

ANTIPODEAN INTIMACIES

Medical Sex Advice for Women in the Australian Colonies, 1857–1890

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On Sunday 8 June 1857, in the wee hours of a chilly winter morning, 16-year-old Janet Burt was found dead in a brothel tucked away in Melbourne's red light district. The colonial press published a lengthy account of the mysterious circumstances surrounding the death. Her blackening corpse was found lying in bed and a crumpled £1 note was found at the foot of the bed. A neighbour revealed in court that a sailor in a plaid jumper had declared his intention to marry 'Jenny' a few days previously and another neighbour claimed that she had seen a 'tall figure with thin features' disappearing into the night only hours before Burt was discovered. There was three parts of a bottle of sherry involved, one large and one small spot of blood was found on the pillow, and the back door to the house had been left ajar. A bereaved mother 'wept bitterly' in court, a father was reported missing on a gold digging somewhere, and colonial Melbourne was left with a dead body with 'no external marks of violence to account for the death' (*Herald*, 9 June 1857, 4).

Perplexed by the cause of death, the police summoned Dr Louis Lawrence Smith to the scene of the crime. A local doctor infamous in that part of Melbourne for his treatment of venereal and other sexual ailments, Smith was familiar with the diseases of Little Bourke Street. 'For the sake of morality' he informed the press that the cause of death was congestion in the brain, or 'asphyxia' (Smith 1864, 91). Seven years later, however, in his popular medical guidebook to sexual diseases, Smith revealed what had *really* gone on at the scene of the crime. He wrote that he had found Burt:

Lying on the bed with her eyes staring, her legs bent as if in the throes of agony or extacy [sic], and froth or foam issuing from her mouth . . . there were remains of semen on the linen, and about and in the vagina; with every appearance of connexion having but recently taken place. (Smith 1864, 89)

Smith 'surmised this was a case where the orgasm had been of such a violent spasmodic character as to produce death' (1864, 89). In Smith's guidebook, the crime became the experience of an orgasm and Burt cast as the victim/perpetrator of this transgressive act.

While neighbours, grieving friends and family, jurors and others who pored over the press coverage no doubt swapped rumours, formed hypotheses and cast aspersions about what had gone on at the scene of Burt's death, Smith's diagnosis, imbued with scientific authority, emerges from the historical record as a privileged account of the truth. Indeed, as a number of scholars since Michel Foucault have outlined, medical discourse has occupied a privileged position in modern Western efforts to get to the truth about sex.¹ Accordingly, in this study of British sexuality in the antipodes, I examine popular medical discourse in the second half of the nineteenth century, starting with Burt's grotesque,

disfigured body as the first in a constellation of female bodies that populated the pages of medical pedagogy.

In Britain, the second half of the nineteenth century saw an explosion of medical literature dealing with diseases related to sex. Historians Roy Porter and Lesley Hall have charted the complicated contours of the 'Victorian polyphony' of medical discussions about sexuality in the latter half of the nineteenth century (Porter and Hall 1995, 132–54). William Acton wrote about prostitute women and popular medical pedagogy for men. Obstetrician Isaac Baker Brown scandalised the British medical profession in the 1860s by performing clitoridectomies and lecturing to mixed audiences about his surgical services. Malthusian writers such as George Drysdale and Henry Albutt, concerned with questions of population, proved more controversial with their instructions to women about birth control.² Amidst the multitude of male opinions on female sexuality, Elizabeth Blackwell, Christian socialist and feminist physiologist, was an outspoken female social theorist (Krug 1996; Hall 2005). Historians have explored the complexities in fine detail, revealing that sexual knowledge during this period was marked by rapid advances that were lacking in uniformity, riddled with contradictions and characterised by what Mary Poovey has called 'uneven developments' (1989, 4).

With the aim of examining some such 'uneven developments' at the peripheries of British society, this article focuses on three of the most prolific medical experts on sexuality from the Australian colonies. Louis Lawrence Smith's *On Obstacles to Marriage* was the earliest sex manual written in the antipodes, and colonial gossip suggests that a lucrative business in sex medicine had this doctor earning £10,000 a year by 1880 (Walker 1985, 7). James George Beaney, his fierce competitor in the Melbourne industry of sex medicine, was the most notorious doctor working in this area and published *The Generative System* in 1872. This publication went into four editions and two reprints and was the most popular local sex manual (Ford 1976, 24). The third to be discussed here, Alexander Paterson, was a Sydney physician who wrote about sexual diseases backed by the blessing of the Protestant Church and received severe criticism from his more respectable medical brethren (Ford 1976, 208). Paterson's *Physical Health of Woman*, published in 1890, is the final text considered in this paper.

All three of these medical practitioners—of somewhat dubious professional standing, 'sex doctors' for the purposes of this paper—departed for the antipodes in the latter half of the nineteenth century. In the British 'settler' imagination, the land of their destination was an empty one, marked by the discovery of gold and an unprecedented economic boom. The mid-nineteenth century saw the end of the convict era and, during the next decades, the port cities of Melbourne and Sydney were marked by the arrival of migrants keen to make their fortune in the land described by influential travel writer Anthony Trollope as Britain's most successful imperial venture (Hall 1998, 187). On arriving in these burgeoning metropolises, built on the lands of the Wurundjeri and Gadigal people, Smith, Beaney and Paterson unpacked with their cultural baggage a desire to recreate 'Europe'. They built their respective lives in the two port cities—where the majority of goods, migrants, correspondence and, indeed, 'Europe' literally arrived at the Australian colonies—and set out to educate colonial Britons about a new science that was revolutionising sex in the metropole.

