THE 'S' WORD

THE SPECTRE OF SYPHILIS WITHIN MIDDLE-CLASS MARRIAGE IN LATE VICTORIAN AND EDWARDIAN BRITAIN

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Introduction

A Social Indelicacy

n 1870, amidst all the talk about the implications of venereal disease for L'fallen and contagious women on the one hand and pure women and children on the other,' Josephine Butler observed a tendency to 'ignore ... the existence of that intermediate class, who convey contagion from the one to the other.' As Butler noted, 'certain persons resent, as if it were an indelicacy, any allusion to that most important link, the adulterous husbands and fathers, who are dispensing disease and death in their families.'1 She was not alone in identifying the role of men in the spread of syphilis. The years between 1870 and 1914 witnessed profound shifts in the medical understanding and cultural representations of syphilis and its sufferers. Prostitutes had traditionally been recognised as the primary carriers of disease and men their 'unsuspecting victims.'2 By the twentieth century, responsibility for the spread of syphilis into middle-class homes had been redistributed across the gender divide. This thesis charts the changing medical and social attitudes towards the conjugal and congenital transmission of syphilis during the fin-de-siècle and the effects of these changes upon the construction of middle-class male identity and gender relations.

Syphilis was the deadliest and most frightening of the 'venereal diseases' known to Victorians and, like all venereal disease, carried the stigma of sexual

¹ Josephine E. Butler, 'An Appeal to the People of England on the Recognition and Superintendence of Prostitution by Governments' (1870), in Sheila Jeffreys (ed.), *The Sexuality Debates* (New York: Routledge and Kegan Paul, 1987), p. 123.

 $^{^{2}}$ J. Ernest Lane, 'Racial Poisons', *The Eugenics Review*, Vol. 1 (April 1909-January1910), p. 258.

immorality.³ Its insidiousness played upon the public imagination and its terrible implications for families weighed heavily upon a society increasingly troubled by the possibility of racial and moral decline. No other venereal disease attracted the same level of concern from doctors, feminists, eugenicists and social reformers.⁴ Historian Allan Brandt claims that the social construction of syphilis reflected and reinforced fundamental social fears and assumptions regarding class, gender, sexuality and family.⁵ However, I would argue that Victorian and Edwardian understandings of syphilis actually destabilized perceptions of femininity, masculinity, sexuality and their relationship within middle-class families. Syphilis became a site of contested gender constructions and medical opinions, a subject of controversial popular fiction and a source of social tension. It is with syphilis and its cultural manifestations and implications that this thesis is concerned.

Until recently, histories of venereal disease have been written from a clinical perspective. Medical historians have tended to focus upon the discoveries of prominent venereologists as well as developments in the methods of diagnosis and treatment.⁶ Although still concerned with the role of the medical profession, the present study is a cultural history requiring the textual and sub-textual analysis of

³ Although now replaced in medical and social discourse with 'sexually transmitted infection', Victorians used the term 'venereal disease' to describe those illnesses contracted through sexual intercourse. Gonorrhoea was the other major venereal disease of the nineteenth century, second only to syphilis in its prevalence and virulence. Lesley Hall, '"The Cinderella of Medicine": sexually transmitted diseases in Britain in the nineteenth and twentieth centuries', *Genitourinary Medicine*, Vol. 69 (1993), p. 314.

⁴ After the disappearance of the initial chancre, syphilis entered an indefinite period of latency that often led doctors and patients to assume that the disease had been effectively treated. However, in the secondary stage, a sufferer was afflicted with rashes over their entire body. Tertiary stage syphilis affected the nervous system and major arteries, and sometimes resulted in the general paralysis of the insane.

⁵ Allan Brandt, No Magic Bullet: A Social History of Venereal Disease in the United States since 1880 (Oxford: Oxford University Press, 1895), p. 1.

⁶ J.D. Oriel, The Scars of Venus: A History of Venereology (London: Springer-Verlag, 1994).

key medical, fictional and social literature. This thesis places syphilis within a wider cultural context in order to understand how knowledge of this disease was built up and how such constructions influenced, and were influenced by, Victorian conceptions of masculinity, male and female sexuality, marriage, the double standard, hereditary decline, and the social position of women.

Changes in attitude towards syphilitic marriages and diseased masculinity were brought about by fundamental and gradual shifts in medical opinion that were adopted and extrapolated by the women's movement and eugenicists from the 1890s onwards. Chapters one and three demonstrate how the medical and social debates surrounding the contentious issues of paternal heredity and the infection of women heavily contributed to the emergence of a troubling and controversial conception of masculinity. This was an identity that, as examined in chapter two, was translated from the exclusive medico-moral language of medical literature and became a controversial subject of fiction during the 1890s.

In comparison to the extensive study made in recent years upon the subject of gender and women's history, little attention has been directed towards the history of masculinity, especially in relation to venereal disease. As John Tosh has argued, masculinity was an important ideological and social construct. But unlike Victorian ideals of femininity that were used to define respectable women, middle-class masculinity did not signify sexual, biological or social subordination but was

⁷ Judith Walkowitz's pioneering *City of Dreadful Delight* demonstrates how men were able to transfer moral responsibility for disease and degeneracy onto the bodies of prostitutes. Mary Spongberg's *Feminising Venereal Disease* makes valuable headway into the comparatively under-examined issue of venereal disease among men, particularly medical understandings of 'paternal inheritance.' See Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in late-Victorian London* (Chicago: University of Chicago Press, 1992).; Mary Spongberg, *Feminising Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse* (New York: New York University Press, 1997).

understood to be part of a traditionally dominant historical discourse.⁸ Although the subject of masculinity has been an implicit factor in much feminist analysis of gender over recent decades, there has been a conscious resistance to the study of masculinity as a subject in and of itself lest a focus on male experience overshadows all other perspectives.⁹ Yet as Natalie Zemon Davis correctly observed a number of years ago, the social formulations of masculinity cannot be studied in isolation from women, since each defines, and is defined by, the other.¹⁰ This thesis examines the impact of syphilis upon masculinity within a wider context of Victorian gender relations and constructions.

According to suffragette Cristobel Pankhurst, the spread of infection into the home by diseased husbands was a greater offense than the infection of men by prostitutes since 'the man who is diseased can, and in innumerable cases does, communicate his disease to his unsuspecting wife and ... children.' It suggested that husbands, by cavorting with prostitutes, had sacrificed their moral authority and manly virtues of temperance and self-control. Tosh has argued persuasively that masculine identities underwent a significant reconfiguration during the *fin-de-siècle*. 12

⁸ The term 'masculinity' was not interchangeable with 'manliness'. Manliness was only secondarily concerned with gendered and sexual relationships with women. As such there is little scope within nineteenth-century constructions of manliness to explore the sexual identity and desires that form an important dimension of masculinity. See John Tosh, *Manliness and Masculinities in Nineteenth-Century Britain* (Edinburgh: Pearson Education Ltd., 2005), pp. 29-35.

⁹ James Eli Adams, *Dandies and Desert Saints: Styles of Victorian Manhood* (Ithaca: Cornell University Press, 1995), p. 3.

¹⁰ Natalie Zemon Davis, "Women's History" in transition: the European case', *Feminist Studies*, Vol. 3, no. 3/4 (1976), p. 90.

¹¹ Cristobel Pankhurst, *The Great Scourge and How to End It* (London: E. Pankhurst, 1913), p. 32.

¹² John Tosh, *A Man's Place: Masculinity and the Middle-Class Home in the Victorian Period* (New Haven: Yale University Press, 1999).

Attempts to raise standards of male behaviour meant that middle-class husbands and fathers were becoming the subjects of growing scrutiny, debate and criticism.¹³ Doctors, eugenicists and feminists became increasingly vocal in their condemnation of men who 'sowed their wild oats', thus endangering their families and subsequent generations.

Syphilis was the 's' word in the Victorian vocabulary - a subject that, for 'reasons of delicacy' was 'seldom mentioned in polite society.' The clandestine nature of discussion of middle-class sexual practices and venereal disease has meant that the private experience of living with syphilis has remained largely unrecorded. According to one author, writing under the *nom de plume* of 'Truth', 'there [was] a great amount of *quiet* immorality in the middle classes.' Louise Creighton similarly admitted that 'all statements made as to the number of those suffering from [syphilis] are inferences ... drawn from the few cases which ... are available.' As Elizabeth Lomax has accurately observed, modesty demanded that respectable women remain ignorant of the existence of venereal disease. Those women who were aware of the nature of their illness were compelled by the same expectations of female modesty to deny any knowledge of their own or their husband's affliction. Whilst men were more candid, honour dictated absolute discretion. Yet alongside

¹³ Tosh, Manliness and Masculinities, pp. 108-19.

¹⁴ E. Lyttelton, *Training the Young in the Laws of Sex* (London: Longmans, Green, and Co., 1900), p. 40.; E. M. Sigsworth et al., 'A Study of Victorian Prostitution and Venereal Disease', in Martha Vicinus (ed.), *Suffer and Be Still: Women in the Victorian Age* (Bloomington: Indiana University Press, 1973), pp. 77-8.

¹⁵ Truth, 'Chastity', Shafts, Vol. 3, no. 8 (September 1893), p. 140. My emphasis.

¹⁶ Louise Creighton, *The Social Disease and How to Fight It: A Rejoinder* (London: Longmans, Green and Co., 1914), p. 47.

¹⁷ Elizabeth Lomax, 'Infantile Syphilis as an Example of Nineteenth Century Belief in the Inheritance of Acquired Characteristics', *Journal of the History of Medicine* (January 1979), p. 31.

this silence there existed a flourishing commercial sex trade that called into question the sanctity of marriage, and more importantly, the purity of young, unmarried, middle-class men.

In previous histories of nineteenth-century venereal disease, the Contagious Diseases Acts of 1866 and 1869 have tended to form the basis of discussion. This thesis does not contribute to the substantial historiography already surrounding these Acts but it does acknowledge the influence of this controversial legislation upon late-Victorian and Edwardian cultural and medical understandings of syphilis. In response to the alarming prevalence of venereal disease among the armed forces, Parliament enacted legislation aimed at regulating prostitution in ports and military towns. Women suspected of prostitution could be arrested, submitted to intrusive medical examinations and if found to be infected, forcibly hospitalised. These Acts only policed female sexual activity, thereby ignoring the role of men in the spread of infection.¹⁸ The campaign mounted by Butler and the Ladies National Association for the Repeal of the Contagious Diseases Acts exposed respectable women to traditionally unsuitable spheres of knowledge. This campaign signalled the beginning of a concerted female effort to reform male sexuality and draw attention to the double standard and conspiracy of silence.¹⁹ Yet even following their repeal in 1886, when male responsibility was becoming a subject of increasing debate, the spectre of the C.D. Acts and their association with female contagion continued to influence literature published on the subject of venereal disease.

¹⁸ Josephine E. Butler, *Personal Reminiscences of a Great Crusade* (London: Horace Marshall, 1911), pp. 2-5.

¹⁹ Lesley A. Hall, 'Venereal Diseases and Society in Britain, from the Contagious Diseases Acts to the National Health Service', Roger Davidson and Lesley A. Hall (eds.), Sex, Sin and Suffering: Venereal disease and European society since 1870 (London: Routledge, 2001), pp. 120-36.; Hall, '"The Cinderella of Medicine"', p. 314.

Despite the apparent alarm over the degenerative effects of congenital syphilis, the shift in medical opinion regarding male responsibility and paternal inheritance was slow, fragmented and heavily debated. It was convenient to continue to attribute blame to prostitution.²⁰ Many doctors were reluctant to accept that men were the cause of the moral and physical degeneration of the family and race. Yet the literature produced by British doctors provided the medical foundation upon which was developed the figure of the syphilitic and degenerate middle-class man who transmitted infection to his family.²¹ Throughout this literature it is clear that the predominantly male medical profession found this figure problematic. They could not condone such a figure nor could they bring themselves to completely condemn it. Doctors were embedded in the mores of their age, unable to discus either the disease or its sufferers without situating that discussion within a wider social and cultural milieu.²² With an emphasis upon the work of French venereologist Alfred Fournier and his British contemporary, Jonathan Hutchinson, chapter one will examine the medical discussion surrounding the threat of syphilis to wives and children, and the effect of this discussion upon perceptions of male responsibility.

Historians have largely overlooked the role of the medical profession in facilitating the shift in Victorian attitudes towards diseased men. Alison Bashford rightly acknowledges the important role of the women's movement in effecting this change but she does so at the expense of addressing the equally important

 $^{^{20}}$ Henry Fitzgibbon, 'Mr Henry Fitzgibbon on syphilis', *The Lancet*, 22 December 1888, p. 1253.

²¹ M.A. Waugh, 'Alfred Fournier, 1832-1914: His influence on venereology', *British Journal of Venereal Disease* (1974). p. 234.

²² Joanne Townsend, 'Private Diseases in Public Discourse: Venereal Disease in Victorian Society' (Doctor of Philosophy (History), University of Melbourne, 1999), p. 12.

contribution of the male-dominated medical profession. Mary Spongberg has made important observations regarding the role of the medical profession in formulating a new socio-medical construction of the male body predicated upon notions of disease and immorality. However, she stops short of a detailed, comparative analysis of the disparate opinions that informed medical discourse during the fin-de-siècle.23 By contrast, Joanne Townsend's Private Diseases in Public Discourse not only addresses in detail the multifarious, conflicting, and changing opinions of the medical profession but has significantly contributed to historical understandings of the body of medical literature devoted to the subject of venereal disease. More importantly, she situates her insightful analysis within the framework of Victorian gender relations, demonstrating the privileging of male middle-class patients and the antagonism directed towards women. Of equal importance is Townsend's focus upon the articulation of these medical concerns in the New Woman fiction of the 1890s. Drawing again upon Victorian conceptions of masculinity and femininity, she has persuasively demonstrated how venereal disease captured the Victorian imagination whilst providing a conduit through which writers were able to express their dissatisfaction with the state of marriage, the behaviour of men, and the social and sexual subordination of women.²⁴

As historian Andrew Smith correctly argues, medical and social texts cannot be read in the same manner as works of fiction. The medical profession did not conceive of a masculine identity that was directly paralleled in popular literature. Likewise, literary works dealing with issues of syphilis and degeneration were not simply

²³ Spongberg, *Feminising Venereal Disease*.; Alison Bashford, "Breaking the Conspiracy of Silence": The late-Victorian and Edwardian Debate on Venereal Disease' (BA (Honours) thesis, University of Sydney, 1990).

²⁴ Townsend, 'Private Diseases in Public Discourse'.

fictional reformulations of medical, eugenic and feminist discourse.²⁵ Nevertheless, as seen in chapter two, the figure of the syphilitic middle-class man became a literary motif of New Woman literature. In Sarah Grand's The Heavenly Twins and Emma Frances Brookes' A Superfluous Woman, heroines were tied to diseased debauchees and the results were invariably tragic.²⁶ Themes of diseased masculinity, paternal heredity and degeneration also dominated Henrik Ibsen's Ghosts, which was heavily influenced by Fournier's stance on the subject of syphilis and marriage. These works effectively reintroduced the indelicate subject of syphilis within marriage to a public that preferred to sweep the entire business under the proverbial rug.²⁷ These writers targeted the hypocrisy that pardoned male sexual licence and kept women in a dangerous state of sexual ignorance. In each work, the middle-class home rather than the brothel was the space in which to articulate concern over the implications of acquired and inherited syphilis. This suggests that by the end of the century, venereal disease was understood to threaten not only the family but future generations - a theory that was taken up by eugenicists and the Edwardian women's movement who identified philandering husbands as the primary culprits.

Medically diagnosed cases of syphilis did not only signify physical degeneration for the infected individual but also stimulated concern over generational and racial decline. The general historical trend of recent decades has

²⁵ Andrew Smith, *Victorian Demons: Medicine, Masculinity and the Gothic in the fin de siècle* (Manchester: Manchester University Press, 2004), p. 5.

²⁶ Sarah Grand, *The Heavenly Twins*, Vol. 1 (London: William Heinemann, 1893).; Emma Frances Brookes, *A Superflous Woman* (London, 1894).

²⁷ Theodor Rosebury, *Microbes and Morals: The Strange Story of Venereal Disease* (London: Secker & Warburg, 1971), pp. 125-7.

been to define syphilis as a threat to the wider social body. As Lesley Hall has suggested, syphilis became a potent cultural metaphor for the sense of unease, insecurity and decline that characterised this period. Pertainly the substantial body of medical, feminist and eugenic literature regarding the hereditary implications of congenital syphilis and its impact upon the nation indicates that these writers were concerned by theories of racial decline. However, historians must remain cautious in their evaluation of this concern. Whilst the social effects of congenital syphilis occupied late nineteenth- and early twentieth-century writers they were by no means prophesising the apocalyptic ruin of Britain and its empire. Rather, they set about to produce practical means of counteracting decline and in so doing publicly addressed the problem of middle-class marriages afflicted by syphilis.

Medical conclusions regarding the effects of paternal heredity and the conjugal transmission of syphilis provided the foundations for eugenic theories and feminist arguments. As discussed in chapter three, feminists and eugenicists appropriated medical discussion of syphilis in the formulation of a profligate male figure characterised by disease and dissipation. Feminists and eugenicists addressed his moral shortcomings and physical unfitness in their writings as a means of furthering their campaign against the double standard and strengthening their demands for suffrage.³⁰ Women like Cristobel Pankhurst attacked the insidious double standards

²⁸ Daniel Pick, Faces of Degeneration: A European Disorder, c. 1848-1918 (Cambridge: Cambridge University Press, 1989), pp. 189-221.; Stephen Arata, Fictions of Loss in the Victorian fin-de-siècle (Cambridge: Cambridge University Press, 1996), pp. 14-35.

²⁹ Lesley A. Hall et al, 'Introduction', Roger Davidson and Lesley A. Hall (eds.), *Sex, Sin and Suffering: Venereal disease and European society since 1870* (London: Routledge, 2001), p. 1.

³⁰ The terms 'double standard' and 'conspiracy of silence' may appear melodramatic and clichéd but they are not imposed upon Victorian discourse by modern historians. These terms and their implications gained popular currency with the emergence of the New Woman. They were used, especially in the writings of the Edwardian women's movement, to define fundamental inequalities in gender relations and sexual practice. See Creighton, *The*

that pardoned the sexual indiscretions of philanderers; damned those women compelled by economic necessity to cater to the sexual appetites of men; and kept respectable women ignorant of, and vulnerable to, the dangers facing them upon marriage to diseased husbands.³¹ Writers of the 1890s were criticised for assaulting good taste and propriety through their references to this indelicate subject. However, by the opening decades of the twentieth century, the double standard and conspiracy of silence that protected men at the expense of the health of wives and children was coming under increasing attack.

