectomy was based was as dubious as clitoridectomy, and in

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<sup>126</sup> 'The action against Dr Imlach, of Liverpool', *British Medical Journal* (1886): 394-395.

<sup>127</sup> As with ovariectomy, England's antivivisectionists were in force in these public outcries however they were not the only one's to employ emotive language in their assessment of the procedure. The editor and various letters to the *Lancet* accused Imlach of 'spaying' women for a trivial disease. "'Spaying'" *Lancet*, 1 (1886): 470; "'Spaying" or Removal of the Uterine Appendages?', *Lancet*, 1 (1886): 557.

<sup>128</sup> J. Shepherd, *Lawson Tait*, p.165.

their own way both were extremely damaging to the female body. Yet in contrast to clitoridectomy, there was a far greater outcry about the intrusive and violating nature of opphorectomy that was said to destroy a woman's purity and thus the very essence of her femininity. Such discrepancy further confirms the extent of ambiguity and anxiety surrounding the clitoris, and how much the function of the organ in question determined the value accorded it and attitudes to its removal. At a time when women's sexuality was conflated with their procreative role, the organ deemed responsible for a woman's erotic titillation and masturbation was hardly going to be deemed worthy of the sanctity of that which enabled her reproductive destiny to be fulfilled. There is no denying that for many physicians removal of a woman's clitoris was abhorrent. Yet removal of the ovaries was considered to be against the very laws of nature and, as one physician declared, "a mutilation of the patient which from a social point of view, is more serious than the amputation of a limb".<sup>129</sup>

In a paper read at the first conference of the British Gynaecological Society in 1891, surgeon to Sunderland Infirmary, James Murphy, hints at some of the motivations that drove many to embrace gynaecological surgery. From the ovaries to the perineum, wrote Murphy, woman was "liable to malformation, inflammation, and the growth of tumours, and from the uterus downwards, especially liable to intrinsic traunitisms, an intrinsic liability that exists no where else in the human frame".<sup>130</sup> Murphy went on to explain how this particular disposition of the female body had, for many years, been a source of frustration for the physician of women's diseases, because he was so limited in his ability to offer any substantial treatment. In this vein Murphy celebrated the advent of gynaecological surgery which, he declared, "came to the aid of gynaecology when such aid was sorely needed" and which "has shorn the female genitals of their mystery".<sup>131</sup> In turn, Murphy suggested gynaecology had advanced the status of surgery and "developed it beyond all expectation."<sup>132</sup> Murphy's sentiments illustrate how surgical procedures offered the physician not only a chance to alleviate women's suffering, but also an opportunity to gain authority if not mastery, over the wayward female body. This chapter has suggested that whatever their medical rationale, when practitioners chose to remove

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<sup>129</sup> Samuel Pozzi, *A Medical and Surgical Treatise on Gynaecology* 2 vols., (London: The New Sydenham Society, 1892-1893) vol.I, p.560.

<sup>130</sup> James Murphy, 'The influence of surgery on gynaecology', *Provincial Medical Journal* 10 (1891): 404.

<sup>131</sup> *Ibid.*

<sup>132</sup> *Ibid.*



the organs they believed to be responsible for a woman's sexual pleasure issues of gender and power operated in complicated ways. Eventually, as the next chapter argues, physicians began to question the efficacy of the medical thinking that supported much gynaecological surgery, particularly in regard to nymphomania. Although Murphy was not alone in celebrating the authority the gynaecological physician had achieved over the female body, some were becoming increasingly less enthusiastic in their appraisal of gynaecological surgery. While many believed surgery secured gynaecology's place on the medical map, others began to believe it presented the greatest threat to the science of woman.