While historians have examined popular medical anxieties about men and children's sexuality in the Australian colonies during the latter part of the nineteenth century (Darby 2004; Walker 1985), popular medical discussions of antipodean women's sexualities in this

period remain largely unexplored. Ann Stoler, building on Foucault, has suggested that medical prescriptive literature was a site for the implementation and creation of imperial knowledge. She has insisted that 'the politics of intimacy is where colonial regimes of truth were imposed, worked around and worked out' (2001, 7). Settler colonies such as the antipodes, however, are largely absent from her work, and placing popular medical pedagogy in the Australian colonies within Stoler's framework of intimate empire presents both difficulties and offers fruitful complications. Most significantly, unlike the medical discourse of the colonial societies that Stoler examines (1995, 2002), Indigenous 'Others' are entirely absent from popular medical discourse in the latter half of the nineteenth century in the Australian colonies. The following discussion, therefore, offers both a feminist analysis of the very visible *presence* of problematic and healthy white 'settler' femininities as well as a postcolonial reading of the *absence* of Aboriginal women from medical accounts of colonial intimacies.

The Diseased Deviant and the Healthy Individual

In his popular medical account of the violent death of Janet Burt, Smith's reference to the orgasm featured a female body through which the 'violent and spasmodic' climax undulated in a moment of simultaneous 'agony and extacy [*sic*]', leaving a dead body that depicted the ultimate deviation from feminine health. Writing three decades after Burt's death, Paterson agreed that the orgasm posed a serious threat to the female constitution, warning that if she 'yields to this orgasm every time, then too frequent sexual indulgence will result in physical injury to the sexual system, and to the nervous system, and bodily health in general' (1890, 72). Paterson, in contrast to Smith, developed the concept of an ideal woman who would constantly be engaged in an internal struggle against this orgasm. In so doing, he quoted heavily from the social theories of Dr Blackwell, the first female doctor in the anglophone world, who Kate Krug has described as a feminist physiologist.³ Drawing on Blackwell's ideas, Paterson's ideal woman would, with agency and an innate sense of morality, display the requisite attributes of the Enlightenment concept of the rational individual articulated by liberal philosophers (Pateman 1989, 18).

Paterson posited that it was not sexual intercourse itself that was harmful to women, rather 'what does the harm, is the orgasm which accompanies the act, and if this is not indulged in no baneful effects will follow the act' (1890, 72). Borrowing from Blackwell's language of protestant purity, Paterson's 'pure woman' could control the orgasm. He insisted that the dangerous orgasm was 'in the power of any pure woman to restrain if she wishes' (1890, 72), suggesting that the fall from purity came not only from the experience of orgasm but also more perniciously from *wanting* to experience it: the orgasm went hand in hand with deviant desires, and both could kill. Poised at the crossroads of health and disease at that moment when her body approached a climax, Paterson's 'pure woman' had a choice; she had a type of agency.

She also had an innate sense of morality that saw her decide between the paths of respectability and deviance, love and lust. Quoting Blackwell, Paterson suggested that the ideal woman instinctively regarded 'lust, as sin,—a sin which it would be a shame for a pure woman to feel, and which she would die rather than confess [*sic*]' (cited in Paterson 1890, 80). That the distinction between these two types of desire was one of morality becomes clear with Paterson/Blackwell's insistence that 'as long as [the] moral aspect of sex is maintained, it remains *love*, as soon as it is lost, it becomes *lust*'.⁴ With agency—

albeit over the limited domain of her own body—coupled with an innate sense of morality, this ‘pure woman’ who could curtail that orgasm resembled a rational individual, that apparently universal unit of modern liberal societies that feminist critiques have revealed to be implicitly male.⁵ While Paterson’s feminist-inspired ideal woman could overcome the orgasm and display her rationality—and thus her equality to men—paradoxically such an argument also reinforced the anti-feminist notion that female bodies naturally tended towards unruliness if not kept in check with the guidance of a doctor.

Smith and Paterson’s respective discussions of the orgasm were woven around the prostitute woman and the ideal woman, two femininities defined in sharp contrast to each other during this late colonial period (Russell 1994, 92). In popular medical profiles of both these types of women, the orgasm emerged as a counterpoint to poise, control, rationality and health. It was evoked with different emphases by these two sex doctors to reinforce women’s disorderliness (an anti-feminist discourse) *and* to demonstrate her ability to overcome this disorderliness (an identifiably feminist discourse).

It is likely that, contemporary to Smith and Paterson, various other medical accounts of orgasms across the English-speaking world positioned women in a variety of ways, as the ‘unevenness’ of Victorian sexuality was wont to do. Yet these two slightly different discussions of the orgasm in colonial Australia offer a glimpse into the politics of sameness and difference to an implicit male norm of the individual, feminism and anti-feminism that were articulated simultaneously at this discursive site about the female body. Popular medical pedagogy about sex mapped distinctions between ‘moral’ and ‘immoral’ behaviour to healthy and diseased bodies, drawing boundaries between respectable and depraved femininities, and medicalising these distinctions of class. What emerged into the public sphere from this science of distinctions were elusive norms of European femininity and descriptions of deviant and diseased ‘Others’, against whom she was defined.