Social Disease and How to Fight It.; Mary Scharlieb, The Hidden Scourge (London: C. Arthur Pearson Ltd., 1916).; Cicely Hamilton, Marriage as a Trade (London: Chapman and Hall, Ltd., 1909).

³¹ Pankhurst, *The Great Scourge and How to End It.*; A. James Hammerton, *Cruelty and Companionship: Conflict in Nineteenth-Century Married Life* (London: Routledge, 1992), p. 161.

MARRIAGE JITTERS AND MEDICAL CONUNDRUMS

Medical opinions regarding the transmission of syphilis within marriage

It will happen to you, Gentlemen, more than once, in the course of your practice, to be consulted by a patient ... with a pre-occupied, almost an anxious air, who will probably address you somewhat in the following manner:

Doctor, I have come to consult you on the question of my marriage; now I have not always been straitlaced, particularly in my younger days, and what is worse, I have not always been fortunate; in fact, I formally contracted syphilis. I exhibited such and such symptoms, and was treated in such and such a manner. Now the matter becomes serious, and I come to you to see if I am sufficiently cured, and to ask you the momentous question, Can I, without danger to my future wife, without danger to my possible progeny, consummate the marriage upon which I have risked my happiness? Will you then fully examine and question me and give me your verdict?

- Alfred Fournier, Syphilis and Marriage (1881)1

As melodramatic as this account may appear, French physician Alfred Fournier was providing what he saw as a true estimation of the prevalence and severity of the indelicacy troubling these 'anxious' young men. Nor, he believed, could he overemphasise the gravity of the responsibility placed upon the shoulders of his medical associates. To contract syphilis was a matter of grave concern. Diagnosis was uncertain and treatment was often inefficacious.² In the decades before penicillin, patients were prescribed courses of mercury and iodide of potassium that were often

¹ Alfred Fournier, Syphilis and Marriage (London: David Bogue, 1881), pp. 2-3.

² Lesley Hall, "The Cinderella of Medicine": Sexually-Transmitted Diseases in Britain in the Nineteenth and Twentieth Centuries', *Genitourinary Medicine* (1993), p. 318.

as dangerous as the disease they could not completely cure.³ Of equal concern was the conjugal and congenital transmission of syphilis. As Fournier observed, 'the matter becomes serious' when the health of wives and future generations were at stake.⁴ Men were not always 'straitlaced.' Although these youthful indiscretions were often viewed as merely one stage in a man's sexual development, they caused the male body to become a subject of social, moral and medical scrutiny.

As M.A. Waugh observed some time ago, English-speaking historians have largely ignored Fournier's important contributions to the study of venereology, his influence in changing social attitudes towards the spread of syphilis, and his unconventional stance on the protection of women from syphilitic husbands.⁵ Similarly little attention has been devoted to the comparison of Fournier's sociomedical opinions and those of the British medical establishment, foremost among who on the subject of venereal disease was Jonathan Hutchinson.⁶ This chapter

³ Mercury, whether taken as an ointment, vapor or pill, had a deservedly bad reputation. Doctors conceded that it could only moderate syphilis rather than offer a complete cure. The side effects of mercury included constant salivation or stomatitis, fetid breath, unpleasant bodily odors, loosened teeth, painful rashes, gastrointestinal upset, nausea, hair loss, and aching or inflamed joints. The noticeability of these side effects meant that sufferers risked moral censure and social ostracism. See Samuel Osborne Habershon, *On the Injurious Effects of Mercury in the Treatment of Disease* (London: John Churchill, 1860), pp. 1-14.; Langston Parker, *The Modern Treatment of Syphilitic Diseases* (London: John Churchill, 1845), pp. 11-18. For a detailed discussion of nineteenth-century medical perceptions of mercury see Jill Harsin, 'Syphilis, Wives and Physicians: Medical Ethics and the Family in Late Nineteenth-Century France', French Historical Studies, Vol. 16, no. 1 (1989), pp. 76-7.

⁴ Fournier's preoccupation with youthful indiscretions not only revealed concern over the endangerment of future families and generations, but reflected a common assumption among the medical profession that the infection of these families was due predominantly to the pre-marital indiscretions of young men who had received inadequate treatment before their marriage.

⁵ M.A. Waugh, 'Alfred Fournier, 1832-1914: His influence on venereology', *British Journal of Venereal Disease* (1974), p. 232.

⁶ Historian Jill Harsin's 'Syphilis, Wives and Physicians' offers a valuable evaluation of Fournier's opinions and methods but her study focuses upon the importance of his findings for the French medical establishment. Mary Spongberg's *Feminising Venereal Disease* has made significant contributions to the study of trans-Channel medical discourse between Fournier

examines the developments, disparities and similarities in medical opinion regarding the nature, danger and implications of syphilis within middle-class marriage. A close reading of Fournier's seminal work *Syphilis and Marriage*, Hutchinson's *Syphilis*, and the collection of articles written by British doctors for medical periodicals such as the *Lancet* and *British Medical Journal (BMJ)* elucidates contemporary perceptions of male responsibility and female vulnerability in the transmission of venereal disease. Historians such as Alison Bashford have concentrated upon the role of the women's movement in re-evaluating male responsibility. This chapter argues that the predominantly male medical profession was also responsible for changes in public attitude and the identification of the middle-class male body as a source of potential contagion.

Fournier's grave assessment was just one of the opinions voiced regarding the question of marriage following syphilitic infection.⁸ Few other subjects elicited such multifarious opinions from the medical profession or excited such diverse and impassioned public reactions. As Tom Robinson observed when writing for the *Lancet*, 'no disease ... possessed a more potent interest' nor was any other disease

and British doctors, but her work stops short of providing a comparative textual analysis of the writings of these eminent physicians. See Harsin, 'Syphilis, Wives and Physicians', pp. 73, 78-80.; Mary Spongberg, Feminising Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse (New York: New York University Press, 1997), pp. 148-52.; Waugh, 'Alfred Fournier, 1832-1914: His influence on venereology'.

⁷ Alison Bashford, "Breaking the Conspiracy of Silence": The late-Victorian and Edwardian Debate on Venereal Disease' (BA (Honours) thesis, University of Sydney, 1990), pp. 5-25.

⁸ Although Fournier did not practice medicine in England his groundbreaking research into venereology was nonetheless disseminated among British doctors. Not only did Hutchinson write the preface to the English translation of *Syphilis and Marriage*, but Fournier's work was widely referenced in British medical journals, even if his more radical views on the lengthy treatment of patients were discounted.

imbued with such profound social implications.⁹ The medical profession remained divided over important medical and social questions pertaining to the transmission and treatment of syphilis in relation to marriage.

Modern medical knowledge of syphilis has shown many nineteenth-century assumptions to be incorrect. Doctors now understand that if a mother suffers from an infectious case of syphilis during pregnancy, it may result in miscarriage, stillbirth, or the birth of a congenitally infected child. By contrast, Victorian physicians accepted almost unanimously the theory of paternal inheritance where the father's 'tainted' semen infected the child at the moment of conception. Where doctors differed was in the infection of women. Were married women infected directly by husbands or by the foetus in utero? Some doctors rejected both possibilities, instead suggesting that pregnant women developed 'immunity' to infection. Although the medical profession conceded that a mother infected before or during pregnancy could potentially transmit syphilis to her child, British doctors believed paternal inheritance to be the primary mode of congenital infection. The length of treatment and the period during which intercourse was prohibited were also areas of contestation. Furthermore, some doctors argued that men could produce healthy offspring once they were no longer contagious whilst women could continue to bear

⁹ Tom Robinson, 'Notes and observations on a case of supposed delayed inherited syphilis', *The Lancet*, 9 November 1895, p. 1165.

¹⁰ Jonathan Hutchinson, *Syphilis* (London: Cassell and Company, Ltd., 1909), p. 556.; Harsin, 'Syphilis, Wives and Physicians', pp. 76-7.

¹¹ Hutchinson, *Syphilis* (1909), p. 555.; George Ogilvie, 'Should a Healthy Mother Suckle Her Congenitally Syphilitic Child?', *The Lancet*, Vol. 1, 27 June 1896, pp. 1791-2.; Arthur Ward, 'Latency in Syphilis', *The Lancet*, Vol. 1, 22 February 1896, p. 478.

¹² J.D. Oriel, *The Scars of Venus: A History of Venereology* (London: Springer-Verlag, 1994), pp. 69-70.

diseased children for many years after contracting syphilis.¹³ These medical opinions were heavily influenced by contemporary gender assumptions.

Medical literature was initially the primary medium through which the subject of venereal disease was disseminated, predominantly among an educated, middle-class male readership. The increasingly pathologised body of the syphilitic patient was not simply a site upon which to inscribe understandings of health and illness. It was imbued with various meanings and became an important conduit through which Victorians articulated concerns over disease, pollution, respectability, gender, sexuality and sexual knowledge. Doctors who published articles or wrote treatises on the subject attempted to disassociate themselves from these immoral bodies by emphasising their position of scientific authority and impartial professionalism. Yet whether within private clinics, lowly outpatient wards, or medical literature, syphilis was never an exclusively medical issue. Medical discussion was as much influenced by gender constructions, social prejudices, and moral sentiments as by venereology. Periodicals and books were filled with contradictions and tensions as doctors sought to clinically diagnose, treat, and prevent the spread of syphilis within a culture that treated the subject with disdain or otherwise attempted to ignore it entirely.

Fournier became the most outspoken advocate against precipitous marriages where the spectre of syphilis had not yet abated. He, more than any other male doctor, lamented the plight of respectable married women and maintained that the

¹³ Hutchinson, *Syphilis* (1909), p. 554.; C.R. Drysdale, 'Syphilis and Marriage', *British Medical Journal*, Vol. 1, 25 April 1885, p. 926.

¹⁴ Joanne Townsend, 'Private Diseases in Public Discourse: Venereal Disease in Victorian Society' (Doctor of Philosophy (History), University of Melbourne, 1999), p. 121.

¹⁵ Townsend, 'Private Diseases in Public Discourse', p. 124.

occurrence of acquired syphilis among them was alarmingly high. 16 'This syphilis of young married people' he lamented, was 'even more frequent than one dares to suppose. 17 As evidenced in numerous journal articles, many British doctors preferred to discuss either the possibility of 'innocently contracted' syphilis among respectable women or the shameful immorality of unchaste women who brought their suffering upon themselves. To acknowledge the risk posed to wives by intemperate husbands, or to accept the existence of inherited syphilis would necessitate the admission of male responsibility in the infection of middle-class families.

For Fournier, the doctor was not merely an advisor but a protector of the innocent for 'beyond the patient [was] the health and happiness of a young girl, possible children [and] the interests of ... society, whose only protection' lay in a judicious medical decision. Such a statement not only cast the doctor as a saviour-like figure but also presented the male patient as a potential source of hereditary decline and social decay. Middle-class men were no longer the passive victims of venereal disease but the active carriers of contagion. Fournier's vision of the medical profession as defenders of innocence, purity and health mirrored a contemporary struggle. Doctors were trying to bring the process of diagnosis and treatment completely within their control and in so doing, assert the power of scientific

¹⁶ At this time there were few female doctors practicing in Britain and almost none who were prepared to contend with the controversial issue of venereal disease, especially that occurring among men. It was not until the early decades of the twentieth century that female doctors such as Mary Scharlieb and Louisa Martindale began to take an active role in the public discussion of syphilis. See Oriel, *The Scars of Venus*, pp. 179-80.; Mary Scharlieb, *The Hidden Scourge* (London: C. Arthur Pearson Ltd., 1916).; Louisa Martindale, *Under The Surface* (Brighton: The Southern Publishing Company, n.d.).

¹⁷ Fournier, Syphilis and Marriage, p. 18.

¹⁸ Fournier, Syphilis and Marriage, p. 6.

knowledge over an increasingly pathologised body. ¹⁹ In this context, it was the body of the middle-class man, whose illness threatened family and society, thereby undermining medical efforts to regulate and contain disease.

It must be stressed that Fournier did not consider syphilis to be an absolute bar to marriage. Like his contemporaries he believed that, with the correct treatment, men could become 'fully capable of the double role of husband and father.'20 Where Fournier differed was in the degree of precautions necessary to prevent infection. Most doctors were concerned by the potential harm that a precipitous union could inflict and argued for caution on the part of men seeking to marry after having contracted syphilis. But whereas Fournier demanded that patients be treated for up to six years, most British physicians were satisfied with a two-year period of treatment and abstinence and as such considered Fournier's 'conclusions ... to partake of an alarmist character.'21 Fournier's reputation for clinical fastidiousness provoked facetious responses from the press.²² The French periodical *Chanteclair* caricatured Fournier performing a pre-marital examination upon an unhappy and dishevelled Cupid sporting a 'saddle nose' that was common among congenitally syphilitic children (FIG. 1).²³ Whilst Hutchinson accepted the dangers of conjugal and congenital infection, he was unwilling to allow such medical scruple to impinge upon the sacred institution of marriage.

¹⁹ Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago: University of Chicago Press, 1988), pp. 42-3.

²⁰ Fournier, Syphilis and Marriage, p. 14.

²¹ Fournier, Syphilis and Marriage, p. vi.

²² Waugh, 'Alfred Fournier, 1832-1914: His influence on venereology', p. 234.; Oriel, *The Scars of Venus*, pp. 69-70.

²³ 'Caricature of Alfred Fournier', Chanteclair, Vol. 1, no. 9 (1908), p. 2.

Despite Fournier's theories, the medical profession continued to advise men to marry after only a two-year interval of respite and a course of mercury. In 1885, a 'junior member' writing to the *BMJ* sought counsel as to how to advise a 'young man, aged 25, of fair social position' who had contracted syphilis in March 1882 and 'seeks advice as to his intended marriage.' "Is it safe," he asks, or will it be more so in a year or so?' In response to this conundrum, the eminent physician C.R. Drysdale advised that 'in a year's time there would be much less risk, provided a course of treatment with mercury were undergone in the interval.'24 Such advice appears disconcerting to the twenty-first century historian. But for Victorian doctors such advice represented an attempt to reconcile concern over paternal inheritance and the infection of women, with concern over what Hutchinson described as 'needlessly prolonged [male] celibacy.'25

Hutchinson did not dispute Fournier's important contribution to medical understandings of acquired and inherited syphilis. Rather, he differed in 'questions of social expediency.' ²⁶ For Fournier, the *only* consideration of a doctor faced with the grave medical decision of condoning the marriages of infected men should be 'a question of pathology ... *uninfluenced by considerations of other kinds.*' ²⁷ Andrew Smith

²⁴ Junior Member, 'Syphilis and Marriage', *The British Medical Journal* (London), 25 April 1885, p. 875. Charles Robert Drysdale specialised in the treatment of syphilis and lectured on the need for female doctors and instruction in 'preventative intercourse.' He was the Secretary of the Epidemiological Society which had been established to investigate methods of controlling the spread of venereal disease. See David Innes Williams, *The London Lock: A Charitable Hospital for Venereal Disease*, 1746-1952 (London: Royal Society of Medicine Press, 1995), pp. 90-1.

²⁵ Hutchinson, *Syphilis* (1909), p. 555.

²⁶ Fournier, Syphilis and Marriage, p. vii.

²⁷ Fournier, *Syphilis and Marriage*, p. 6. Original emphasis.

persuasively argues that Hutchinson's *Syphilis* continually urged the concealment of disease among middle-class men in order to protect a wider moral and social code at the heart of which was the Victorian family.²⁸ Certainly Hutchinson was less inclined to advocate prohibition when 'the social institution of such vast importance as marriage [was] at stake.'²⁹ His assertion that physicians base their medical opinion upon the 'degree of intelligence and scrupulosity' of the individual patient indicates that he specifically rejected marital prohibition among members of the well-educated middle class.³⁰ Hutchinson's unwillingness 'to go the full length to which Fournier suggested in the direction of caution and prohibition' suggests that he was reluctant to jeopardise the honour of his male patients and the stability of the family unit.³¹ Whilst Hutchinson genuinely did not perceive syphilis to be as great a threat to the wellbeing of the family as Fournier believed it to be, he was nonetheless swayed in his decision by considerations of class and gender.

Medical attempts to prevent venereal disease were constricted by the preoccupation of doctors with the preservation of the family which lay at the heart of Victorian life and morality. Late Victorian moralists believed that the responsibilities of marriage and parenthood would enable men and women to cultivate appropriate, gendered virtues. Men would adopt the manly qualities of temperance and self-control whilst women would naturally foster maternal affection, patience and self-

²⁸ Andrew Smith, *Victorian Demons: Medicine, Masculinity and the Gothic in the fin de siècle* (Manchester: Manchester University Press, 2004), p. 109.

²⁹ Fournier, Syphilis and Marriage, p. viii.

³⁰ Fournier, Syphilis and Marriage, p. ix.

³¹ Fournier, Syphilis and Marriage, p. vii.

sacrificing love.³² A man shown to have lapsed in his 'natural' manly virtues through the gratification of sexual pleasure and the contraction of venereal disease undermined the stability of the family. Doctors feared that such a man risked censure from both his wife and his peers, thereby losing his privileged position of moral and social authority.

Hutchinson asserted that men were the primary cause of infection within middle-class families. Nonetheless, he believed that the detrimental effects of prohibiting marriage for some infected men far outweighed the danger and unhappiness that syphilitic marriage entailed. He envisaged 'the formation of illicit connections of yet more degrading immorality', swelling 'the ranks of those [men] who adopt concubinage instead of wedlock.'33 Fournier also conceded that 'a man unduly condemned to celibacy' may be 'thrown back into an irregular' life 'with all [its] degrading influences.'34 Although he was less inclined to allow social considerations to influence his medical decisions, he nonetheless favoured postponement rather than prohibition believing that a man barred from marriage would simply stop consulting him. It was preferable to retain influence over these men so as to be able to treat their unfortunate families should the need arise.35 Admittedly, Fournier (like most doctors in this position) was faced with an extremely difficult decision – to break patient confidentiality or to allow young women to unwittingly tie themselves to diseased men. But by favouring postponement,

³² Peter Mandler and Susan Pedersen, 'Introduction: The British Intelligentsia after the Victorians', in Peter Mandler and Susan Pedersen (eds.), *After the Victorians: Private Conscience and Public Duty in Modern Britain* (London: Routledge, 1994), pp. 12-17.

³³ Fournier, *Syphilis and Marriage*, p. viii.; Jonathan Hutchinson, *Syphilis* (London: Cassell, 1887), p. 493.

³⁴ Fournier, Syphilis and Marriage, p. 4.

³⁵ Harsin, 'Syphilis, Wives and Physicians', pp. 83.

Fournier knowingly endangered ignorant women and future children for the sake of placating and facilitating male sexual desires.

Fournier and Hutchinson's differing attitudes towards their male patients indicated that they were basing their assumptions on two divergent representations of middle-class masculinity. Hutchinson imbued his patients with a degree of integrity and vulnerability absent from Fournier's estimation of men who were 'resolved to marry' despite medical advice and who simply sought consent 'as an excuse' to 'shift responsibility' 'should things happen "to turn out badly."'36 Fournier and Hutchinson may have held differing opinions but the belief of both doctors that enforced celibacy would drive men to satisfy themselves with prostitutes, revealed an underlying contradiction in the Victorian construction of masculinity. Such a belief implied that men – the supposedly rational and temperate sex – were incapable of controlling their sexual appetites. The Edwardian women's movement readily adopted and promoted the image of uncontrollable male lust in order to achieve their political objectives. However, for a predominantly male Victorian medical profession, this image could not be easily reconciled.

As definite as Hutchinson appeared to be in his views regarding Fournier's conclusions, his preface to the latter's *Syphilis and Marriage* contained several contradictions. Within the space of a single paragraph he criticised the alarmist nature of his French colleague's assertions and then asserted that the public and medical profession 'should estimate these dangers as more serious than it is at present the custom to do.' 'Having said this,' he went on to affirm that it was the

³⁶ Fournier, Syphilis and Marriage, pp. 8-9.

physician's 'duty to encourage' their young male patients' hopes of marriage.³⁷ It is unlikely that these inconsistencies signified woolliness on the part of a doctor who was widely regarded as a leading venereologist (Fig. 2).³⁸ Rather, it suggests a man attempting to reconcile multiple, conflicting medical and moral interests. It represents underlying medical ambiguities and social concerns surrounding the male body as a source of contagion.

Throughout *Syphilis* the male body was awkwardly constructed as a source of contagion. Despite having dedicated his work to Fournier and acknowledging the importance of the subject of syphilis and marriage, Hutchinson devoted approximately four-and-a-half pages of a five-hundred-and-seventy-page work to the discussion of this weighty issue.³⁹ Considering his detailed discussion of the more clinical aspects of diagnosis, treatment, and prevention, his comparative silence on the problems of marriage suggests discomfort not only with the issue of conjugal infection but the responsibility of his male patients in the spread of disease. Hutchinson moderated his moralisation of syphilitic male patients by underemphasising the sexual intemperance that often brought about their suffering. His case studies of middle-class men emphasised their apparent isolation from the comforts of normal life. Patients suffered from headaches following 'mental exertion or excitement', or from sunstroke if exposed to 'unwonted heat.' 'Psoriasis palmaris [was] induced by the irritation of ... the umbrella or walking-stick' whilst 'ulcers on

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³⁷ Fournier, Syphilis and Marriage, p. vii.

³⁸ That Hutchinson was caricatured in *Vanity Fair* in 1890 as part of their 'Men of the Day' series is indicative of his widely respected public image even outside the medical profession. See Alan H. Sykes, *The Doctors in Vanity Fair: A gallery of medical men who appeared in caricature between 1870 and 1914* (London: Titus Wilson & Son, Kendal, 1995), pp. 30, 87.

³⁹ Hutchinson, *Syphilis* (1909), pp. 553-6.

the tongue [were] very apt to follow smoking.'40 This construction of suffering, silent victims was designed to subtly elicit pity. Hutchinson was caught between acknowledging the role of men in the spread of disease and a desire to preserve the image of these men as victims. This bifurcated identity confounded men like Hutchinson who sought to emphasise the role of passive sufferer but at the same time could not completely ignore contemporary theories of racial decline that identified the male body as a source of physical and social malaise.⁴¹

Fournier may have been sympathetic to the infected innocent wives and mothers but he also frequently resisted explicit criticism of their husbands.⁴² He appealed instead to a masculine sense of honour and duty as a means of discouraging them from putting their families at risk.⁴³ Although his aim was not to direct public and medical attention upon middle-class men as the main source of infection, his work confirmed that the familial origins of syphilis frequently lay with diseased and philandering husbands.⁴⁴ Theories of paternal transmission promoted by men like Hutchinson and Fournier were responsible for fostering a model of degeneracy that identified fathers as a direct cause of hereditary decline. To many Victorians, the thought of the male body becoming a source of infection was even more repugnant than the diseased body of the prostitute. It was unacceptable that men were potentially forfeiting their natural and expected role of patriarchal protector by becoming a source of danger to the innocent lives under their care. By

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⁴⁰ Hutchinson, Syphilis (1909), p. 117.

⁴¹ Smith, Victorian Demons, p. 107.

⁴² Waugh, 'Alfred Fournier, 1832-1914: His influence on venereology', p. 234.

⁴³ Harsin, 'Syphilis, Wives and Physicians', p. 83.; Fournier, *Syphilis and Marriage*, p. 177.

⁴⁴ Spongberg, Feminising Venereal Disease, p. 149.

the 1890s, notions of male responsibility in the infection of the family unit had become intertwined with concerns over racial decline. A direct link was made between the contamination of the middle-class family and the deterioration of national health. The culprits of both these crimes were those men of immoral and diseased character.

Although doctors accepted the validity of paternal inheritance, the subject of conjugal transmission continued to engender ambivalence. What became of the equally innocent wives and mothers who were also threatened by the communication of syphilis? Changing medical opinion challenged accepted links between the female body and venereal disease, thereby implicating men. But the belief that children were the principal victims of innocent transmission – the mother developing a form of immunity - established a dangerous medical premise. Even as late as 1896, the *Lancet* published articles which argued that a 'tainted child's mother enjoy[ed] a certain amount of immunity.'45 According to Dr Ogilvie, 'Mr. Hutchinson [held that] the mother of a child by a syphilitic father [became] "immune towards syphilis."'46 Likewise, Dr Arthur Ward argued that a congenitally syphilitic child infected by its father could be born without symptoms because of 'the toxin' that diffused 'freely into the mother's circulation ... rendering her immune.'47 Such a hypothesis provided medical sanction to infected men who sought intercourse with their wives. By claiming that a mother developed immunity, these doctors effectively

 $^{^{\}rm 45}$ Ogilvie, 'Should a Healthy Mother Suckle Her Congenitally Syphilitic Child?', pp. 1791.

⁴⁶ Ogilvie, 'Should a Healthy Mother Suckle Her Congenitally Syphilitic Child?', pp. 1791-2.; Hutchinson, *Syphilis* (1909), p. 555.

⁴⁷ Ward, 'Latency in Syphilis', p. 478.

offered male patients a degree of moral atonement for having brought disease into the home.

Belief in female immunity was due in part to a prevailing perception of the female body as inherently polluted.⁴⁸ 'As a rule' it was believed that 'men [were] incapable of giving syphilis to their offspring after three years [had] passed since they contracted syphilis.'49 However, as was argued by Drysdale, 'women may have syphilitic children many years after they have contracted the disease.'50 Hutchinson similarly believed that 'the two year's rule [of marital prohibition] cannot be trusted in the rare cases in which it is the woman who has suffered.'51 These opinions were predicated upon the prejudices of doctors working within a moral and ideological context that cast women - specifically their genitalia - as unclean. According to Hutchinson, 'the parasite [found] a refuge in the ovary.'52 Such a belief was also grounded in the fact that women, often ignorant of the true nature of their illness, received inadequate and incomplete treatment and as such, were more likely to continue to transmit disease to their children and to re-infect their husbands.⁵³ In suggesting that women's bodies could not be purged of infection, these doctors inferred that men as well as children were vulnerable to female contagion. In this model, prostitutes were not the only female carriers of disease. Danger lay in wait for men seeking conjugal relations with their wives, as well as for the unborn children of

⁴⁸ Townsend, 'Private Diseases in Public Discourse', p. 149.

⁴⁹ Drysdale, 'Syphilis and Marriage', p. 926.

⁵⁰ Drysdale, 'Syphilis and Marriage', p. 926.

⁵¹ Hutchinson, Syphilis (1909), p. 554.

⁵² Hutchinson, Syphilis (1909), p. 555.

⁵³ Harsin, 'Syphilis, Wives and Physicians', p. 91.; Poovey, *Uneven Developments*, p. 32.

respectable middle-class marriages. In this reconfigured narrative of sexual danger, it was women and not men who posed a threat to families and national health.

Respectable female patients were particularly problematic for a male medical profession influenced by contemporary expectations of female chastity and sexual innocence. Doctors were confronted with the uncomfortable subject of female sexuality. Although the notion of innocently contracted infection was not entirely disregarded by doctors, it was assumed that women showing signs of venereal disease were sexually active. Doctors generally appeared suspicious of a woman's account of how she may have become infected. Often her chastity was questioned as in the 1871 case of E.L., an unmarried schoolmistress. She contracted a venereal sore whilst holidaying on the Isle of Man. Despite her assertion that 'she was never out of sight of one or other [friends] except when at the water closet', her doctor believed her 'guilty of sexual immorality.' He submitted her to an intrusive examination only to find that her 'hymen was unbroken.' Even then, the doctor could 'not make up [his] mind to believe that the sore was contracted from sitting on a fowl water closet ... [and would therefore] not ask his readers to do so.'54 It was abhorrent that middleclass women could be unchaste. However, if doctors were to believe their assertions of chastity, then they must have contracted syphilis through one of two ways. Either they were infected through innocent means (which was unpalatable) or, if married, from a diseased husband (which was worse).

In 1899, Sidney Vines reported to the *Lancet* his observations of the ladies' water closet at one of London's largest railway termini. From this convenience

 $^{^{54}}$ 'Disputed Points in the Doctrine of Syphilis,' *Medical Times and Gazette*, 20 May 1871, pp. 570-1.

emerged 'a woman of so gross an aspect that [Vines] followed her and watched her plying her trade in a neighbouring street.' These 'observations' were repeated over a number of months during which Vines was dismayed to find that the facility designed for respectable lady travellers was also frequented and contaminated by 'the most unfortunate of the unfortunate class.'55 This account of fallen women invading the spaces reserved for innocent wives, mothers and daughters was intended to elicit both indignation and concern from middle-class readers by inferring that their female relations might innocently become infected through everyday activities. 'These [fallen] women', according to Vines, 'use the lavatories largely - a fact which might nearly touch the female relations of any one of us.'56 This possibility was disconcerting but preferable to the contemplation of immoral sexual activity among middle-class women. By raising the spectre of the disease-ridden prostitute, Vines was drawing attention away from the horrible possibility that women had contracted their ailment from supposedly respectable husbands.⁵⁷ In such a narrative, prostitutes infected respectable women without the client husband acting as the immoral conduit, thus omitting male responsibility in the spread of disease.

Such articles not only demonstrated how women could innocently contract syphilis, but also implicitly emphasised the vulnerability of men. Throughout the collection of journal articles on venereal disease, the male body was represented as being particularly susceptible to the ravages of disease. It was men who were endangered by their exploitation of fallen women. The marriage bed was also

⁵⁵ Sidney Vines, 'Railway Stations and Venereal Disease', *The Lancet*, Vol. 1, 27 May 1899, p. 1469.

⁵⁶ Vines, 'Railway Stations and Venereal Disease', p. 1469.

⁵⁷ Townsend, 'Private Diseases in Public Discourse', p. 151.

represented as a site of hidden dangers since middle-class women could supposedly contract venereal disease through innocent means. Such constructions of masculinity and femininity were designed to emphasise the victimisation of men in this syphilitic drama.⁵⁸ This notion of victimisation was a means of moderating their culpability and forgiving the immorality of their sexual exploits.

However, the construction of diseased women and victimised men also had the adverse effect of implying that male lust was uncontrollable. Doctors writing to medical journals about the role of prostitutes in spreading contagion not only called attention to female immorality but also indirectly questioned the moral infallibility of men. Certainly men could not be morally or sexually discriminating if they willingly debased themselves with women 'of so gross an aspect.' The subject of male sexual lust was subjected to increasingly aggressive condemnation by the women's movement and eugenicists. However, the issue of male philandering was problematic for doctors. Few openly criticised the social indulgence of young men whose sexual adventures were overlooked as the natural process of 'sowing their wild oats.' Medical literature was equally mute in the condemnation of these men when their youthful indiscretions resulted in the infection of their families.

Since syphilis among middle-class families remained an uncomfortable and secretive subject for doctors and the wider public, historians have scant material from which to draw conclusions regarding the personal experiences of illness. Much of the historian's material comes from the wealth of case studies discussed in periodicals and medical tracts. However, as Joanne Townsend has noted, the

⁵⁸ Townsend, 'Private Diseases in Public Discourse', pp. 148-9.

⁵⁹ Vines, 'Railway Stations and Venereal Disease', p. 1469.

majority of these cases were taken from the outpatient wards of charitable lock hospitals and as such described the infection and treatment of predominantly working-class patients.⁶⁰ Those who could afford to do so, consulted doctors within private clinics where their class and wealth ensured confidentiality.⁶¹ There are few indications among Hutchinson's many case studies that the patients concerned were from the middle-classes.⁶² Similarly, Alfred Cooper, who treated a large number of upper and middle-class patients, did not include any of these case studies in his medical treatise Syphilis and Pseudo-Syphilis.63 Consequently, there has been less historical attention directed towards the experience of syphilis within the middle classes - a problem compounded when examining the experiences of women.⁶⁴ When considering medical representations of syphilis and its sufferers, historians must remember that the scientific narrative of the nineteenth century was told from a male perspective. Female narratives of personal experience were subsumed by a dominant male medical discourse.65 The voices of women were frequently filtered not only by the clinical gaze of male doctors but by a tendency to discount female opinions on subjects deemed to be outside of a woman's allotted sphere.66

⁶⁰ Williams, The London Lock, pp. 67-71, 95.

⁶¹ Townsend, 'Private Diseases in Public Discourse', p. 181.

⁶² For a sampling of the case histories of middle class patients see Hutchinson, *Syphilis* (1887), pp. 313-7, 365-8.

⁶³ Williams, *The London Lock*, pp. 104-5.; Alfred Cooper, *Syphilis and Pseudo-Syphilis* (London: J. & A. Churchill, 1884).

⁶⁴ Historians have only recently begun to examine the impact of venereal disease amongst middle-class women. See Harsin, 'Syphilis, Wives and Physicians', pp. 72-5, 82-7, 89-95.; Elaine Showalter, 'Syphilis, Sexuality, and the Fiction of the Fin-de-Siècle', in Ruth Bernard Yeazell (ed.), Sex, Politics, and Science in the Nineteenth-Century Novel (London: John Hopkins University Press, 1986), pp. 94-7.

⁶⁵ Michael Foucault, *The Will To Knowledge* (London: Penguin Books, 1998), pp. 6-11.; Nancy M. Theriot, 'Women's Voices in Nineteenth-Century Medical Discourse: A Step toward Deconstructing Science', *Signs*, Vol. 19, no. 1 (1993), pp. 1-4.

⁶⁶ Townsend, 'Private Diseases in Public Discourse', p. 142.

The conspiracy of silence surrounding venereal disease meant that many women remained ignorant of their fiancés' illness and the potential dangers inherent in marriage to these men. Sexual and social propriety supposedly prevented venereal disease from entering a woman's sphere of knowledge.67 Medical debate over the paternal transmission of syphilis raised questions over whether it was ethically appropriate to educate women as to the dangers of impetuous marriage and the precautions necessary to protect themselves against infection. Certainly not all doctors believed that women would be happier and safer if kept in ignorance. The highly influential consulting surgeon and royal physician, Dr James Paget, disagreed with the common medical practice of keeping female patients ignorant of sexual matters as well as the nature of their maladies.⁶⁸ Nevertheless, husbands and fiancés, aided by the medical establishment, generally sought to keep women in ignorance for the latter's own good and for the protection of the sacred state of marriage.⁶⁹ As uncomfortable as Fournier may have been with deceiving women, he nonetheless encouraged patient confidentiality by asserting that it was the physician's 'moral duty to deceive [a wife] by hiding from her the name and nature of her malady.'70 Throughout the medical literature, there is a sense that doctors engaged with female sufferers not as patients with individual identities but as a factor to be considered when treating the real patient - the syphilitic husband.⁷¹

⁶⁷ Townsend, 'Private Diseases in Public Discourse', p. 178.

⁶⁸ M. Jeanne Peterson, 'Dr Acton's Enemy: Medicine, Sex, and Society in Victorian England', *Victorian Studies*, Vol. 29, no. 4 (1986), pp. 571-6, 581.

⁶⁹ Spongberg, Feminising Venereal Disease, p. 154.

⁷⁰ Fournier, *Syphilis and Marriage*, p. 169. My emphasis.; Harsin, 'Syphilis, Wives and Physicians', p. 83.

⁷¹ Harsin, 'Syphilis, Wives and Physicians', p. 95.

Syphilis was the site of a gendered struggle for knowledge and sexual autonomy.⁷² By relegating women to a state of sexual ignorance, the medical profession was complicit in their subjection to male sexuality. Clinical diagnosis filtered and diluted the painful and personal experiences of syphilis, subsuming the emotional significance associated with suffering and thus downplaying female victimisation.⁷³ The objectification of women in these case studies diminished the reader's sympathy and in so doing, moderated the moral indignation directed towards the men responsible for female suffering. Fournier recounted a conversation with one shrewd patient who had 'long since understood the nature and reason of [her] illness.' However, 'dignity [compelled her] to ignore what [she could not] pardon' and had to 'remain ignorant in the eyes of [her] husband.'74 Fournier's overriding response was admiration rather than pity. Rather than criticising the conspiracy of silence, he admired her reticence which preserved both the respectable facade of marriage and the reputation of her husband.75 His construction of this woman suggests that he was more concerned with her performance of the culturally designated role of dutiful wife, than with her emotional and physical suffering.

Women who were denied knowledge of their condition were also often ineffectually treated. The medical facilities designated for syphilitic women were grossly inadequate. As Dr Frederick W. Lowndes admitted, his lock hospital had 'only two [female] wards ... in which married women and prostitutes [were] mixed

⁷² Roy Porter, 'The Patient's View: Doing Medical History from Below', *Source, Theory and Society*, Vol. 14, no. 2 (1985), pp. 175-6.