Colonial Anxieties

Close scrutiny of these elusive norms of feminine health articulated in medical pedagogy reveals some peculiarly colonial anxieties that marked British ‘settler’ consciousness in the antipodes. While Stoler has suggested that colonials were viewed from the metropole as ‘parvenus, cultural incompetents, morally suspect, and indeed “fictive” Europeans’ (1995, 102), popular medical pedagogy reveals that antipodeans at times also viewed themselves through this framework. While not necessarily unique to the antipodes, the sexual deviants that these guidebooks described were framed in sex-doctors’ introductions as ‘social disturbances to which the exigencies and accidents of new colonies necessarily give rise’ (Beaney 1877, vii). While historians have detailed colonial administrators’ anxieties about convict women’s ‘depraved and disorderly’ sexualities in the first half of the nineteenth century (Damousi 1997; Daniels 1998), somewhat remarkably Smith, Beaney and Paterson never evoked this convict stain in their discussion of colonial sexuality. Instead, Beaney argued, rather abstractly, that this ‘society, not consolidated nor restrained by the long-established barriers of formality which prevail[ed] in the polished centres of Europe ha[d] more latitude and, consequently, more dangers’ (1877, vii). In unison with Beaney, Paterson argued that the ‘familiarity permitted between the young of opposite sexes in these colonies’ was a matter of medical concern. While it

resulted in 'a state of things in which woman is far the greater loser', in Paterson's opinion it was also a condition 'for which she is largely to blame' (1890, 14).

To combat the unhealthy colonial condition for which Paterson held women largely accountable, these doctors agitated for stricter medical supervision of women and greater public discussion of women's sexuality, blurring distinctions between the public and private spheres, and ironically increasing familiarity between the sexes. Indeed, sex doctors reproduced the most intimate details of medical consultations and case studies for public perusal in their pedagogy. Whilst people such as Janet Burt appeared unnamed, doctors left a deliberate trail so that even 150 years after the events it is not difficult to locate the precise incident. In *Obstacles* Smith reprinted in full what he claimed was a letter from a 'young bush woman' with the correspondent's name and address omitted, exploiting the commercial appeal of such classified confessions. The letter revealed that she was recently married and had 'loved' her husband 'with the greatest love both before marriage, and for three months after it'. To her dismay, however, only seven months after their union, his love towards her cooled. According to Smith she wrote:

Pardon me if I say it to you, and I only do so because you invite confidence [*sic*] he seldom now embraces me at night; and when he does, as soon as he has finished he turns away from me, and never utters a word, but is sullen and quite morose. (1864, 85–86)

While it is impossible to know conclusively whether Smith fabricated this letter, and regardless of its authenticity, the inclusion of such a document suggested to the audience that medical confessions were never completely secret, reminding colonial Britons that doctors' consultation rooms were precariously suspended between the private and public spheres. The detailed profiles of women's alleged sexual experiences that escaped from these medical quarters into sex manuals, and sometimes into the scandal columns of the colonial press, in effect increased the familiarity between men and women in the Australian colonies.

Barbara Leckie, in her analysis of divorce court journalism in North America in the late nineteenth century, argues that the public proliferation of such discourse about people's intimate lives blurs the division between public and private spheres (1999, 67). Leckie suggests that it also increases and extends what Michel Foucault called the 'apparatus of sexuality', implementing new surveillance devices that penetrated people's most private moments (1984, 121). Propelled by the interests of their businesses, antipodean sex doctors agitated for increased familiarity between women and physicians as an antidote to the unhealthy colonial familiarity between women and men. The extension of this 'apparatus of sexuality' took on a special urgency in the Australian colonies because of the perceived colonial deterioration of the 'barriers of formality' (Beaney 1877, vii) that sex doctors evoked as rigid, fixed entities in the Europe of their imagination.

In persuading literate women with the means to pay medical bills to step into consultation rooms to discuss sex, these doctors embarked on a campaign to sexualise respectable femininity and invent ideal femininity anew, moving away from those elusive European norms they were forever trying to pin down. Smith held the letter from the 'young bush woman' up as an example of this new sexualised respectability. According to Smith, she appealed to him for advice lamenting that:

I am young, and have no female friends with whom I could converse on the subject, even if I could do so without shame. My mother died early, and I was educated alone in the bush under my father's and my brother's care. (Smith 1864, 86)

Such an appeal depicted a heroic and isolated white woman working hard to cultivate her femininity in the rough surrounds of the bush and battling against formidable distance not only from England but also the metropolitan centres of the Australian colonies. Yet this version of the respectable woman confessed her sexual history to her doctor, followed by her most secret desires for fulfilling sex, reluctantly and framed with apologies.