⁷³ Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition* (New York: Basic Books, 1988), pp. 8-9.; Jay Katz, *The Silent World of Doctor and Patient* (New York: The Free Press, 1984), pp. 207-12.

⁷⁴ Fournier, Syphilis and Marriage, p. 172.

⁷⁵ Harsin, 'Syphilis, Wives and Physicians', p. 90.

together, a fact calculated to deter the former from coming in at all.'⁷⁶ This was a measure intended to 'prevent them from knowing the real cause of their affliction', thereby preserving the respectability of their husbands.⁷⁷ Doctors were compelled 'to shorten the treatment prescribed' in order 'to avoid suspicion' being attached to husbands and 'to guard what [the latter were] pleased to call "their honour."'⁷⁸ Fournier described this 'lamentable' situation thus:

As soon as the more manifest symptoms have disappeared ... [husbands] become less anxious to cooperate with [doctors].... Every married woman who contracts syphilis under [these] conditions ... will always be very insufficiently and incompletely treated.... A treatment which might awaken suspicion and compromise the husband has soon been renounced.⁷⁹

In the wake of 'The Maiden Tribute' articles published in the *Pall Mall Gazette* in 1885, the *Lancet* called 'for the spread of sexual innocence' believing that the associated 'cultivation of purity' would be sufficient defence against disease.⁸⁰ The *BMJ* demanded greater 'exposure' of degeneracy but nonetheless remained ambivalent about the sexual education of girls. 'Innocent ignorance' it claimed, 'is always attractive' but 'if it be the means of luring the innocent victim to her doom, it is surely most dangerous.... This "conspiracy of silence" has gone too far.'⁸¹ Such

⁷⁶ Frederick W. Lowndes, 'Syphilis and Marriage', Lancet, 8 July 1882, pp. 7-8.; Williams, The London Lock, pp. 71-3, 99-116.

⁷⁷ Hutchinson, *Syphilis* (1887), p. 68.; Spongberg, *Feminising Venereal Disease*, p. 152.

⁷⁸ Fournier, *Syphilis and Marriage*, p. 177.

⁷⁹ Fournier, *Syphilis and Marriage*, pp. 174-5. Original emphasis.

⁸⁰ 'Sexual Innocence', *The Lancet*, 22 August 1885, pp. 350-51. In July 1885 W.T. Stead, editor of the *Pall Mall Gazette*, published one of the most popular and salacious pieces of scandal journalism of the nineteenth century. The 'Maiden Tribute of Modern Babylon' documented in lurid detail Stead's foray into London's urban underworld where the innocent 'daughters of the people' were 'snared, trapped and outraged' so that men of the wealthier classes could satisfy their lustful desires. For a detailed description of the articles and the public reaction to their publication see Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in late-Victorian London* (Chicago: University of Chicago Press, 1992), chap. 3.

^{81 &#}x27;Sexual Ignorance', British Medical Journal, 15 August 1885, pp. 303-4.

medical articles drew attention away from the culpability and lustful tendencies of men that had occupied W.T. Stead's exposé by focusing upon the proper level of knowledge due to respectable women. By the turn of the twentieth century, female doctors such as Mary Scharlieb were able to openly criticise the social hypocrisy that demanded girls 'grow up without knowledge, and therefore, so it was expected, without risk of contamination.'82 However, as evidenced in the case studies discussed by Fournier and Hutchinson, the preservation of a woman's innocence was often achieved at the expense of her health. To remain ignorant was to run the risk of infection. To be educated in the dangers posed by marriage was considered to be just as polluting. In such a paradigm, women were presented with the inevitability of either physical or moral contamination.

Hutchinson described the problem of sexual knowledge in language far less condemnatory of men, who '[knew] more about the malady and [were] far more willing to submit to protracted treatment.'83 The implied unwillingness of women erroneously suggested sexual knowledge that privileged them with the choice to resist treatment. It inferred that women were generally privy to the real nature of their illness and, despite the best efforts of doctors, refused to 'submit' to the latter's care and authority. By subtly constructing female patients as troublesome and unreasonable, Hutchinson was attempting to absolve the medical profession of blame in the misdiagnosis and ineffectual treatment of women. In Hutchinson's narrative, it was women who were obfuscating and in so doing, endangering the wellbeing of their families and thwarting attempts by the medical profession to curtail disease. Although there were women with enough perspicacity to deduce the

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⁸² Scharlieb, The Hidden Scourge, p. 51.

⁸³ Hutchinson, Syphilis (1887), p. 496. My emphasis.

nature and source of their illness, they were not the unwilling patients of Hutchinson's creation. Rather, they were the undeceived subjects of dissimilation on the part of the medical profession and husbands who were unwilling to risk their reputations.

By the 1890s, the inscrutability of patient confidentiality and the deception practiced upon women were being challenged by demands for openness and male accountability. Medical advice literature such as Dr Henry Arthur Allbutt's The Wife's Handbook encouraged women and their families to seek medical certificates from prospective husbands certifying 'freedom from syphilis.' 'Before giving her consent to marry' a woman was to 'make herself acquainted with her husband's moral character' and 'be sure that he [was] free from any contagious disease.' 'False delicacy should be dropped' when a woman's health and that of her future children were at stake.84 Although Fournier had voiced a similar sentiment, his appeal to families to 'be careful to protect their daughters against men ... to whom it [was] a matter of little care [if] they imported disease into their homes', lacked the assertiveness of Allbutt's remarkable candour.85 His forthrightness shocked fellow doctors. However, Allbutt's call for increased scrutiny of male health and morality anticipated the demands of feminists and eugenicists during the proceeding decades. The need for pre-marital health certificates became a subject of increasing importance for eugenicists and the women's movement in the early years of the twentieth century. That these movements believed 'the medical examination' to be most

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⁸⁴ Henry Arthur Allbutt, *The Wife's Handbook: How a Woman Should Order Herself During Pregnancy, in the Lying-in Room, and After Delivery* (London: R. Forder, 1888), p. 56.

⁸⁵ Fournier, Syphilis and Marriage, p. 18.

'necessary in the case of men' is evidence of the growing association of the male body with the spread of disease.86

Historians can only estimate the number of families that took such precautions. Despite the concern expressed by Allbutt and Fournier, many did not seek medical assurances. When Rosy Potter, the youngest sister of feminist and social reformer Beatrice Potter (later Webb), married the young and apparently respectable Dyson Williams, her family's reservations were due to his small income and lack of social connections. According to Beatrice, Dyson, the nephew of the wealthy Miss Williams, was 'a barrister, not likely to do brilliantly [but] with a small income.'87 As historian Barabara Caine has observed, the complacency of the Potter family was concerning. Rosy's short and unhappy marriage exposed her to a world of vice and ended with her nursing Dyson through tertiary syphilis.88 After his death, Beatrice recognised too late that she had 'made an ignominious failure' in encouraging Rosy's marriage.89 In 1881 Gertrude Elizabeth Blood married Lord Colin Campbell who, unbeknown to either Gertrude or her parents, was being treated for syphilis. Her infection formed the basis for the charge of cruelty brought by her against Campbell in a successful suit for judicial separation.90 Gertrude's counsel Sir Charles Russell

⁸⁶ 'Legal Certificates of Health Before Marriage', *The Eugenics Review*, Vol. 4 (April 1912-January 1913), p. 358.

⁸⁷ Beatrice Webb, *The Diary of Beatrice Webb: Vol. I, 1873-1892* (London: Virago, 1982), p. 241.

⁸⁸ Barbara Caine, Destined to be Wives: The Sisters of Beatrice Potter Webb (Oxford: Clarendon Press, 1986), p. 83.;

⁸⁹ Beatrice Webb, *The Diary of Beatrice Webb: Vol. II, 1892-1905* (London: Virago, 1983), p. 58.

⁹⁰ Horace Wyndham, *The Mayfair calendar: some society causes celebres* (London: Hutchinson and Co., 1925), pp. 42-4.; Barbara Leckie, *Culture and Adultery: The Novel, The Newspaper, and the Law*, 1857-1914 (Philadelphia: University of Pennsylvania Press, 1999), pp. 83-92.; Lucy Bland, *Banishing the Beast: English Feminism and Sexual Morality*, 1885-1914 (London: Penguin Books, 1995), pp. 236-7.

maintained that, 'in saying that he suffered from fistula Lord Colin could only have intended to mislead his fiancée.'91 The experiences of such unfortunate women as Rosy and Gertrude provided subject matter for the New Woman novelists of the 1890s. By the turn of the twentieth century, syphilitic marriages and diseased masculinity were publicly condemned as a 'problem ... of appalling magnitude' that blighted the lives of thousands of middle-class families.92

Medical and social attitudes towards venereal disease had altered dramatically by the close of the nineteenth century. The emphasis placed upon syphilitic male patients in medical literature facilitated an important reconsideration of how venereal disease was spread. There was a perceptible redistribution of culpability across the gender divide. Increasingly aggressive moral condemnation was slowly replacing the indulgence given to male patients and the pardoning of their disease as the product of youthful indiscretions. Their role in the infection of families was no longer masked behind a veil of male privilege and prevarication on the part of the medical profession. Women, as doctors, novelists and feminists actively campaigned against the double standard of male immorality that they perceived to be the direct cause of female suffering within marriage.⁹³ As will be discussed in the next chapter, male sexual vice and disease became controversial themes in the fiction of the 1890s. Writers used fiction to expose and explore concerns about sexual inequality, the deception practiced upon women, and the ingrained social customs that protected male sexual licence at the expense of female wellbeing.

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⁹¹ Gordon H. Fleming, *Victorian 'Sex Goddess': Lady Colin Campbell* (Oxford: Oxford University Press, 1990), p. 12.; Richard Barry O'Brien, *The Life of Lord Russell of Killowen* (London: Smith Elder, 1901), p. 206.

⁹² Cristobel Pankhurst, *The Great Scourge and How to End It* (London: E. Pankhurst, 1913), p. vi.

⁹³ Spongberg, Feminising Venereal Disease, p. 152.

'THIS IS NOT A BOOK ... FOR THE "JEUNE FILLE"'

Venereal disease and diseased masculinity in fin-de-siècle literature

In medical articles written upon syphilis, the participants resembled characters in a quintessential Victorian melodrama - the good doctor struggling against this evil disease that afflicted their male patient whose youthful impetuousness threatened the well being of a victimised and virtuous young lady. Despite their impatience, obfuscation, and fear of scandal, male patients were frequently constructed as protagonists. By the 1890s this narrative had been appropriated by playwrights and New Woman novelists in order to explore important shifts in social and medical perceptions of contagion. They remodelled stories of sexual immorality and disease to express concern over the current state of masculinity and the sexual subordination of women. Audiences and readers were confronted with images of the diseased and degenerate progeny of uninformed mothers and syphilitic fathers. Unlike the subjects of medical case histories, the men in these narratives of sexual danger were not victims but villains – middle-class bounders deceiving and infecting women whose lack of sexual knowledge was demanded by a society that mistook ignorance for innocence and believed it to be an adequate defence against disease.

Although the transmission of syphilis to wives and children received increasing attention in medical literature, most women were denied access to the knowledge that such literature contained. Only through dissemination in popular fiction could information regarding the health risks associated with the marriage

¹ Mary Spongberg, Feminising Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse (New York: New York University Press, 1997), p. 163.

'lottery' reach the majority of middle-class women.² As Joanne Townsend and Alison Bashford have correctly observed, the creative potential of the novel facilitated an exploration of venereal disease that transcended the confines of medical case histories and appealed to a far wider and diverse audience than the predominantly male readership of medical journals.³ Sarah Grand favourably remarked upon the change in public attitudes towards previously 'shunned' 'subjects of vice and immorality' that people were 'beginning to face ... and to deal with ... in fiction ... in order to expose the evils ... which they then entail both on individuals and the community at large.'⁴

Through close analysis of select literary pieces produced during the 1880s and 1890s, this chapter examines how restricted medical knowledge of syphilis and its implications for married women and their children was translated from the domain of medical articles into the easily accessible realm of popular fiction. Furthermore, it examines why such fictional representations of diseased marriages were so troubling and problematic for men. With the single but sensational performance of Henrik Ibsen's *Ghosts* in 1891 and the controversial but popular publications of Grand's *The Heavenly Twins* in 1893 and Emma Frances Brooke's *A Superfluous Woman* in 1894, Victorians could no longer ignore the problem of middle-class marriages afflicted by

² Sarah Grand, *The Heavenly Twins*, Vol. 1 (London: William Heinemann, 1893), p. 89.

³ Joanne Townsend, 'Private Diseases in Public Discourse: Venereal Disease in Victorian Society' (Doctor of Philosophy (History), University of Melbourne, 1999), p. 239.; Alison Bashford, '"Breaking the Conspiracy of Silence": The late-Victorian and Edwardian Debate on Venereal Disease' (BA (Honours) thesis, University of Sydney, 1990), pp. 10-11.

⁴ Reproduced in Angelique Richardson, *Love and Eugenics in the Late Nineteenth Century* (Oxford: Oxford University Press, 2003), p. 115.

⁵ Bashford, "Breaking the Conspiracy of Silence", p. 10.

⁶ Gail Cunningham, "He-Notes": Reconstructing Masculinity', in Angelique Richardson and Chris Willis (ed.), *The New Woman in Fiction and in Fact: Fin-de-Siècle Feminisms* (New York: Palgrave, 2001), pp. 94-5.

venereal disease. Nor could they avoid acknowledging the source of this domestic suffering or questioning the fundamental social conventions that bolstered male hegemony. The popular press became the principal forum through which contemporaries were able to voice either their support or opposition for those authors who placed the indelicate subject of syphilis and the uncomfortable fact of male responsibility firmly on the public agenda.

Medical discussion of the biological implications of congenital syphilis and the reckless infection of wives gave rise to the cultural figure of the diseased and intemperate middle-class man that alarmed Victorians and simultaneously stimulated public imagination.⁷ As evidenced in the intense public response to the publication of the 'Maiden Tribute', the sexual adventures of the bourgeois voyeur into an urban underworld of dreadful delight fascinated middle-class readers. But at the same time his blatant immorality inspired indignation and concern, placing the subject of male sexual vice firmly on the public agenda.8 Whilst the degenerate middle-class man became a literary trope, few works dealt candidly with the closely related taboo subject of venereal disease. In The Heavenly Twins, A Superfluous Woman and Ghosts, syphilitic husbands rejected their socially designated role of protector by corrupting the domestic space. Such abdication of duty called attention to a problematic contradiction in Victorian gender ideology. It was accepted that men would 'sow their wild oats' and necessarily sacrifice their principles in the public world of sexual commerce. Such action remained acceptable (albeit unrespectable) provided that husbands metaphorically wiped their boots on the domestic

⁷ Spongberg, Feminising Venereal Disease, p. 162.

⁸ Judith R. Walkowitz, City of Dreadful Delight: Narratives of Sexual Danger in late-Victorian London (Chicago: University of Chicago Press, 1992), pp. 102-14.; Sally Ledger, The New Woman: Fiction and feminism at the fin-de-siècle (Manchester: Manchester University Press, 1997), p. 112.

threshold.⁹ Each author dealt with the ramifications for families whose husbands and fathers tramped contagion into the marriage bed. In so doing, they gave currency to a growing concern that middle-class masculinity was not only tainted by disease but was itself becoming a source of malaise.¹⁰

During the 1890s concern over the spread of venereal disease was exacerbated by the combination of new ideas and anxieties about sexuality and old conventions of male sexual licence. In this paradigm, youthful indiscretions were no longer understood as a natural stage in the sexual maturation of men, but as a source of immorality and sexual danger. Elaine Showalter has argued convincingly that the fin-de-siècle was the 'golden age' of sexual duality – the leading of a double life, or what Oscar Wilde described in The Importance of Being Earnest as 'bunburying.' For late-Victorians and modern historians 'bunburying' primarily denoted the homosexual activity of London's green-carnation-wearing set. However, the concept of a double life could also have described the heterosexual adventures of men who divided their time between a respectable daytime world of marriage and family, and a nighttime world of prostitution and potential contagion. In such a paradigm of sexual doubles, the transmission of venereal disease from prostitute to

⁹ John Tosh, *A Man's Place: Masculinity and the Middle-Class Home in the Victorian Period*, (New Haven: Yale University Press, 1999), p. 130-2.

¹⁰ Townsend, 'Private Diseases in Public Discourse', p. 225; John Tosh, *Manliness and Masculinities in Nineteenth-Century Britain* (Edinburgh: Pearson Education Ltd., 2005), pp. 118-9.

¹¹ Townsend, 'Private Diseases in Public Discourse', pp. 199-200

¹² Oscar Wilde, *The Importance of Being Earnest and Four Other Plays* (New York: Barnes & Nobel Classics, 2003), pp. 13-14, 17.

¹³ On the opening night of *Lady Windermere's Fan*, Oscar Wilde encouraged all male members of the audience to wear green carnations in their lapels – a secret signifier of homosexuality. See Regenia Gagnier, *Idylls of the Marketplace: Oscar Wilde and the Victorian Public* (Aldershot: Gower Publishing, 1986), pp. 163-4.; Elaine Showalter, *Sexual Anarchy: Gender and Culture at the Fin-de-Siècle* (New York: Viking, 1990), p. 106.

client to middle-class family signified the frightening blurring of boundaries between these two worlds, or rather the drawing together of the two halves of these men's lives.

The publication in 1886 of Robert Louis Stevenson's gothic short story *The Strange Case of Dr Jekyll and Mr Hyde* was one of the most important fictional reconfigurations of the troubling issue of male sexual and moral duality. ¹⁴ Just as Jekyll indulged in a double life by assuming the guise of Hyde so too did middle-class men hide their indiscretions behind a protective veil of class privilege and respectability. Both Jekyll and his real life contemporaries denied moral responsibility for their actions. Jekyll alleviates his own sense of guilt by projecting it onto his alter ego whilst male clients and much of the medical profession shifted blame onto prostitutes. It was Hyde alone who was 'inherently malign and villainous' whilst the 'good qualities' of his daytime other self were 'seemingly unimpaired.' ¹⁵

But in fiction as well as reality, the respectable half of the 'bunburyist's' life was inevitably impaired by his nighttime indiscretions. Just as Hyde's 'wickedness' returns to haunt Jekyll, so were the children of syphilitic fathers often afflicted with the same hereditary taint. Despite the overtly class-based nature of Stephen Arata's analysis of *Jekyll and Hyde* he does make two important and convincing points. The novel turned discussion of Lombrosian theories of degeneracy back upon the professional, middle-classes that had produced them, thereby linking middle-class

¹⁴ Elaine Showalter, 'Syphilis, Sexuality, and the Fiction of the Fin-de-Siècle', in Ruth Bernard Yeazell (ed.), *Sex, Politics, and Science in the Nineteenth-Century Novel* (London: John Hopkins University Press, 1986), pp. 100-2.