Such a letter, again regardless of whether it was real or fabricated, highlights how this industry of sex instruction attempted to tap into the particularly colonial anxiety about the 'tyranny of distance'⁶ from civilising influences that was a feature of white women's experience in the bush. Amidst the scarcity of female relatives, maternal instruction and female society in the Australian colonies, sex doctors advertised their medical services as essential tools in the cultivation of European femininity, particularly for women resident in the bush. In a later publication that outlined the diseases of women and children, Smith 'unhesitatingly affirm[ed] that no mother should be without [his guidebook], more especially if residing in the Bush'. He introduced this work to his 'friends in the bush . . . with much pleasure (although it has seriously encroached on my professional time)' (1874, viii). The intrusion into his professional time to appeal to white women's sense of isolation in the bush turned out to be a business risk that was well worth it in that this series saw Smith become the most successful mail order medicine provider in the Australian colonies (Martyr 2002, 117).

While popular medical pedagogy contains traces of specifically colonial anxieties about the deterioration of European 'barriers of formality' and white women's sense of isolation in the bush, it is remarkable that these anxieties had little to do with Aboriginal people, with whom many rural white women shared and negotiated their daily domestic spaces.⁷

It is likely that the colonial inflections that *do* appear in this genre were motivated both by the business interests of doctors and genuine anxieties about maintaining 'Europeanness' in the Australian colonies. A noteworthy tension emerges in antipodean pedagogy between the cultivation of 'Europeanness' and sex-doctors' business interests. This occurs alongside a disjuncture between the apparent goals of the doctors and the actual effects of their literature. They set out to maintain distance between men and women, but (perhaps unintentionally) blurred the distinctions between the public and private spheres, increasing sexual familiarity between men and women. They advertised their medical services to reproduce the norms of British femininity, and instead defined a new set of norms for ideal femininity. They offered to bridge the distance between white women in the bush and 'civilisation', but in the process reminded these women just how dangerous their isolation was. In setting out to cultivate 'Europeanness', they made this elusive ideal always seem slightly out of reach. While this may have called into question the viability of 'Europeanness' in the antipodes, the success of a locally produced industry of sex medicine depended on the existence of anxiety about the colonial condition. Accordingly, sex doctors fanned the flames of these fears that they themselves probably subscribed to, advertised themselves as experts on this colonial condition that they partly invented, and then cashed in on the financial rewards.

Feminist Discontents

Any misgivings that white women may have had about intimate encounters across racial boundaries never made it into popular medical discourse, yet this genre did open up a space where white women could potentially discuss both unfulfilling and non-consensual marital sex, previously buried at the heart of the private sphere. It is likely that their concerns fell on uncaring ears for the most part, as these sex doctors almost always dispensed advice congruent with their ideas about women's deferential role. For example, in response to the young bush woman's desires for more pleasing sexual encounters, Smith wrote back with 'a few practical hints . . . as to how she should conduct herself towards her liege lord and husband' (1864, 87). Paterson recounted that, when asked by 'many women' how often they 'should *permit* sexual congress with [their] husband',⁸ (contradicting his earlier insistence on women's bodily autonomy) he replied that 'The Bible says "the woman hath not power over her own body but the husband" and I cannot better answer the question' (Paterson 1890, 71). That women asked how often they should permit men access to their bodies also indicates that consultations with doctors were sometimes used, by women who could afford them, to question men's 'conjugal rights' in the bedroom. While doctors coaxed female sexualities out of the private sphere and into their surgeries—implicating women in an asymmetrical relationship of power with a male doctor—this could also inspire questions in their female patients that had the potential to destabilise power relations in the bedroom.

Indeed, by the time that Paterson was writing, feminists in the Australian colonies were asking many of the same questions about their 'duties' in the marital bedroom. As historian Marilyn Lake has outlined, a key demand in the campaign for women's suffrage was married women's right to escape unwanted sexual advances in what suffragist Louise Lawson called the 'chamber of horrors' (cited in Lake 1999, 20). Paterson's indignant response and immediate deferral to the husband was perhaps an attempt, at least publicly, to distance himself from the feminist agendas that were gaining momentum by 1890. Sex advice that doctors dispensed in the name of British norms, propelled by the motor of capitalist growth in the second half of the nineteenth century, established a discursive space that had the potential to link feminist concerns, women's prescribed and actual desires, to a lucrative and booming industry of sex medicine.

While opening up a space for the expression of sexual concerns and at times feminist discontents, the penetration of this 'apparatus of sexuality' into the marital home was for some women in the Australian colonies a violent and intrusive experience. Consummation of the marriage contract became enforceable by doctors as women who displayed 'indifference to the husband' or sometimes refused to 'yield to the caresses of their husbands' came under increased medical scrutiny (Paterson 1890, 79–81; Beaney 1877, 210). Beaney assured husbands that wives who 'objected emphatically to physical union' could be cured and noted that women afflicted with this malady sometimes suffered from 'an almost continual headache' (Beaney 1880, 128–29).

In one case, a recently married man rushed into Beaney's consultation room claiming that he could not perform the act of sexual congress with his wife and she was a 'deformed woman'. Upon examining the woman, Beaney discovered that her 'hymen was thick and unyielding' (1877, 211). As Paterson made explicit in his advice, the 'pure woman' accepted that 'Woman's natural part in sexual congress is . . . the reception of the male vivifying element' (1890, 59). Thus, Beaney found the small piece of skin that stubbornly

stood firm against this rule to be a medical abnormality. He 'therefore divided it with a bistoury, and dilated it with a Weiss' dilator'. Beaney made no further comment on the woman but noted that the next day the grateful man 'grasped [Beaney] most excitedly by the hand and said it was "all right"' (1877, 211). Indeed, antipodean sex doctors suggested to women that the 'tough or unyielding hymen is one of the most frequent circumstances which interfere with the functional integrity of the female sexual system' (Beaney 1877, 292). Accordingly, these doctors outlined case studies advertising their surgical services to restore what Paterson called 'women's natural part in sexual congress' (1890, 59).⁹ Thus a surgical procedure, which ensured men's sexual access to women's bodies, became framed as a medical 'option' for women as the 'apparatus of sexuality' continued to infiltrate of the most private corners of the white female body.¹⁰

'Others' Who Defied Classification

While marital sex became a medically enforceable norm, certain married women defied the scientific distinctions between respectability and depravity. Beaney introduced the topic of lesbianism early in his manual within a more general discussion of sexual excess. He claimed that 'sexual excesses [are] almost as ancient a practice as the human race itself' and that 'even the Scriptures furnish records of the sensuality of the Asiatic and African nations'. Specifically, Beaney noted that 'the ancient Egyptians were notorious for their sexual excesses. The Lesbian love, which led to the extirpation of the clitoris . . . comes from this region' (1877, 30). Insisting that in the Australian colonies lesbianism was 'one of the most incomprehensible mental or psychological conditions to which women are subject', he dedicated an entire chapter to this phenomenon (1877, 379).

While historians have established the proliferation of lesbian relations between convict women in the first half of the nineteenth century (Daniels 1998, 157–87; Damousi 1997, 9–58), to Beaney's astonishment, in the latter half of the nineteenth century this 'lesbian love' often occurred within respectable society. He wrote:

This extraordinary phenomenon I had the opportunity of witnessing in a married woman of respectable status in society, who professed to have intense repugnance to her husband, and the whole of the male sex, but who exhibited, and confessed without hesitation, her unbounded love for one of her own sex, who by no means reciprocated the unnatural passion. (1877, 379)

For Beaney, such a display of 'exaggerated desire' in this respectable woman was utterly inconsistent with the natural modesty and emotional self-control by which her class was defined. He held up in contrast the 'passive object of her affections', who also being from the respectable classes was utterly bewildered by her friend's confusing sexual advances. Beaney divulged that when 'tormented . . . with libidinous and passionate embraces . . . [the friend] was disposed, in some degree, out of a mere platonic affection, to humour her eccentricities'. The 'unnatural' situation finally ended with 'the persecuted woman proceeding to another colony, out of the reach of her tormentor' (Beaney 1877, 379–80).

After relating his encounters with colonial incidents of lesbianism, Beaney refocused his attention on these women's defiance of the distinctions between respectability and depravity. For Beaney 'it [was] not so unlikely to create astonishment, that unnatural feelings of a very marked nature should betray themselves amongst the prostitute class' (1877, 381). However, he wrote that it was 'beyond the range of medical philosophy to

divine the special causes for its existence in the respectable area of the social sphere' (1877, 381). The medical philosophy that Beaney worked within (and was ultimately failed by) rested on the assumption that female respectability and aspirations to 'Europeanness', in flux and elusive as this category was, were inseparable qualities. Lesbian desire in respectable women presented some troubling contradictions for scientists of desire. Sometimes science could not explain what women wanted in the Australian colonies.

Such contradictory bodies disrupted the infallibility of science and marked the limits of European knowledge. It also brought into question the implicit desirability and superiority of the cluster of class, gender and sexuality-specific cultural sensibilities that sex doctors' defined as healthy, modern and 'European'. While this genre of medical literature was busy cultivating and defining the links between sexual deportment and respectability, anomalies such as 'lesbian love' revealed that many women, having attained this sought-after status of respectability, were not satisfied. They wanted something else.

In his early discussion of lesbianism, Beaney looked to the sexual practices of 'the Ancient Egyptians' to locate its origins. Later, within his chapter on lesbian desire or 'unnatural feelings in women', he suggested that the writings of 'Voltaire, Rabelais, and other writers, like Juvenal and Martial, under the Roman Empire' contained allusions to same-sex desire, albeit amongst men (1877, 381).¹¹ Beaney's invocations of these distant and pre-modern 'Others' in his discussions of lesbianism suggest that he suspected that colonial lesbians aspired to something completely alien to the modern ideal of 'Europeanness' into which doctors were trying to fashion colonial women.

Beaney also found lesbians 'incomprehensible' and of foreign origin because they were almost unheard of in the works of the modern men of science he was reading. Historians of British sexuality have dated Havelock Ellis and John Addington Symonds as the first British medical voices on the matter of lesbianism with the publication of *Sexual Inversion* (1897), two decades after Beaney's discussions of lesbianism. Historians of North America have also dated the emergence of the scientific category of the 'lesbian' to Ellis's idea that lesbians were men born in women's bodies, or 'inverted' men.¹² Alexander Parent-Duchatelet was the only modern writer of whom Beaney was aware who had recorded the existence of this most incomprehensible condition. Following Parent-Duchatelet, who wrote from within the very belly of urban Europe, Beaney mapped this unsettling phenomenon to far-away lands and ancient cultures that he considered more primitive than his own, racialising the condition. Thus while 'Europeanness' was not defined in opposition to local Aboriginal 'Others' in the Australian colonies, it was defined against a range of 'abnormal' colonial bodies that at times disquietingly resembled geographically distant 'Others' from a bygone era. Most likely unaware of the lengthy discussions of lesbianism amongst antipodean doctors of earlier generations (Damousi 1997, 70–71), Beaney made no mention of convict women.