¹⁵ Robert Louis Stevenson, *The Strange Case of Dr Jekyll and Mr Hyde and Other Tales* (London: Penguin Classics, 2003), p. 60. My emphasis.

masculinity to working-class criminality and aristocratic debauchery. ¹⁶ Having done this, Stevenson was able to explore the precarious position of both late Victorian patriarchal authority and the state of masculinity. ¹⁷ From one perspective, this novel was a harsh critique that lay bare the suffering produced by the sexual licence of middle-class men. This unregulated sexuality was described in Darwinian terms as a dangerous source of devolution. Hyde was the embodiment of Jekyll's 'lower elements' 'that left on [the] body an imprint of deformity and decay' and threatened to override evolutionary development. ¹⁸ In constructing this grotesque and gothic figure, Stevenson appropriated the rhetoric of pollution and degeneracy that dominated medical discussion, fictional accounts and later Edwardian polemic on the subject of syphilis. ¹⁹

Whilst New Woman novelists of the following decade did not replicate the gothic revulsion of Hyde, they did appropriate the figure of the degenerate and diseased man which they used to argue against male sexual duality. Whereas Victorian gentlemen were able to move freely and anonymously through the urban underworld, respectable ladies were confined by expectations of domesticity and sexual innocence.²⁰ The New Woman, armed with her latchkey, independent income

¹⁶ By drawing upon phrenology, early eugenic theory and social Darwinism, Cesare Lombroso argued that an individual who inherited criminal traits could be identified by behavioural and physical defects. He used theories of degeneration to explain how social factors such as venereal disease might initiate biological and psychological regression. See Cesare Lombroso, *Criminal Man* (Durham: Duke University Press, 2006), pp. 8-9, 11, 40, 325-7.; William Greenslade, *Degeneration*, *Culture and the Novel 1880-1940* (Cambridge: Cambridge

University Press, 1994), pp. 90-8.

¹⁷ Stephen Arata, Fictions of Loss in the Victorian fin-de-siècle (Cambridge: Cambridge University Press, 1996), p. 43.

¹⁸ Stevenson, *The Strange Case of Dr Jekyll and Mr Hyde*, p. 58.

¹⁹ Townsend, 'Private Diseases in Public Discourse', p. 160.

²⁰ Martha Vicinus, *Independent Women: Work and Community for Single Women* (London; Virago, 1985), p. 297.; Tosh, *Manliness and Masculinities*, p. 39.

and higher education, threatened this sexual and social division. Despite accusations of sterility and frigidity, the New Woman was also contradictorily regarded as a highly sexual being. Her sexual knowledge and freedom from male control was all the more troubling because it could not be dismissed as signs of a fallen woman.²¹ Rather, this sexual knowledge was brought to bear upon the traditionally taboo subjects of sex within marriage and the sexual freedoms of young men.²² That these women were able to traverse public spaces unchaperoned and engage in discussions upon sex and venereal disease was troubling for many Victorians.²³ Whereas men were pardoned for indulging their sexual urges, the New Woman's rejection of normative female behaviour and spheres of knowledge was decried as a source of sexual and biological subversion.²⁴

According to one of Grand's characters, 'when [women] begin to have ideas they spread them everywhere, and all the other women ... *catch* them, and are *spoiled* by them.'25 The choice of the word 'catch' casts knowledge as a disease, infecting and corrupting female morality.26 However, as demonstrated in the fate of Grand's Edith Beale, failure to be 'spoiled' in this way left women vulnerable to the physical

²¹ Generally speaking, the representatives of the New Woman led unimpeachable private lives. Although Sarah Grand left her husband to pursue a literary career, this fact was rarely mentioned in the criticism directed against her work. Gail Cunningham, *The New Woman and the Victorian Novel* (London: The Macmillian Press, 1978), p. 14.; Ledger, *The New Woman*, p. 16.

²² Tosh, Manliness and Masculinities, p. 116.

 $^{^{23}}$ The New Woman was essentially a middle-class phenomenon and the problems that she addressed – the unavailability of sexual knowledge and the dangers of arranged marriage to profligate men of means - were primarily those of middle-class women.

²⁴ Cunningham, The New Woman and the Victorian Novel, p. 10.

²⁵ Grand, *The Heavenly Twins*, p. 230. My emphasis.

²⁶ John Kucich, *The Power of Lies: Transgression in Victorian Fiction* (Ithaca: Cornell University Press, 1994), p. 254.

degradation threatened by marriage to diseased men like Mosley Menteith. Edith's lack of sexual knowledge made her 'a lovely specimen of a well-bred English girl' but it also condemned her to a miserable marriage, disease, insanity and an early death. Her family, who should have enquired into Menteith's character, 'seemed to think that ... by refusing to obtain any knowledge of [vice], they somehow helped to check it.'27 By rebelling against this culture of self-imposed ignorance, and by encouraging the acquisition of knowledge, Grand, Brookes and their fellow New Woman writers were condemned as harbingers of social and sexual chaos. Traditional Victorian notions of 'purity' constituted ignorant innocence. For Grand and other social purity novelists, 'purity' was the acquisition of knowledge of the dangers of venereal disease - dangers that ignorant innocence could not guard against.28 The New Woman and the literature she produced became sites of competing systems of thought - a struggle for control over the right to define notions of degeneracy, morality and equality.

The New Woman endeavoured to address the inherent problems of gender-based constructions of sexuality and sexual knowledge that she considered responsible for the proliferation of physical and social degeneration. Yet at the same time the New Woman was being constructed as a source of biological weakness as well as social and sexual misrule.²⁹ In an article in *The Eugenics Review*, the 'new woman' was unfavourably compared to 'the "natural" girl' or 'the less highly educated type', suggesting that an intelligent and independent woman was inherently unnatural - a dangerous biological anomaly that repelled men and was

²⁷ Sarah Grand, *The Heavenly Twins*, p. 156.

²⁸ A.R. Cunningham, 'The 'New Woman Fiction' of the 1890s', *Victorian Studies*, Vol. 17, no. 1 (1973), p. 180.; Marilyn Bonnell, 'The Legacy of Sarah Grand's *The Heavenly Twins*: A Review Essay', *English Literature in Transition* 1880-1920, Vol. 26, no. 4 (1993), pp. 471.

²⁹ Showalter, Sexual Anarchy, pp. 38-41.

incapable of fulfilling a normal woman's 'natural', maternal role.³⁰ Knowledge among women was equated with degeneracy whilst women themselves called for education as a means of avoiding the transmission of syphilis and hereditary decline. Constructing the New Woman as a primary source of social, sexual and biological malaise implicitly directed attention away from the responsibility of men for the hereditary decline of the race.

Like most New Woman fiction, the novels of Grand and Brooke challenged the traditional literary vision of a happy marriage. A wedding normally provided the conventional Victorian plot with a desirable conclusion and the reader could safely assume that the lives of the married characters would eventually be enhanced by the joy of children.³¹ By contrast, New Woman narratives often began with a marriage that was disastrous and the paths along which their married heroines travelled were precarious. Although Grand appropriated the conventions of Victorian melodrama, she rejected the construction of self-sacrifice as a form of valour, as well as the idealisation of domesticity that was buttressed by an overarching moral code. New Woman novelists identified fundamental flaws in existing social and moral codes and decried expectations of passive femininity. Rather than pacifying readers with happy endings, the New Woman was attempting to effect change through tragic depictions of virtuous heroines being overcome by the perpetrators of vice.³²

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³⁰ R. Murray Leslie, 'Woman's Progress in Relation to Eugenics', *The Eugenics Review*, Vol. 2 (April 1910-January 1911), pp. 284-7.; Chris Willis, '"Heaven defend men from political or highly-educated women!": Packaging the New Woman for Mass Consumption', in Angelique Richardson and Chris Willis (eds.), *The New Woman in Fiction and in Fact: Fin-desiècle Feminisms* (New York: Palgrave, 2001), p. 53.

³¹ Cunningham, *The New Woman and the Victorian Novel*, p. 11.; Willis, "Heaven defend men from political or highly-educated women!", p. 56.

³² Historians like Martha Vicinus, Teresa Mangum and Judith Walkowitz have identified the appeal of melodrama to female authors because it emphasized gendered power

The Heavenly Twins was the first New Woman novel to delve into the sensational and confronting subject of venereal disease. Evadne, well versed in 'pathology' and the 'modern writers', refuses to consummate her marriage to the diseased Colonel Colquhoun.³³ Her refusal foreshadowed the feminist promotion of celibacy that culminated in Cristobel Pankhurst's militant campaign for female chastity as a means of obtaining sexual autonomy and moral authority over licentious male sexuality.³⁴ Whilst knowledge offered Evadne some protection, it could not guard against the demands of propriety or the expectations of a family whose primary concern was not the physical and moral character of their future son-in-law, but the material gains of a socially advantageous marriage.³⁵ For the New Woman, knowledge needed to be accompanied by fundamental changes in attitude towards the rights of women and the responsibility of men.

Unlike Grand who used syphilis to critique the problems of middle-class marriage, Brooke (a member of the Fabian Society) intended her syphilitic villain, Lord Herriot, to be an indictment of the class-based causes of social and moral degeneracy. Materialistic marriages among the upper and middle classes were seen by the women's movement and eugenicists as a primary cause of social and racial decline. Herriot may have been intended as a criticism of an 'effete and dissipated'

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relations and highlighted the role of the heroine. See Martha Vicinus, "Helpless and Unfriended": Nineteenth-Century Domestic Melodrama', New Literary History, Vol. 13, no. 1 (1981), pp. 132-4.; Teresa Mangum, Married, Middlebrow and Militant: Sarah Grand and the New Woman Novel (Michigan: University of Michigan Press, 1998), pp. 91-94.; Walkowitz, City of Dreadful Delight, pp. 85-88.

³³ Grand, *The Heavenly Twins*, p. 104.

³⁴ Kucich, The Power of Lies, p. 269.

³⁵ Bonnell, 'The Legacy of Sarah Grand's *The Heavenly Twins*', pp. 470.

aristocracy but his characterisation also served to further the New Woman's calls for a reappraisal of both masculinity and femininity if the moral and physical degeneration of the British race was to be avoided.³⁶

Hostile representations of the New Woman in the British press were largely responsible for the creation of her public image and established the context in which her novels were received.³⁷ In 1894, following the publication of *The Heavenly Twins* and *A Superfluous Woman*, every issue of *Punch* contained a collection of satirical representations of the New Woman as overtly masculine and often comically unattractive (Fig. 3).³⁸ Its most vehement attacks were reserved for the 'Passionate Female Literary Types' of 'The *New* School' whose explicit portrayals of diseased husbands and victimised wives aggravated male anxieties over growing female sexual antagonism and the encroachment of women into male spaces of knowledge and control (Fig. 4).³⁹ Miss Quilpson's declaration that she shall never marry and 'be a *man's plaything*' is an ironic attack on the ideology of the New Woman since her masculine physiognomy and bearing is enough to repel any potential suitor.⁴⁰ Such caricatures may appear trivial but they were driven by a serious concern that New Woman polemic was directing undue attention and criticism upon the previously uncontested sexual practices of men. This was a subtle attempt to shift attention

³⁶ Brookes, *A Superfluous Woman*, p. 259.; Townsend, 'Private Diseases in Public Discourse', p. 239.

³⁷ Cunningham, The New Woman and the Victorian Novel, p. 11.

³⁸ 'A "New Woman", *Punch* (London), Vol. 106 (1894), p. 111. The main objective of *Punch or The London Charivari* was to offer satirical opinions to its upper and middle-class readership but it was also one of the most prominent examples of masculine antagonism towards women. See Hilary Fraser et al., *Gender and the Victorian Periodical* (Cambridge: Cambridge University Press, 2003), pp. 57, 168.

³⁹ 'Passionate Female Literary Types', *Punch* (London), Vol. 106 (1894), p. 255.; Tosh, *Manliness and Masculinities*, p. 118-9.

⁴⁰ 'Passionate Female Literary Types', p. 255.

away from male responsibility by transforming the principal opponents of male sexual licence into equally repugnant objects of public antagonism.

One of *Punch's* most irreverent New Woman caricatures depicts her as 'Donna Quixote.' The full-page cartoon (FIG. 5) and accompanying poem deride her attempts to assert her independence through education, for 'morbid conceptions born of books ferment in brains a-burn with febrile discontent.'⁴¹ The works of Ibsen and Mona Caird surround her.⁴² She smites the three-headed dog of female decorum and triumphantly lifts up her latchkey (which could also be interpreted as her key to knowledge, since both represent forms of sexual and social autonomy). Although satirical, this treatment of the New Woman was motivated by a very real concern that she was running 'amuck 'gainst Mother Nature's plan' by appropriating traditional male prerogatives and subverting the already threatened standards of Victorian morality and sexuality.⁴³

Although a popular novel, *The Heavenly Twins'* appraisal of gender conventions and sexual practices was received critically. Few reviewers directly engaged with the 'particular social evil' that Grand was attacking. Some filtered discussion of venereal disease through code words. Others simply derided the novel as 'the vehicle for the expression of *immoderate* and *inconsistent* views' in an attempt to draw attention away

⁴¹ Townsend, 'Private Diseases in Public Discourse', p. 217.; 'Donna Quixote', *Punch* (London), Vol. 106 (1894), pp. 194-5.

 $^{^{42}}$ As an active member of the women's movement, Mona Caird was dedicated to the sexual and social emancipation of women. She is most widely remembered for her series of essays entitled 'The Morality of Marriage' and for her role in provoking the *Daily Telegraph* to publish the controversial question, 'Is Marriage a Failure?' for which it received 27000 responses.

⁴³ 'Donna Quixote', p. 195.

from the legitimate arguments that Grand had raised.⁴⁴ Reviewers attempted to undermine the importance of the novel by depicting its author as a typical hysterical New Woman. Despite having sold twenty thousand copies in its first year of publication, numerous reviewers staunchly maintained that the problems raised in the novel could not be 'adequately discussed in any ... journal with a mixed clientele.'⁴⁵ The opinion of one critic that 'this [was] not a book to be left about for the "jeune fille" [young girl] to get hold of', was the very sentiment against which Grand was rebelling.⁴⁶ These negative reviews espoused two contradictory sentiments. Young girls who read this book would catch ideas and be spoiled by them but at the same time, the novel was such a 'grotesque exaggeration' that Grand failed to make a convincing case:⁴⁷

It is ... Grand's conviction that girls would be better ... for a thorough knowledge of male depravity and its ... consequences.... That she fails to prove her case we need not say. 48

This contradiction reveals how the popular press were entangled in the same problematic questions of appropriate female knowledge and male responsibility that had confounded the medical profession. The novel's popularity meant that critics could not simply dismiss it and the important social problems that it raised. However, its indelicate subject matter transgressed the comfortable bounds of propriety by providing women with 'knowledge of male depravity.'

⁴⁴ 'Novels', *Daily News* (London), 28 March 1893, n.p.; 'Recent Literature', *Birmingham Daily Post* (Birmingham), 24 April 1893, n.p.

⁴⁷ 'Recent Literature', n.p.

⁴⁵ Townsend, 'Private Diseases in Public Discourse', p. 222.

^{46 &#}x27;Novels', n.p.

⁴⁸ 'New Novels', The Graphic (London), 29 April 1893, n.p.

By the 1890s increasing attention was directed towards the hitherto private sexual relations between married persons, specifically the dangers posed by syphilitic husbands.⁴⁹ Even though *The Heavenly Twins* placed the dangers of marriage firmly on the public agenda, Grand believed 'that marriage ... [was] a perfect state.'⁵⁰ Thus she chose to present her diseased male characters as morally ambiguous rather than blatantly degenerate. Colquhoun and Mentieth are initially charming and not obviously syphilitic compared to the hereditarily degenerate and thoroughly unrepentant Herriot through whose voice ran 'a thread of vice.... A thin trickle of disease dropped out with every syllable.'⁵¹ Grand's women are tricked into marriage through a superficial façade of respectability and wholesome masculinity. By contrast, it is social expectation that compels Brooke's heroine Jessamine Halliday to marry an obviously diseased but titled man.⁵² In each case, the New Woman novelist was not only attacking male sexual licence and disease but the social conventions that buttressed such privilege and overlooked the existence of syphilis within middle-class families.

Both novelists incorporated representations of the New Man – a eugenically fit and enlightened companion to the New Woman – into their plots in order to offset the overwhelming sense of male debauchery that otherwise abounds. But Grand's Dr Galbraith and Brooke's Dr Cornerstone are given only passive roles. Their medical knowledge should have enabled them to counter the spread of disease. But they are a far cry from Alfred Fournier's vision of medical men as defenders of innocence,

⁴⁹ Bashford, "Breaking the Conspiracy of Silence", pp. 10, 26.

⁵⁰ Cunningham, The New Woman and the Victorian Novel, p. 57.; Grand, The Heavenly Twins, p. 340.

⁵¹ Brookes, A Superfluous Woman, p. 20.

⁵² Cunningham, 'The "New Woman Fiction" of the 1890s', p. 184.

purity and health since neither is able to prevent or alleviate the misery inflicted upon women.⁵³ Amid scenes of marital chaos, their calm reasoning and professional detachment render them almost artificial.⁵⁴ The construction of a believable New Man possessed of a masculinity that was compatible with the modernism and sexual autonomy of the New Woman proved to be problematic for female writers.

Throughout medical literature on venereal disease are numerous accounts of the ravages that syphilis inflicted upon the female body. In 1882, Dr Frederick Lowndes described his examination of Mrs T., 'a married woman in the last stage of tertiary syphilis.... The greater portion of her face was gone.'55 The contrast between Edith and Jessamine's initial angelic complexions, and the worm-eaten physiognomy of the woman described by Lowndes is stark. However, the same disease that slowly destroyed the face of Mrs T. begins to work itself into the features of Edith and Jessamine. Edith's rosy skin becomes scored with 'deep lines of suffering.'56 The 'atmosphere of dreams' in which she lived descends into a 'terrible' world of uncontrollable thoughts that 'torment' her mind.57 In both fictional and factual accounts, syphilis spreads through the female body, transforming it from the aesthetic ideal of Victorian womanhood into a figure reminiscent of the goblinesque forms that haunted the gothic imagination. The reader's natural revulsion towards

⁵³ Alfred Fournier, *Syphilis and Marriage* (London: David Bogue, 1881), p. 6.