Interestingly, Ellis opened his famous and definitive treatise on female and male homosexuality by observing that

the origin of these Studies dates from many years back . . . Living partly in an Australian city where the ways of life were plainly seen, partly in the solitude of the bush, I was free both to contemplate and to meditate amongst many things. (1897, 5)

Ellis lived in the Australian colonies during Beaney's heyday, between 1875 and 1879. Is it possible that the 'ways of life' Ellis observed in the Australian colonies were informed by Beaney's exposition on colonial sexuality? While *Kanga Creek* (1989), Ellis's account of his

time in the Australian colonies, confirms that sex emerged as a key interest at this stage of his life, his engagement (or lack thereof) with colonial literature on sexuality can only remain speculative. Nonetheless, it is noteworthy that while Beaney located lesbianism at the margins of Western knowledge in the 1870s, in the next generation of scientific thought Ellis theorised women's desire for women within his discussions of 'sexual inversion', bringing lesbian bodies within the bounds of scientific enquiry for generations to come.

Women who lost themselves in the overwhelming orgasm, women whose bodies defied penetration by their husbands and women who sexually desired someone 'Other' than the European male, were all declared diseased by medical men in the Australian colonies. In their bid to re-create 'Europe' in the antipodes, these sex doctors stood poised with their tools of science and reason, ready to sculpt bodies, intimate relationships and desires into acceptable forms and recognisable norms. While in Foucault's account doctors argued that 'society must be defended' from abnormalities emerging from within (2003, 61–62),¹³ in the Australian colonies sex doctors argued that European society had to be both re-created and defended, electing themselves the front line of this simultaneous attack/defence of the antipodean polity.

An Imperial Discourse?

In the Australian colonies popular sex advice for women cultivated class distinctions, reinvented ideal femininity, enforced 'heterosexuality' and pathologised lesbianism, but made no explicit mention of intimate frontiers between European colonisers and Indigenous people. Ann Stoler, however, has urged historians to consider how medical pedagogy in colonial societies informed racial distinctions on colonial frontiers (1995, 155–64; 2002, 74). Damousi's suggestion that the Irish were considered a 'race apart' in the first half of the nineteenth century (1997, 55) invites the interpretation of the female Irish servant, a recurrent motif within discussions of children's sexuality, as a racial 'Other' in this discourse. However, it is significant that Indigenous 'Others' are entirely absent from Beaney, Smith and Paterson's accounts of colonial intimacies. Despite substantial evidence of intimate sexual contact between Aboriginal people and colonial Britons,¹⁴ not to mention Chinese immigrants and Pacific Islander labourers during the second half of the nineteenth century,¹⁵ these intimacies left no traces on the pages of popular medical discourse.

Thus, while much recent historical scholarship has located at colonial frontiers, the racial 'Others' against whom the very idea of 'Europeanness' was defined,¹⁶ popular sex advice in the Australian colonies complicates this trend. Historian Lisa Featherstone has also drawn attention to this noticeable absence of Aboriginal women from medical discussions of parturition in the latter half of the nineteenth century. Featherstone's investigation into the scholarly discourse of obstetrics and gynaecology that existed parallel to the popular discourse examined in this article reveals that when doctors discussed 'native' women in 'Australasian' medical journals, they were likely to be referring to Pacific Islander or Maori women and not Indigenous women from the Australian colonies (Featherstone 2007).

This peculiar absence of Aboriginal women from both popular and scholarly discourses of female sexuality is consistent with two closely related and powerful institutions that underpinned 'settlement' in the Australian colonies: the 'cult of

forgetfulness' and the legal fiction of *Terra Nullius*. The former refers to the erasure of Aboriginal people from antipodean art, literature and history and buttressed *Terra Nullius*, the notion that the antipodes was an unpeopled land (Goodall 1996, 104–06). The omission of Aboriginal people from medical discourses during this time is consistent with historian Heather Goodall's argument that it was in this late colonial period that the cultural groundwork was laid for this 'cult of forgetfulness'. Hence, while popular pedagogy for women, peppered with specifically colonial anxieties that were informed by a desire to re-create 'Europe' in the Australian colonies, formed a *colonial* discourse, whether medical discussions of intimacy are identifiable as an explicitly *imperial* discourse is far more ambiguous, marking a complication for Stoler's insights on colonial intimacies.