⁵⁴ Stephanie Forward, 'The 'New Man' in *Fin-de-Siècle* Fiction', *Women's Writing*, Vol. 5, no. 3 (1998), pp. 440-2.; Ann Heilmann, 'Narrating the Hysteric: *Fin-de-Siècle* Medical Discourse and Sarah Grand's *The Heavenly Twins*", in Angelique Richardson and Chris Willis (ed.), *The New Woman in Fiction and in Fact: Fin-de-Siècle Feminisms* (New York: Palgrave, 2001), p. 128.

⁵⁵ Frederick W. Lowndes, 'Syphilis and Marriage', Lancet, 8 July 1882, p. 7.

⁵⁶ Grand, The Heavenly Twins, p. 300.

⁵⁷ Grand, The Heavenly Twins, pp. 155, 285.

the grotesque and the prospect of degeneracy has been channelled away from the decayed female body towards the moral culpability of the men responsible for their suffering.

Grand and Brooke's depictions of unhappy marriages were not only driven by anger at the suffering of women and the sexual double standard under which they lived. Angelique Richardson has correctly observed that historians have largely overlooked the eugenic discourse that influenced the work of many New Woman novelists. As Grand noted in her novel, no amount of newfound respectability could mask the unpleasant fact that a 'vicious man becomes that father of vicious children. It was estimated that between 60 and 90 percent of congenitally syphilitic children died in their first year. One doctor described the syphilitic infant in Darwinian terms as a 'small, wizened, atrophied, weakly, sickly creature' whose illness had brought about retrogression so that it resembled a 'monkey or a little old man. The premature deaths of Edith and Jessamine's diseased children, 'on [whose] frail, tiny forms lay heavily the heritage of the fathers' and 'the crimes and debauchery of generations', were confronting representations of the degenerative effects of hereditary disease. Moreover, these fictional representations of diseased children were warnings of racial decline if masculinity was not reformed.

⁵⁸ Richardson, Love and Eugenics in the Late Nineteenth Century, p. 101.

⁵⁹ Grand, *The Heavenly Twins*, p. 186.

⁶⁰ Showalter, 'Syphilis, Sexuality, and the Fiction of the Fin-de-Siècle', p. 95.

⁶¹ C.F. Marshall, *Syphilology and Venereal Disease* (London: Baillière, Tindall and Cox, 1906), p. 306.

⁶² Brookes, A Superfluous Woman, p. 257.

⁶³ Townsend, 'Private Diseases in Public Discourse', p. 226.

Degeneracy passes in each novel from one generation to the next and immorality leaves its incriminating, phrenological traces. Evadne 'noticed something repellent about the expression of Sir Mosley's mouth ... [and] his head shelved backward like an ape's.'64 Herriot is described in similarly Darwinian terms as the degenerated product of a long line of 'violence and excessive animalism' from which generations have reaped 'their heritage of ... disease and shocking malformation.'65 Menteith and Herriot's vices have manifested themselves in their physiognomy and become as evident to the educated eyes of Evadne and Dr Cornerstone as the biological symptoms of syphilis would be to any doctor. Like Stevenson before them, Grand and Brooke were drawing a direct link between moral depravity and physical deformity. Darwinian degeneration and Lombrosian theories of heredity were interwoven with Victorian morality in the construction of a diseased masculinity that signified personal degradation and the perpetuation of a wider social malaise.

Ibsen's *Ghosts* also laid bare the indelicate issue of syphilis within marriage and confronted audiences with images of Darwinian devolution born of male immorality and diseased masculinity. 'Man' according to George Bernard Shaw, created 'masks' that 'were his ideals' behind which he could hide from all that was disagreeable. 'The greatest terror prevailed whenever some realist ... laid hands on a mask which [society] did not yet dare do without.'66 Ibsen stripped away masks of propriety and middle-class respectability to expose the 'useless sacrifice of human beings to an ideal' of marriage that concealed specimens of degraded masculinity and sexually

⁶⁴ Grand, The Heavenly Twins, p. 178.

⁶⁵ Brookes, A Superfluous Woman, p. 262.

⁶⁶ George Bernard Shaw, 'The Quintessence of Ibsenism', in J.L. Wisenthal (ed.), *Shaw and Ibsen* (Toronto: University of Toronto Press, 1979), p. 118.

victimised womanhood.⁶⁷ Whilst working as an artist in Paris, Oswald, the only child of the bourgeois Alving family, discovers that he is infected with syphilis. Ibsen confronted his audience with a disturbing picture of domestic disharmony. In not too subtle terms the widowed Helen Alving enlightens the conservative Pastor Manders as to the true character of her dissolute husband whose debauchery remained cleverly concealed behind a façade of temperance and morality. As one critic astutely noted, 'the ghosts are the ghosts of the father's sins revisiting' Oswald, whose rapid deterioration shocked audiences during the play's tragic dénouement.⁶⁸

Not surprisingly, *Ghosts* became the subject of a sociological and literary tussle between opponents and supporters of the Norwegian playwright. As Shaw observed in his canonical essay 'The Quintessence of Ibsenism', the play:

... attracted one section of the English people so strongly that they hailed [Ibsen] as the greatest living dramatic poet and moral teacher, whilst another section was so revolted by his work that they described him in terms which they themselves admitted to be ... all but obscene.⁶⁹

Although Shaw offered an overtly socialist explanation for the public reaction to *Ghosts* and avoided detailed discussion of the play's more indelicate subject matter, his essay, in conjunction with William Archer's various admiring critiques formed the nucleus of sympathetic new criticism of Ibsen's work.⁷⁰ Against this was pitted the vitriol of opponents such as Clement Scott, principal reviewer of the *Daily*

Archer befriended the Socialist playwright and polemicist George Bernard Shaw.

⁶⁷ Shaw, 'The Quintessence of Ibsenism', p. 152.

⁶⁸ 'The Question of "Ghosts"', The Pall Mall Gazette (London), 14 March 1891, n.p.

⁶⁹ Shaw, 'The Quintessence of Ibsenism', pp. 109-10.

⁷⁰ William Archer was a theatre critic and journalist who, in 1881, began a prosperous professional relationship with Ibsen, whose plays Archer translated into English. In 1883

Telegraph, who were 'revolted' by the 'Ibsenity' of such realist plays.⁷¹ Since *Ghosts* was not written specifically for an English audience, it is important that the play be approached through the extensive body of English literary criticism that surrounds it. Through examination of this criticism we may determine not only why *Ghosts* caused such a furore but what these impassioned responses revealed about concerns over disease, masculinity and marriage.

The first London performance in March of 1891 generated extraordinarily scathing reviews. In his essay 'Ghosts and Gibberings', William Archer collated what he called an 'Anthology of Abuse.' It contained the most 'obscene' extracts of critical bile in order to 'illustrate, with satiric intent, the hysterical nature of the opposition to Ibsen':72

Reprobation due to such as aim at *infecting* the modern theatre with *poison* after desperately *inoculating* themselves and others.... Absolutely *loathsome* and *fetid*.... Gross, almost *putrid* indecorum.... *Morbid*, *unhealthy*, unwholesome and disgusting story.... Lugubrious *diagnosis* of sordid impropriety.⁷³

Reviews that described the play using the same medical terminology that was applied to syphilitics suggested that the press and public confused the play with the disease upon which it was based.⁷⁴ *Ghosts* was not understood as a work of art that dealt with social malaise but was rather part of the malaise. Attendance at this performance was likened to being infected with venereal disease.⁷⁵ Theatregoers

⁷¹ 'Ghosts', *The Era* (London), 21 March 1891, n.p.; Although one of the most influential critics of his day, Clement Scott showed himself to be out of step with the new criticism of Archer and Shaw in the literary tussle over Ibsen's plays.

⁷² William Archer, 'Ghosts and Gibberings', in Thomas Postlewait (ed.), William Archer on Ibsen: The Major Essays, 1889-1919 (London: Greenwood Press, 1984), p. 23.

⁷³ Archer, 'Ghosts and Gibberings', pp. 23-4. My emphasis.

⁷⁴ Spongberg, Feminising Venereal Disease, p. 162.

⁷⁵ Townsend, 'Private Diseases in Public Discourse', p. 207.

were confronted by Ibsen's insinuations that marital obligation, female innocence and patriarchal authority were no longer the means of guarding against disease, and social and domestic disharmony.⁷⁶ Ibsen laid bare the hypocrisy that he believed to be implicit in these values and presented them as the actual cause of the degeneration that they were intended to defend against.

Although both supporters and detractors appropriated the language of disease to convey their opinions, neither group adequately engaged with the social problems raised by Ibsen. Critical indignation tended to focus upon the fact that the audience at The Royalty Theatre was comprised of both women and men. According to Shaw, Scott 'must have gone straight from the theatre to the newspaper office, and there, in an almost hysterical condition, penned his ... extraordinary protest':77

The audience was mainly comprised of the rougher sex, who were supposed to know something of the theme ... and were *entitled* to discuss the licentiousness of Chamberlain Alving.... But strange to say, women were present ... [and] will take away ... news of ... subjects that hitherto have been to most men horrible and to all pure women loathsome.⁷⁸

The issue that dominated this heated debate was that of knowledge and who was 'entitled' to this knowledge. Men like Scott were horrified that the influence of this play was spreading through London, infecting innocent women with the knowledge of disease and confronting middle-class men with a reflection of their own immorality. Indignation at such a transgression of womanly behaviour and innocence increased in the weeks following the performance.⁷⁹ According to one reviewer, these women 'who sat through it without a blush ... disgraced their sex by

⁷⁶ Spongberg, Feminising Venereal Disease, p. 162.

⁷⁷ Shaw, 'The Quintessence of Ibsenism', p. 109.

⁷⁸ Clement Scott, 'Ghosts', in A.C. Ward (ed.), *Specimens of English Dramatic Criticism XVII-XX Centuries* (London: Oxford University Press, 1945), p. 182.

⁷⁹ Townsend, 'Private Diseases in Public Discourse', p. 208.

their presence, and ... openly expressed approval of an unclean thing.'80 Their 'presence' and 'approval' implied the acquisition of knowledge and thus the destruction of their femininity which, for these reviewers, was predicated upon sexual ignorance.

Many of these reviewers seemed to have overlooked was the fact that female discussion of diseased middle-class marriages and masculinity was already taking place. The play merely gave a public face to a private problem. It became a talking point around which to organise what had previously been incoherent and clandestine discussion. Women who supposedly attained knowledge by attending this performance were 'unwomanly' and 'unsexed' - a 'whole army of unprepossessing cranks in petticoats.'81 The language used to describe female audience members was the same as that employed in derogatory depictions of the masculine and ugly New Woman - the harbinger of social and sexual chaos.

Ghosts not only challenged propriety but traditional gender constructions. The play's diffusion of indelicate information was held responsible for the creation of 'male women.' It was also deemed guilty of emasculation through its portrayal of diseased masculinity and victimised womanhood.⁸² This portrayal provided a rallying point for women bent on unmasking and reforming male sexuality. What rankled members of the press was the very public and melodramatic representation of unrestrained and transmissible male degradation. It not only undermined the moral authority of men, but gave the New Woman additional means of attacking a

80 'Ghosts', n.p.

81 'Ghosts and Gibberings', Birmingham Daily Post (Birmingham), 9 April 1891, n.p.

82 Townsend, 'Private Diseases in Public Discourse', p. 208.

masculinity which was already believed to be under threat.83 In the correspondence column of the Pall Mall Gazette 'A Woman' conveyed her admiration of Ghosts, which 'compels [women] to face the evil and do what they can to remedy it.'84 Facing and remedying this evil required knowledge, which Ghosts was believed to provide. Armed with this knowledge and a defined objective - the reformation of men like Chamberlain Alving - women were seen to be scrutinising traditionally unchallenged male prerogatives. In so doing, they, with the help of Ibsen, were threatening the standards of Victorian masculinity.

The public objection to the play was due in part to Ibsen's use of the diseased middle-class man as a model for unrestrained sexuality and hereditary decline.85 As one critic observed, Ghosts, with its 'terrible and inscrutable bane of heredity' has 'reminded' the public 'that the morbid consequences of vicious indulgence do not always die with the vicious.'86 Ibsen constructed the patriarchal Alving in the same cultural terms as Grand and Brookes' villains - a syphilitic debauchee hiding behind a veil of propriety. A sense of guilt pervades the play and provides the lens through which Victorian audiences viewed the play's subject matter. They shared in this guilt as members of a society that quietly condoned male sexual licence, and feigned ignorance of the existence of venereal disease within middle-class marriage:87

MANDERS: What is the truth then? MRS ALVING: The truth is that my husband died just as dissolute ... as he was before you married us.

83 Tosh, Manliness and Masculinities, p. 119.; Sally Ledger, 'Ibsen, the New Woman and the Actress', in Angelique Richardson and Chris Willis (eds.), The New Woman in Fiction and in Fact: Fin-de-siècle Feminisms (New York: Palgrave, 2001), p. 79.

^{84 &#}x27;Ibsen and the Free Theatre', The Pall Mall Gazette (London), 17 March 1891, n.p.

⁸⁵ Spongberg, Feminising Venereal Disease, p. 162.

^{86 &#}x27;The Question of "Ghosts"', n.p.

⁸⁷ Townsend, 'Private Diseases in Public Discourse', p. 205.

MANDERS: And those - those wild oats, those irregularities, those

excuses, if you like, you call "a dissolute life"?

MRS ALVING: Our doctor used the expression.

MANDERS: I don't understand you.88

As in the criticism surrounding the play, this emotional confrontation was dominated by a struggle over language and knowledge. Whereas Mrs Alving rejects propriety and condemns her husband's sexual immorality as 'dissolute', Pastor Manders, oblivious to the real nature of Alving, reverts to euphemistic code words. Just as Mrs Alving's guilt is that of the audience, so too is Manders' blindness that of

a society that chose to define male sexual licence as 'wild oats' and 'irregularities' in

the hope of softening the harsh reality of degeneracy and disease.

Those few authors who openly discussed syphilis did so within the context of

marriage or prospective marriage and the accompanying possibility of procreation

and congenital syphilis. By the 1890s medical opinion maintained that a syphilitic

parent of either sex could infect their child. The possibility of delayed inheritance

added a more troubling dimension to the problem of congenital syphilis. Writing for

the Lancet in 1895, Tom Robinson recounted the case of a thirty-six year-old married

man who displayed symptoms of 'syphilitic orchitis.' But Robinson could find no

'evidence of the possibility of contagion.' In the absence of incriminating sexual

promiscuity, it was concluded that the patient suffered from delayed inherited

syphilis. 'If inherited syphilis will lie dormant for six years [then] why ... not ... [for]

thirty-six?'89 Despite doubts expressed by Hutchinson and other British doctors over

the validity of third generation congenital syphilis, the notion of perpetual

⁸⁸ Henrik Ibsen, *Ghosts: An Enemy of the People: The Wild Duck* (London: Walter Scott, 1890), p. 41.

⁸⁹ Tom Robinson, 'Notes and observations on a case of supposed delayed inherited syphilis', *The Lancet*, 9 November 1895, p. 1165.

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generational decline figured prominently in eugenic theories of racial degeneration and became a fascinating concept for fiction.⁹⁰

Men ignorant of their infection could, in all innocence, marry equally unsuspecting women. This was a problem with which *Ghosts* and Arthur Conan Doyle's short story 'Third Generation' were concerned. Having survived unaffected into adulthood, both Oswald and Doyle's Sir Francis Norton find themselves blighted by the same disease that claimed the lives of their fathers and in Sir Francis' case, his grandfather. In both works the diseased son is 'a pitiful, half-tragic and half-grotesque figure.'91 Sir Francis' face is 'wan' and 'sensitive', with something 'of the helpless child in the drawn cheek and ... frightened eyes.'92 Ibsen and Doyle's reluctance to allow their infected protagonists to marry suggests that they were uncomfortable with the prospect of perpetuating a loathsome disease. Oswald and Sir Francis must die in order for the cycle of degeneration to end. Concern over racial decline was particularly prominent in Doyle's short story where 'tertiary effects are carried in full luxuriance to the third generation' and are now 'rotting the blood in the veins of an innocent man.'93

⁹⁰ Jonathan Hutchinson, *Syphilis*, (London: Cassell and Company, Ltd., 1909), pp. 556-7.; Alfred Cooper, *Syphilis and Pseudo-Syphilis* (London: J. & A. Churchill, 1884), pp. 262-74.; J.D. Oriel, *The Scars of Venus: A History of Venereology* (London: Springer-Verlag, 1994), p. 70.; Elizabeth Lomax, 'Infantile Syphilis as an Example of Nineteenth Century Belief in the Inheritance of Acquired Characteristics', *Journal of the History of Medicine* (January 1979), p. 35.

⁹¹ Arthur Conan Doyle, Round the Red Lamp: Being Facts and Fancies of Medical Life (London: John Murray, 1894), p. 53

⁹² Doyle, Round the Red Lamp, p. 47.

⁹³ 'Venereal Disease in Fiction', *Journal of the American Medical Association* (Chicago), 27 August 1898, p. 476.; Doyle, *Round the Red Lamp*, p. 55.

By addressing syphilis in its congenital manifestation or what Victorians called 'syphilis of the innocents', Doyle was able to focus upon the victimisation of men, thereby directing attention away from male culpability.94 As Sir Francis vehemently asserts, '[he has] nothing in [his] life with which to reproach [himself]', and yet he must be exiled to Australia, leaving behind a loving fiancé and any prospect of happiness.95 Like Hutchinson's representation of 'victimised' male patients, Sir Francis 'is placed in a cruel situation' and must cast off life's comforts.96 'Third Generation' is a typical product of the gender-based differences in literary formulations of syphilis and its effects upon the body.97 In one of the few available contemporary critiques of 'Third Generation', the Journal of the American Medical Association emphasised male victimisation by praising Doyle's treatment of 'innocently acquired [syphilis] since these [cases] are the most dangerous.'98 In the literary constructions of syphilis by male authors, attention is directed towards the pitiable product of male sexual indiscretion, rather than the source of their suffering. As in contemporary medical literature, men were depicted as victims of fate and vulnerable to the diseases that lay hidden in their genetic makeup.