Circuits of Racial Thinking

This Victorian sexual culture (emerging from the points where 'Europe' arrived at the Australian colonies) may not have been an explicitly imperial discourse. Yet a close reading of Beaney's discussion of female sexual desire reveals that the healthy norm—and various deviants—that emerged at this discursive site were cast from what Catherine Hall has called a 'cauldron of racial thinking' (2004, 49). Beaney's attempt to locate the precise coordinates of 'sexual desire and its causes' drew from the explicitly racial science of phrenology. He quoted extensively the theories of John Elliotson, founder and president of the British Phrenological Society.¹⁷ For the most part Beaney agreed with Elliotson that '[sexual] desire is strong or weak in the adult ... in proportion to the size of the cerebellum' (quoted in Beaney 1877, 16). His wider reading and experiences in the colonial consultation room, however, had convinced Beaney that on some occasions excess sexual desire and the 'morbid sensibility of the genitals in women [was] dependent rather upon local irritation than from a large cerebellum' (1877, 43–44).

In her history of racial sciences, Nancy Stepan has shown that phrenology arranged races in a hierarchy with the African and Aboriginal Australian at the bottom (1982, 46). As historians Andrew Bank (1996) and Henry Reynolds (1974) have shown, this science was inextricably bound to the project of imperial expansion and the expropriation of land in (respectively) South Africa and the Australian colonies. Bank has argued that 'specimens' were collected in the process of frontier violence and this very violence was justified by the science of distinctions that was woven around these 'specimens'. So, while Beaney's discussions of female desire may have been built upon scientific knowledge created about Aboriginal people in the Australian colonies, he was either unaware of this or deemed it unimportant. He interpreted knowledge about female desire as being produced in and emanating outwards from the centres of Europe.

The fact that Elliotson's phrenological theories of racial desire found their way into Beaney's discussions of white sexuality illuminates a route via which scientific discourses of 'Otherness' reverberated across Europe and the Australian colonies. As Bank and Reynolds have shown, in the first half of the nineteenth century the body parts of Indigenous people were transported to the metropole as raw materials for the production of the science of phrenology. On return to the Australian colonies in the latter half of the nineteenth century, this phrenological knowledge appeared in popular colonial sex advice stamped with European authority and devoid of traces of its imperial roots, the remnants of frontier violence having been deposited for display in metropolitan museums.¹⁸

Hence, at various points during the long nineteenth century, scientists encountered people in the Australian colonies whose bodies defied existing medical categories and rebelled against the boundaries of European science. It was knowledge producers in the metropole, however, who declared explanations woven around these 'specimens' to be scientifically true, acting as arbiters of the flow of scientific wisdom between the generations of scientists who medicalised rebellious bodies in the Australian colonies. The position that antipodean medical pedagogy occupied—in what Stoler has described as a 'circuit of knowledge production' (2001, 831)—reveals something of the process that erased Aboriginal people from popular consciousness in the Australian colonies in the second half of the nineteenth century. Locating colonial sex advice for white women within this larger temporal and geographical flow of scientific ideas illuminates the interconnectedness of a science of settlement that cultivated 'Europeanness' in colonial society to sciences of invasion that destroyed Indigenous bodies on imperial frontiers. While not explicitly defined against Indigenous 'Others' in the Australian colonies, in fashioning colonials into 'Europeans', Smith, Beaney and Paterson at times employed tools forged in the process of invasion. Whether or not sex doctors were aware of it, the society they aspired to build was intricately interdependent on the devastation of another.

Conclusion

On his arrival to the scene of Janet Burt's death in June 1857, Louis Lawrence Smith unpacked from his bag of medical tools the latest in a range of scientific implements to carve open her 16-year-old corpse, finding what he believed to be the telltale signs of a fatal orgasm. The observations he wrote down about the incident in Little Bourke Street found a place in popular medical pedagogy of the day alongside the profiles of women gathered by James George Beaney and Alexander Paterson. Drawing from a rich source of sex scandals, medical confessions and letters, these doctors stitched together a rich discursive site of colonial intimacies.

Feminist analyses of the multiplicity of female bodies frozen in the pages of popular pedagogy reveal telling details about a historical moment when the 'free settler' became the constituent unit of the antipodean polity. It was a moment when feminist and anti-feminist rhetoric, prescriptions for healthy norms and descriptions of an army of deviant forms of femininity were articulated simultaneously within a discourse propelled by a booming capitalist economy of sex medicine. While titillating accounts of orgasms, caresses in marital bedrooms, tough hymens and lesbian desires saw these sex doctors make a profitable business out of revealing what was *really* going on under the covers of Victorian propriety, intimacies across racial boundaries that were prevalent in the Australian colonies left no traces in this repository of colonial intimacies.

Recently, postcolonial scholars of the British Empire have begun to redress metropolitan 'blindness' to the existence of empire.¹⁹ In the Australian colonies, where colonial Britons existed with intimate proximity to Indigenous subjects of imperial rule, this blindness, or 'cult of forgetfulness', emerges as a key organising feature of popular medical culture in the second half of the nineteenth century. While the erasure of Aboriginal people from popular cultural consciousness, so necessary for the maintenance of the legal fiction of *Terra Nullius*, may have been a crucial strategy in the implementation of imperial power in the Australian colonies, it presents cultural historians with significant challenges in deciphering the dynamics of power at points of intimate contact across racial

boundaries. If Aboriginal women were outside the discursive domain of popular medicine (and scholarly medicine, as Featherstone's work suggests), does this imply that Aboriginal people were outside the clutches of disciplinary power during this period? What, then, were the mechanics of imperial power in the Australian colonies in the latter half of the nineteenth century?

By using tools of analysis assembled by 'Foucauldian', postcolonial and feminist scholars of gender, race, empire and medicine, this paper has considered a range of female sexualities in popular medical pedagogy in the Australian colonies. Such an analysis has revealed the medical study of female sexuality in the late colonial period to be but one chapter in a longer antipodean history of anomalies, exceptions and disruptions to 'Western' rational knowledge. Just as women's orgasms, tough hymens and lesbian love presented challenges for colonial tools of medical enquiry, the omission of Aboriginal people from this discourse presents challenges to postcolonial tools of analysis for understanding imperial intimacies. While the omnipresence of 'unruly' female bodies perturbed colonial scholars of sexuality, the eerie absence of Aboriginal people from popular consciousness in one of Britain's most devastating imperial endeavours presents complications for postcolonial scholars today.

NOTES

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- 1. A rich historiography that examines the intersection of medicine and sexuality has emerged since Foucault's *History of Sexuality* (1984). See, for example, Porter and Hall (1995); Laqueur (1990); Spongberg (1997); Poovey (1989); and Stoler (1995, 2002).
- 2. Malthusian and neo-Malthusian writers on sexuality were a small but vociferous coterie of reformers influenced by Thomas Malthus's theories on population. See Porter and Hall (1995).
- 3. Elizabeth Blackwell was the first woman to receive a medical degree in the United States, conferred at Geneva College, New York, in January 1849. See Krug (1996).
- 4. Paterson, citing Blackwell. It is unclear whether the emphasis is Blackwell's or Paterson's (Paterson 1890, 56).
- 5. Historian Nancy Stepan outlines various feminist and postcolonial thinkers who have made this critique of the liberal individual (Stepan 2000, 26–29). See particularly Pateman (1989).
- 6. This influential phrase, describing a force that shaped Australian history, was coined by historian Geoffrey Blainey (1966).
- 7. White women's diaries and letters sketch in rich detail the omnipresence of the Aboriginal domestic servant in the bush residence during this period. Margaret Young from Umbercollie employed a Pikampul woman to wet-nurse her child (Goodall 1999, 265). Katie Langloh Parker went for dips in her nearest watering hole with her servant Burahgurree (Muir and Parker 1982, 129). Rosa Campbell Praed, on the other hand, at the age of eight fell in love with Ringo, the son of her Kamilaroi nanny, and there have been suggestions that the Aboriginal girl that Rosa's family adopted was her half-sister (Clarke

- 1999, 13–15). For more accounts of Aboriginal women in white domestic spaces, see Goodall (1996, 57–66, 72) and Reynolds (2000, 85).
8. Paterson's emphasis (Paterson 1890, 71).
 9. Paterson, like Beaney, noted that the 'Tough Hymen [was] one of the most frequent obstructions to sexual intercourse' (1890, 85). Smith introduced a similar discussion with 'I frequently am consulted by married ladies who . . . [have] contractions of the passage' (1864, 135).
 10. Paterson provided one example of surgery involving the tough hymen in his section on 'Hindrances to Coitus' (1890, 85–86). Beaney, on the other hand, quoting obstetricians from Europe and from North America, provided numerous examples of surgery on 'Tough Hymens' in both his sections advising women and men. For accounts of surgery he himself claimed to have performed within his chapter on the 'Defects in the Female Generative Organs', see Beaney (1877, 296–98, 306–07). Smith included three case studies of surgery to cure 'contractions of the passage' (1864, 135–37).
 11. Beaney here is quoting Alexander Parent-Duchalet, a Parisian expert on prostitutes, who claimed that these writers made allusions to same-sex activity between men (1877, 381). See Spongberg (1997, 36–37) for the context from which Parent-Duchatelet was writing.
 12. For British developments see Porter and Hall (1995, 160). For an overview of North American developments in the science of lesbianism, see Somerville (1998, 63) and Gibson (1997, 108).
 13. See Stone (2004) for a good outline of Foucault's ideas about 'defending society' from the 'abnormal'.
 14. See Reynolds (1982, 171–72, 177); McGrath (1987, 68–95); and Robert (2001). More recently, there has been historical enquiry into sexual relationships between white women and Aboriginal men in Maynard and Haskins (2005).
 15. See Ellinghaus (2003). For an account of marriages between people of Chinese and British origin, see Bagnall (2003).
 16. Edward Said was one of the first to pursue this line of enquiry (1978). Ann Stoler and Fredrick Cooper provide an overview of postcolonial thinkers who utilise this approach (1997, 5). See also Catherine Hall (2002) for an account of the mutual constitution of coloniser/colonised.
 17. See, for example, Beaney (1877, 13, 14, 16, 43, 144–45, 150). While it is unclear from which of Elliotson's works Beaney was drawing, he refers (1877, 14) to *Elliotson's Physiology*. For further details on Elliotson, see Bank (1996, 395).
 18. The museum of the Royal College of Surgeons in Britain, incidentally where Beaney studied medicine, housed the largest number of phrenological specimens in Britain. Of Indigenous peoples from the Australian colonies, the collection included five skeletons, some 23 skulls and skull fragments, and nine Tasmanian skulls (Turnbull 1994, 13).
 19. For an example, see Hall (2002).

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