As evidenced in the different constructions of masculinity and disease presented by New Woman novelists, Doyle, and literary critics, syphilis and its social implications held very gender-specific significances. For female novelists, syphilis was an inherently male malady - the product of male vice and social hypocrisy that was completely disassociated from the female self. Yet unjustly, women were its

⁹⁴ Showalter, 'Syphilis, Sexuality, and the Fiction of the Fin-de-Siècle', p. 95.

⁹⁵ Doyle, Round the Red Lamp, p. 52.

⁹⁶ Doyle, Round the Red Lamp, p. 62.; Hutchinson, Syphilis, p. 117.

⁹⁷ Showalter, Sexual Anarchy, p. 196.

^{98 &#}x27;Venereal Disease in Fiction', p. 476.

primary victims.⁹⁹ Women believed themselves to be morally superior to the men responsible for their suffering – the chaste yet maternal guardians of an enlightened and evolutionarily superior race that was constantly threatened by male intemperance.¹⁰⁰ By contrast, if masculinity was an issue for male novelists and reviewers, it was because it was under threat from disease and an increasingly hostile public. Whereas the syphilitic middle-class man was the quintessential villain in the literature of the New Woman, in the work of male authors, he was the pitiable and innocent victim of contamination.

The role of such fiction effectively introduced the uncomfortable subject of syphilis and its impact upon families into the public arena. Literary critics may have vilified these authors and decried their work as offensive to public decency and taste, but their hostile reviews fostered public interest in the problem of syphilitic marriages. The work of the New Woman writers of the 1890s laid the foundations for Edwardian feminists who removed this subject from the bounds of fiction. They made it the controversial subject of pamphlets and social polemic that were designed to enlighten and empower women and subject male sexual behaviour to public scrutiny.

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⁹⁹ Showalter, Sexual Anarchy, p. 197.

¹⁰⁰ Philippa Levine, *Victorian Feminism 1850-1900* (London: Hutchinson, 1987), pp. 132-3.

DOUBLE STANDARDS AND DANGEROUS LIAISONS

Feminist and eugenic arguments against syphilitic marriage

By the early twentieth century the women's movement and eugenicists had adopted more direct and often aggressive means of discouraging unfit men from marriage and condemned those men who married irresponsibly. This chapter explores the various ways in which these two movements appropriated the figure of the diseased middle-class debauchee in order to achieve their own political and social objectives. These two movements were the most vocal critics of the middle-class degenerate, referring to his defects when addressing the problem of syphilitic marriages and degraded masculinity. Their conception of his physical unfitness, moral shortcomings and sexual transgressions were grounded in medical discourse and contemporary fiction, and situated within a context of increased concern over apparent racial decline.

Feminists drew upon the idea of the syphilitic man as a means of decrying the prevailing sexual double standard and asserting female moral superiority over male sexuality, which in turn served to vindicate female demands for enfranchisement and the control of their own bodies. Identification and criticism of the middle-class debauchee was designed to increase public indignation over male intemperance and in so doing draw attention to the serious threat posed to women contemplating

¹ The term 'feminist' was only adopted in Britain after 1895 and did not achieve popular currency until the early twentieth century. More popular contemporary terms used to describe the *fin-de-siècle* surge in female activism included 'the women's movement.' See Lucy Bland, 'The Married Woman, the "New Woman" and the Feminist: Sexual Politics of the 1890s', in Jane Rendall (ed.), *Equal or Different: Women's Politics 1800-1914* (Oxford: Basil Blackwell, 1987), pp. 141-64.

marriage to men who, unbeknownst to them, were infected with syphilis. The campaign waged by the women's movement against syphilis and male immorality was heavily influenced by the spectre of the Contagious Diseases Acts and the associated gendering of contagion. They condemned the victimisation of prostitutes and contested traditional Victorian notions of these fallen women as moral and physical polluters. Furthermore, they actively drew attention to the role of men in the spread of disease. The attention directed towards the dangers of diseased marriage and male intemperance was not only designed to provide women with hitherto restricted knowledge of venereal disease. They hoped that their campaign would 'impress upon men that life was not all "beer and skittles" [and] that there was something nobler to live for than mere self-enjoyment.'2 Men would ideally suppress their lustful inclinations and adopt a moral code similar to that espoused by women, creating a paradigm of sexual equality in which enfranchised women would no longer be sexually subservient and vulnerable to marital abuse by infected husbands.

Whilst multifarious notions of what constituted 'degeneration' abounded in the latter half of the nineteenth century, at no point did a single coherent theory predominate. There was a general consensus that the British race was physically and morally in decline but the reasons for this were inconclusive. *The Eugenics Review* published numerous articles encouraging 'eugenic practice' in order to counteract 'the constitution of [a] society [which] favours the multiplication of the unfit' but the journal did not identify a preponderate cause for this degeneration.³ 'Degeneration' was generally understood to be what Bénédict-Augustin Morel described as

² 'Modern Matrimony', Shafts, Vol. 3, no 5 (June 1893), p. 78.

³ W.R. Inge, 'Some Moral Aspects of Eugenics', *The Eugenics Review*, Vol. 1 (April 1909-January 1910), p. 29.

Darwinian retrogression brought about by a morbid deviation from the norm.4 But how was normative behaviour and physical health determined? What constituted deviation and who possessed the scientific or moral authority to make such determinations? The concept of 'degeneration' was imbued with differing significances in order to serve differing agendas. For Englishman Henry Maudsley, any behaviour that disjoined sexual pleasure from reproduction was deemed to be pathological and detrimental to national health. In this theory, social malaise was directly linked to subversive traits in the individual human body.⁵ These multifarious definitions did not impede but rather facilitated the proliferation of material devoted to this issue. The imprecise nature of discussion surrounding 'degeneration' allowed the language of degeneracy to be assimilated into other discourses such as the feminist debates over masculinity and disease.6 For the women's movement, degeneration was embodied in diseased middle-class men and spread through a society that allowed male immorality to go unchecked. Any deviation, such as the contraction of syphilis, on the part of an individual capable of procreation was believed to undermine racial improvement and by extension, national efficiency.

Although writers discussing venereal disease during the 1890s touched upon concepts of moral and physical decline, it was in the early twentieth century that

⁴ Bénédict-Augustin Morel's *Law of Progressivity* defined degeneration as a hereditary and pathological deviation from a normative type, that was transmitted in increasingly destructive doses to subsequent generations. Such a theory was particularly pertinent to understandings of congenital syphilis and racial decline. See Mary Spongberg, *Feminising Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse* (New York: New York University Press, 1997), pp. 156-7.

⁵ Daniel Pick, Faces of Degeneration: A European Disorder, c. 1848-1918 (Cambridge: Cambridge University Press, 1989), pp. 203-12.

⁶ Stephen Arata, Fictions of Loss in the Victorian fin-de-siècle (Cambridge: Cambridge University Press, 1996), pp. 14-5.

syphilis became a common metaphor for racial and civilisational decay. It was accepted medical knowledge that venereal disease, transmitted to children through paternal inheritance, was the biological catalyst for various inherited 'constitutional weaknesses' and 'degenerations.' In such a hypothesis, men were directly implicated in the supposed biological ruin of the race. According to A.F. Tredgold, writing to the *Eugenics Review* in 1909:

The danger lies in the fact that these degenerates mate with the healthy members of the community and thereby constantly drag fresh blood into the vortex of disease and lower the general vigour of the nation.⁹

Eugenicists increasingly represented venereal disease as a 'racial poison' that was impeding national efficiency and ultimately endangering imperial strength. Public health reform simply addressed the symptoms of degeneration. Eugenicists sought to exercise control over human reproduction in order to counteract the cause of degeneration and in so doing, secure the nation's future. The militant, social purity feminist Frances Swiney criticised a society that allowed a man 'under any ... condition of disease, contract marriage with a healthy innocent woman' and produce 'offspring tainted ... with the worst human scourges and ... vitiate for generations ... the race.' Although social purists and eugenic feminists initially challenged the

⁷ Alfred Fournier, *Syphilis and Marriage* (London: David Bogue, 1881), p. 43.

⁸ Spongberg, Feminising Venereal Disease, pp. 158-9.

⁹ A.F. Tredgold, 'The Feeble Minded - A Social Danger', *The Eugenics Review* Vol. 1 (April 1909-January 1910), p. 102.

¹⁰ In 1883, Francis Galton, cousin to Charles Darwin, coined the term 'eugenics' which he defined as 'the science of improving stock' - the moral, mental and physical quality of the race. See Francis Galton, 'Eugenics: Its Definitions, Scope and Aims', *The American Journal of Sociology*, Vol. 10, no. 1 (1904), pp. 1-8, 10-11, 21-22.; J.W. Slaughter, 'Selection in Marriage', *The Eugenics Review*, Vol. 1 (April 1909-January 1910), pp. 150-2.; Lucy Bland, *Banishing the Beast: English Feminism and Sexual Morality*, 1885-1914 (London: Penguin Books, 1995), pp. 222-

¹¹ Frances Swiney, *The Awakening of Women or Women's Part in Evolution*, (London: William Reeves, n.d.), p. 141. Swiney's adherence to the theories of eugenics compelled her to write a number of pamphlets entitled 'Racial Poisons' that warned women of the dangers of

biological basis of the male sexual urge, they later accepted it as a means of constructing men as eugenically inferior to women who were seen as the moral and biological guardians of the race.¹² The emphasis placed upon the role of women in protecting their families from contagion appealed to feminists (especially those aligned to the social purity campaign) in that it cast women as morally and eugenically superior to men.¹³ This superiority would in turn legitimise their attempts to cleanse society and protect the race from the degenerative effects of male lust – effects symbolised by prostitution and the spread of venereal disease.

Race and nation are today understood as constructs, sustained in part through the dissemination of communal myths, symbols, rituals and a shared historical identity. Over the last several decades the concept of race has been subjected to intense scrutiny not only by historians but by literary critics, sociologists and biologists. It is now accepted that there is little genetic variation between Europeans and other, previously colonised peoples. But for Victorians, race and nation were biological realities and vulnerable to the dangers of degeneration. Historical

syphilis. As a matrocentric evolutionary theorist, Swiney believed that women were the

syphilis. As a matrocentric evolutionary theorist, Swiney believed that women were the ultimate product of evolution, bordering on what she termed the 'Divine Feminine'.

¹² Angelique Richardson, "People Talk a Lot of Nonsense about Heredity": Mona Carid and Anti-Eugenic Feminism', in Angelique Richardson and Chris Willis (eds.), *The New Woman in Fiction and in Fact: Fin-de-siècle Feminisms* (New York: Palgrave, 2001), p. 186.

¹³ George Robb, 'Race Motherhood: Moral Eugenics vs. Progressive Eugenics, 1880-1920', in Claudia Nelson et al., (ed.), *Maternal Instincts: Visions of Motherhood and Sexuality in Britain, 1875-1925* (London: Macmillan Press, 1997), p. 58. The social purity movement was in part comprised of feminists and eugenicists, and shared many of their objectives. Like the women's movement, the purity movement focused its attention upon male sexual license, feeding off popular discussion of degeneration by arguing that the unchecked male sexuality would result, as eugenicists claimed, in the biological ruin of the race. For a detailed discussion of the social purity movement see Angelique Richardson, *Love and Eugenics in the Late Nineteenth Century: Rational Reproduction and the New Woman* (Oxford: Oxford University Press, 2003), pp. 46-57.

¹⁴ Jackie Hogan, *Gender, Race and National Identity: Nations of Flesh and Blood* (London: Routledge, 2009), pp. 1-9.; Benedict Anderson, *Imagined Communities: Reflections on the origin and spread of nationalism* (London: Verso, 2006), pp. 84-90.

discussions of race are no longer underpinned by questions of biological difference but by questions of why concepts of racial superiority and inferiority came into being, and how these distinctions were enforced. Edward Said's *Orientalism* remains the seminal work on racial otherness and his theories have been applied to the construction of what Jackie Hogan has termed 'internal Others.' Such internal otherness could signify a dangerous pathological deviation from the norm that threatened racial and national integrity. For feminists, the internal other was the diseased middle-class husband. Feminists used the concept of race continuously to express concern over the dangers of syphilis and to assert their own superiority as moral and biological guardians, protecting future generations from contamination by dissipated men.

Articles published in the feminist magazine *Shafts*, and *The Eugenics Review*, as well as the works of prominent members of the women's movement like Cristobel Pankhurst, Louise Creighton, Beatrice Forbes-Robertson Hale and Cecily Hamilton, contributed to the reformulation of conceptions of venereal disease. These publications transformed syphilis from a source of private shame into a subject of national public debate. However, historians have hitherto overlooked the role of *Shafts* in formulating the ideas of the women's movement. Historians like Mary Spongberg and Lucy Bland who have referred to this important periodical have done so only in passing, providing little close analysis of specific articles.¹⁷ *Shafts* treated

¹⁵ Susan Meyer, *Imperialism at Home: Race and Victorian Women's Fiction* (Ithaca: Cornell University Press, 1996), pp. 10-12.

¹⁶ Edward Said, *Orientalism* (London: Penguin, 2003).; Hogan, *Gender, Race and National Identity*, p. 9.

¹⁷ Kate Flint is one of the few historians who have identified the important role of *Shafts* in formulating an identity for its female readers that diverged from that proposed from the mainstream press. See Spongberg, *Feminising Venereal Disease*, pp. 160-5.; Bland, 'The Married

its predominantly female readership as intelligent and discerning, capable of engaging with controversial but important social issues beyond those traditionally deemed suitable for female perusal. Similarly, those historians concerned with Victorian perceptions of degeneration have overlooked the wealth of material contained within *The Eugenics Review*. It was published by the major eugenic body of the twentieth century, the London-based Eugenics Education Society (EES), which often met with ridicule, caution or emphatic rejection. Francis Galton and founder of the short-lived Men and Women's Club) who sought to establish the scientific validity of eugenics objected to the popularizing, unscientific arguments promulgated by the Society. However, *The Eugenics Review* was the primary means of promoting the Society's theories, providing a forum for the dissemination of controversial ideas for the safeguarding of the nation against supposed racial decline – a subject that also dominated mainstream thought.²¹

Only in the last few decades have historians begun to view the contributions of Christabel Pankhurst and her fellow Edwardian feminists as part of an ongoing

Woman, the "New Woman" and the Feminist', pp. 142-45.; Kate Flint, *The Woman Reader* 1837-1914 (Oxford: Oxford University Press, 1993), pp. 40, 151-4.

¹⁸ Molly Youngkin, Feminism and Realism at the fin-de-siècle: The influence of the late-Victorian women's press on the development of the novel (Ohio: The Ohio State University Press, 2007), p. 20.

¹⁹ Bland, Banishing the Beast, p. 29.

²⁰ Carolyn Burdett, 'The Hidden Romance of Sexual Science: Eugenics, The Nation and the Making of Modern Feminism', in Lucy Bland et al., (ed.), *Sexology in Culture: Labelling Bodies and Desires* (Chicago: University of Chicago Press, 1998), pp. 47-8.; Bland, *Banishing the Beast*, p. 227. Amidst the proliferating discussion of sexuality that marked the 1880s, Pearson established the Men and Women's Club with the objective of scientifically debating all issues concerning the relationship between genders. For a detailed discussion of the Club's proceedings see Judith R. Walkowitz, 'Science, Feminism and Romance: The Men and Women's Club 1885-1889', *History Workshop*, no. 21 (1886), pp. 37-56.

²¹ Although many contributors to *The Eugenics Review* were not prominent medical figures, they tended to be from the professional middle class – the demographic group they deemed to be eugenically fittest. See Bland, *Banishing the Beast*, p. 228.

process of drawing public attention to the problem of venereal disease.²² The concerns raised by Pankhurst in 1913 in her controversial and hard-hitting pamphlet *The Great Scourge and How to End It*, were elaborations of arguments previously enunciated, if not as assertively, by doctors and New Woman novelists. The practical treatises written by members of the women's movement upon the problem of syphilitic marriage were not without precedent. Hale explicitly attributed the progress of Edwardian feminists to the New Woman novel 'without [which] the women's movement might not yet have reached its present growth.'²³ As Alison Bashford has observed, the movement's campaign signified renewed interest, indignation, and aggressive condemnation of the sexual endangerment and exploitation of women.²⁴ The affirmative stance that these women adopted was a further stage in a struggle that found its origins in the restricted medical writings of the Victorian medical profession and the literature of late-Victorian New Woman writers.

For members of the women's movement, the issues of syphilitic marriage and male immorality justified their assertions that 'women have a right to the protection that knowledge gives.' Theirs was a campaign not only for equality and protection against infection, but also a gendered struggle over sexual knowledge and the power

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²² Bland, 'The Married Woman, the "New Woman" and the Feminist', pp. 141-8.; Ann Heilmann, *New Woman Strategies: Sarah Grand, Olive Schreiner, Mona Caird* (Manchester: Manchester University Press, 2004), pp. 157-69.; Carolyn Christensen Nelson, *British Women Fiction Writers of the 1890s* (New York: Twayne Publishers, 1996), pp. 1-8.

²³ Beatrice Forbes-Robinson Hale, What Women Want: An Interpretation of the Feminist Movement (New York: Frederick A. Stokes, 1914), p. 120.

²⁴ Alison Bashford, "Breaking the Conspiracy of Silence": The late-Victorian and Edwardian Debate on Venereal Disease' (BA (Honours) thesis, University of Sydney, 1990), p. 14.

 $^{^{25}}$ Cristobel Pankhurst, *The Great Scourge and How to End It* (London: E. Pankhurst, 1913), p. 66.

that such knowledge entailed. It was an aggressive attempt to counter the hypocrisy of 'men who would think it indelicate to utter in [the presence of women] the word syphilis [but] seem not to think it indelicate to infect them with [this] terrible disease.'26 They demanded that women be provided with the education necessary to make prudent and autonomous choices regarding marriage and by extension, the treatment of their own bodies. This corresponded with the objectives of eugenicists who sought to counteract what was commonly described as 'race suicide.'27 Correspondents to *The Eugenics Review* articulated the same attitudes espoused by the women's movement when maintaining that young persons of both genders 'need[ed] some plain talk about the dangers of infection' and that 'upon due occasion ... he (or she) must be free to talk privately of sex.'28 Likewise, a number of feminists appropriated and subverted the language of eugenics in their campaign against venereal disease and their condemnation of the sexual double standard. Eugenics strengthened feminist campaigns against the mistreatment of women, the spread of venereal disease, and the quiet acceptance male sexual licence by providing a pseudo-Darwinian foundation. Hitherto private marital problems were given a scientific dimension and imbued with national implications for the future of the race:29

Vices ... like curses, come back to roost. In his own enfeebled frame, in his diseased tissues, in his weak will ... he reaps the fruit of a

²⁶ Pankhurst, *The Great Scourge and How to End It*, p. vi.

²⁷ Pankhurst, *The Great Scourge and How To End It*, p. 17.; Barbara Caine, *English Feminism*, 1780-1980 (Oxford: Oxford University Press, 1997). p. 138.

²⁸ G. Stanley Hall, 'Education in Sex-Hygiene', *The Eugenics Review*, Vol. 1 (April 1909-January 1910), p. 248.; J.A. Russell, 'The Eugenic Appeal in Moral Education', *The Eugenics Review*, Vol. IV (April 1912-January 1913), p. 140.

²⁹ Bland, Banishing the Beast, pp. 222, 243.

dishonoured motherhood, an outraged womanhood.... The degeneracy we deplore lies at the door of a selfish, lustful, diseased manhood.³⁰

Both eugenicists and feminists encouraged women to exercise discretion when selecting a spouse and appealed to infected men to resist temptation and embrace chastity. In so doing, they hoped to counter the hereditary dangers and female suffering posed by marriages that were not based upon the mutual respect, understanding, and social equality of two people possessing elevated moral standards.

However, the relationship between eugenics and the ideology of the women's movement was not without tension. Not all feminists subscribed to eugenics. Whilst both groups were influenced by Social Darwinism in their belief that only those who were morally and physically fit should be allowed to reproduce, they differed upon how to achieve such objectives. They both believed that masculinity needed to be improved but feminists were far more ardent than male eugenicists who more commonly addressed the less troubling issues of female sexual knowledge and independence. Whereas Grand appropriated eugenics in order to validate her calls for a new standard of male sexuality, Mona Caird considered the flawed logic of eugenics to be merely another source of male authority. For women like Caird, female health and independence were being sacrificed to simply another vision of a 'greater good' defined according to a set of 'misogynistic' principals that were set out by 'Men of Science.'31 Influenced by John Stuart Mill's ideas of individual liberty and Darwin's theories of heredity and variation, Caird argued that women needed to

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³⁰ Frances Swiney, *The Bar of Isis or, The Law of the Mother* (London: C.W. Daniel, 1909), pp. 38-9.

 $^{^{31}}$ Mona Caird, *The Stones of Sacrifice* (London: Marshall Simpkin, 1915), p. 232. My emphasis.

evolve socially.³² She rejected the barbaric masculine notion of 'survival of the fittest' in favour of reliance on individualism and variation as a means of racial improvement. Marriage, according to Caird, was a 'communal form of degeneration' because it forced women into a generic mould of Victorian motherhood, thereby sacrificing their individuality to an imposed set of gendered obligations and expectations.³³

Although both eugenicists and the women's movement were concerned with protecting and advancing the race, feminists were not prepared to sacrifice the possibility of education and financial independence. 'Marriage', according to Hamilton, 'ought not [to] ... have a stupefying effect' upon women but rather encourage 'individuality' and the formulation of 'her own opinions.'34 Some members of the EES such as Dr Caleb Saleeby sought the support of feminists and called for a 'Eugenic Feminism' to draw these 'incomplete and aberrant women' back to their natural, maternal roles.35 The idea of motherhood was central to eugenics and was imbued with national and often imperial significance. For eugenicists like Pearson, the reproductive capacity of women was vital to national progress and imperial expansion. But in order to achieve such aims, middle-class women would have to subordinate their desires for emancipation to a wider, eugenic vision of the

³² John Stuart Mill, *The Subjection of Women* (New York: Prometheus Books, 1986).; Richardson, "People Talk a Lot of Nonsense about Heredity", pp. 185-7.

³³ Mona Caird, *The Morality of Marriage: And Other Essays on the Status and Destiny of Women* (London: George Redway, 1897), pp. 104-5.

³⁴ Cicely Hamilton, *Marriage as a Trade* (London: Chapman and Hall, Ltd., 1909), pp. 99-100.; Lucy Bland, "Cleansing the portals of life": The Venereal Disease Campaign in the Early Twentieth Century', in Mary Langan and Bill Schwarz (eds.), *Crisis in the British State 1880-1930* (London: Hutchinson, 1985), p. 218.

³⁵ Caleb Saleeby, *Woman and Womanhood* (London: M. Kennerley, 1911), p. 262.; Bland, *Banishing the Beast*, p. 229.

nation's future.³⁶ The New Woman's deviation from normative female behaviour was believed by some eugenicists to render her sterile and unattractive.³⁷ According to R. Murray Leslie 'the dwindling birth-rate among the better classes' was brought about by the education and subsequent masculinisation of women and was 'suggestive of impending disaster.' 'Those occupations' that best suited women were those that 'least interfered with her feminine attractiveness.' For such eugenicists, traditional feminine 'charm' was the most conducive for racial improvement since it was this quality which supposedly rendered women most attractive to men.

What men such as Leslie overlooked and what the women's movement argued was that charming women may attract men and perpetuate the race, but without education such charm would likely attract men of dissolute character against whom delightful but ignorant women had no defence.³⁹ As Hamilton argued, women have 'a perfect right to know the results of loose living ... concerning which there exists a conspiracy of silence.'⁴⁰ For women like Caird and Hamilton, the eugenic vision of motherhood was circumscribed and self-sacrificing. Only education and self-empowerment would ensure continued racial improvement by facilitating the choosing of morally and physically healthy mates.

³⁶ Burdett, 'The Hidden Romance of Sexual Science', pp. 52-3.

³⁷ Richardson, *Love and Eugenics in the Late Nineteenth Century*, p. 210.; R. Murray Leslie, 'Woman's Progress in Relation to Eugenics', *The Eugenics Review*, Vol. 2 (April 1910-January 1911), pp. 284-7.

³⁸ Leslie, 'Woman's Progress in Relation to Eugenics', p. 290.

³⁹ Hamilton, *Marriage as a Trade*, pp. 154-68.

⁴⁰ Hamilton, Marriage as a Trade, p. 80.

If the claimed moral superiority of women was complemented by a greater degree of education and sexual knowledge, then ideally, they would be more discerning in their choice of spouse. Not all eugenicists opposed improved female education. Some hoped that such discernment through education would counteract racial decline by preventing those men who were morally and physically unfit from finding a willing partner and perpetuating hereditary weakness. In an article entitled 'Racial Poisons', J. Ernest Lane, Senior Surgeon at the London Lock Hospital, argued that 'for her own sake and the sake of her children, every married woman ought to be fully enlightened on the subject' of venereal disease. Feminists and eugenicists presented the figure of the syphilitic middle-class man as a prime example of the dangers of degeneration and the necessity of eugenic marriage. For feminists, this figure was the reason why women needed independence and education. This diseased figure was the incarnate justification for preventing those who were morally and physically unfit from perpetuating hereditary weakness through the degenerative effects of syphilis, 'the hereditary disease par excellence.'42

The primary targets of the women's movement were those young, unmarried middle-class men who 'sowed their wild oats' and then proceeded to infect their future wives with venereal disease. As John Tosh has observed, middle-class marriages were predicated upon an assumed level of financial security. Postponing marriage was preferable to marrying on an income that was insufficient to maintain

⁴¹ J. Ernest Lane, 'Racial Poisons: Venereal Disease', *The Eugenics Review*, Vol. 1 (April 1909-January 1910), p. 260.; During the nineteenth century the London Lock Hospital became most well known for its treatment of venereal disease. It had the double purpose of curing illness and reforming moral conduct. See David Innes Williams, *The London Lock: A Charitable Hospital for Venereal Disease*, 1746-1952 (London: Royal Society of Medicine Press, 1995).

⁴² Pankhurst, *The Great Scourge and How to End It*, p. 72. Original emphasis.

a standard of respectable comfort.⁴³ By 1885, the median age at which professional, middle-class men married was 31.2 years.⁴⁴ As one correspondent to *Shafts* observed:

A man in the upper classes, earning two or three hundred a year, would certainly be refused as a husband.... He says then that he cannot always live alone; temptation comes and he is not strong enough to resist, as a girl in his own station will not ... marry him.⁴⁵

Although the incomes of many young men were insufficient for marital commitment, they allowed for the procurement of pleasure through illicit liaisons. Unfettered by the bonds of marriage, these were the men most likely to patronise brothels. The proctor's records at Oxford in the 1840s indicate that, in a city of 25000 people, there were between 300 and 500 prostitutes and their largest client base were the 1500 male students who attended the university. Although it has never been conclusively proven, it is generally believed that Lord Randolph Churchill and Oscar Wilde suffered from syphilis, which they probably acquired from the notorious prostitute Old Jess whilst studying at Oxford. Dalliances of this nature were not only overlooked as youthful indiscretions but were discreetly encouraged. As one writer to *The Eugenics Review* noted, 'there appears to be a sort of tradition of youth

⁴³ John Tosh, *A Man's Place: Masculinity and the Middle-Class Home in the Victorian Period* (New Haven: Yale University Press, 1999), p. 126-31.

⁴⁴ Michael Anderson, 'The Social Implications of Demographic Change', F.M.L. Thompson (ed.), *The Cambridge Social History of Modern Britain*, Vol. 2 (Cambridge: Cambridge University Press, 1990), p. 34.

⁴⁵ 'Let all be pure', *Shafts*, Vol. 2, no. 2 (April 1893), p. 39.

⁴⁶ Tosh, *A Man's Place*, p. 130. The principal duty of the Oxford proctor is to maintain discipline outside of college grounds. In the nineteenth century this would have included maintaining the moral standards among students.

⁴⁷ Anne Sebba, Jennie Churchill: Winston's American Mother (London: John Murray, 2007), pp. 95-6; A.G. Gordon, 'Diagnosis of Oscar Wilde', Lancet, Vol. 357, no. 9263, 14 April 2001, p. 1209.; Julian Osgood Field, Uncensored Recollections (London: Eveleigh Nash & Grayson, 1924), pp. 306-7.; Melissa Knox, Oscar Wilde: A Long and Lovely Suicide (New York: Yale University Press, 1994), p. 41.

that abstinence from sexual indulgence is prejudicial to their health.'48 Walter explained in *My Secret Life* that premarital sexual adventures were seen as a masculine rite of passage 'when male nature asserts itself ... and finds means of getting its ... pleasure with women.'49 Churchill and Wilde's cases were two of many that revealed an ingrained culture of male sexual licence. This was the culture against which feminists and eugenicists waged their campaign for equality, sexual knowledge, race regeneration and moral purity.

Eugenicists and feminists focused upon the responsibility of the young man about town whilst overlooking those husbands whose extra-marital liaisons with prostitutes endangered the health of their families. Given the ardour with which these two movements campaigned against male immorality and the endangerment of the family and society at large, it is surprising that more attention was not focused upon the problem of adultery and the associated threat of infection. Whilst young bachelors certainly outnumbered married men in their patronage of prostitutes, this latter male demographic was still a source of immorality and potential disease.⁵⁰ As Pankhurst noted in one of her few references to the matter, 'marriage does not deter men from vicious courses.'⁵¹ That the indiscretions of husbands were generally overlooked did not necessarily signify an unwillingness to confront the problem of adultery. As Aimé Humbert lamented, 'the spring of life has no more flowers' for 'the circle of this ... worn out, sceptical youth.... This is the generation on which the

⁴⁸ Lane, 'Racial Poisons', p. 260.

⁴⁹ Walter, *My Secret Life* (London: Harper Perennial, 2009), p. 63.; John Tosh, *Manliness and Masculinities in Nineteenth-Century Britain* (Edinburgh: Pearson Education Ltd., 2005), p. 3.

⁵⁰ Tosh, *A Man's Place*, pp. 130-1.

⁵¹ Pankhurst, *The Great Scourge and How to End It*, p. 46.

hopes of our country rest.'52 This was a sentiment raised repeatedly by feminists and eugenicists and suggests a prevailing belief that the contamination of the young signified racial and national decline.

By focusing upon immorality among young unmarried men, the women's movement was better able to attack the social conventions that allowed young, ignorant girls to marry men whose health and morality went unchecked. In a disparaging article entitled 'The Modern Slave Market', Nora Brownlow attacked the mercenary manner in which 'the *elite* of society' or rather, 'the dealers', sold 'flesh and blood in [the] English slave market.'53 The only conditions demanded from 'the purchaser' were:

Money, that's the chief thing, good houses ... fine clothes ... servants ... and a place in society.... The moral character of those who buy ... is not considered. 54

Although this is a bleak and over-dramatised evaluation of marriage, Brownlow raises serious concerns over a predominating culture of material pleasure that was believed to influence the objectification of women as 'sex and beyond that nothing.' For feminists the 'relationship between man and woman has centred on the physical' and in so doing robbed women of their individualism and subordinated them to the sexual urges of men.⁵⁵ Marriages driven by economic self-interest rather than biological fitness were believed to end in misery for the 'slave' walking 'blindly to

 52 Josephine E. Butler, Personal Reminiscences of a Great Crusade (London: Horace Marshall, 1911), p. 98.

⁵³ Nora Brownlow, 'The Modern Slave Market', Shafts, Vol. 1, no. 6 (December 1892), p. 87.

⁵⁴ Brownlow, 'The Modern Slave Market', p. 87.

⁵⁵ Pankhurst, *The Great Scourge and How to End It*, p. 20.; Shelia Jeffreys, "Free From All Uninvited Touch of Man": Women's Campaigns Around Sexuality, 1880-1914', *Women's Studies International Forum* (1982), p. 640.

their doom' and for the whole nation since the progeny of a 'worthless and rotten' father would be, according to eugenicists, of the same polluted character.⁵⁶

Discussion of married women's rights to protection from non-consensual intercourse and the potential transmission of disease also raised the associated problem of economic dependency.⁵⁷ Although Pankhurst distrusted socialism, her sentiments closely resembled those of the Fabian Socialist George Bernard Shaw in that she identified the social preoccupation with material wealth as a source of female suffering and by extension, racial decline. Fabian meliorism corresponded in part with eugenic objectives. Although Shaw insisted in *Man and Superman* that 'the bubble of Heredity [was] pricked' and the 'terrors of the degeneracy mongers' demolished, he also maintained that racial improvement could only occur if procreation was disentangled from the material trappings of marriage.⁵⁸ His call for equality of incomes was not only grounded in socialist polemic but appealed to the fundamental eugenic belief that marriage be based on nothing but biological desirability and moral fitness.⁵⁹

For the women's movement, female economic subservience signified social subordination and sexual victimisation. Financial dependency, according to feminists, compelled women to marry with little consideration for the moral and physical health of their husband and to endure intolerable and physically degrading marriages. As Mona Caird explained in her controversial article 'The Morality of

⁵⁶ Brownlow, 'The Modern Slave Market', p. 87.

⁵⁷ Bland, 'The Married Woman, the "New Woman" and the Feminist', pp. 145-6.

⁵⁸ Pick, Faces of Degeneration, pp. 213-14.

⁵⁹ G.R. Searle, 'Eugenics and Class', Charles Webster (ed.), *Biology, Medicine and Society*, 1840-1940 (Cambridge: Cambridge University Press, 1981), p. 231.

Marriage', women were 'supported on the one condition: subjection of body and soul.' If 'this dependence no longer' existed, 'women would [not] continue to allow themselves to be doomed to so ghastly a fate.'60 In 1859, Bernard Brocas infected his wife Jane with syphilis. Against medical advice and despite Jane's entreaties, Bernard maintained his marital rights and assaulted her several times before the birth of their child. Although Jane sought sanctuary with her father, Sir John Rose, she was obliged by financial necessity to return to her husband following her father's death. Brocas' sexually violent behaviour escalated and Jane was infected a second time.⁶¹ Although this case occurred before the proliferation of discussion upon the 'marriage debate', Jane's experience of marital abuse is one of the more shocking of the few publicised cases of middle-class violence in which a wife was also infected with venereal disease. Feminist Annie Besant criticised such cases of marital abuse thus:

A married woman loses control over her own body; it belongs to her owner ... no violence on the husband's part in conjugal relations is regarded as possible by the law ... force or constraint is recognised by the law as rape, in all cases save that of marriage.⁶²

Whilst a number of women belaboured the problem of marital slavery, few directly linked it to the equally troubling issue of syphilis. Yet the same social conventions, economic inequalities and legal constraints that compelled women to remain within violent marriages, also exposed them to the potential of contracting venereal disease.

⁶⁰ Mona Caird, 'The Morality of Marriage', *The Fortnightly Review* (London), Vol. XLVII, (1890), p. 323.

⁶¹ A. James Hammerton, Cruelty and Companionship: Conflict in Nineteenth-Century Married Life (London: Routledge, 1992), pp. 109-10.

⁶² Annie Besant, 'Marriage: As It Was, As It Is and As It Should Be' (1882), in Sheila Jeffreys (ed.), *The Sexuality Debates* (New York: Routledge and Kegan Paul, 1987), p. 401.

Even if a woman knew that her husband suffered from syphilis, it was difficult to obtain legal separation on the grounds of cruelty. From the early 1890s onwards, *Shafts* consistently drew attention to this problem through the publication of such articles as 'Enforced Marriage':

The ... diseased ... husband can enforce what is euphemistically called "rights".... The gross injustice is that a wife cannot legally inhibit the exercise of the marital function when a husband is ... physically unfitted for the responsibilities of fatherhood.⁶³

A cursory examination of divorce cases citing cruelty through the communication of disease demonstrates how few women were able or willing to protect themselves through legal means from the demands of dissipated husbands. In the *Digest of Cases* from 1865 to 1890, only three women successfully divorced their husbands on the grounds that they were wilfully infected with venereal disease.⁶⁴ This dearth can be attributed to the financial dependency of women and the potential scandal that an appearance in the Divorce Courts entailed.⁶⁵ Frances Power Cobbe articulated this problem in her influential pamphlet 'Wife Torture in England' in which she apportioned blame not only to a few isolated male offenders but to a biased system of laws and customs imposed upon women by men.⁶⁶ According to Pankhurst, 'society's only solicitude' was that respectable women 'suffer in silence', thereby

⁶³ Geoffrey Mortimer, 'Enforced Maternity', Shafts, Vol. 1, no. 7, (January 1893), p. 167.

⁶⁴ Arthur Paul Stone (ed.), *The Law Reports of the Incorporated Council of Law Reporting for England and Wales: Digest of Cases* (London: William Clowes and Sons, 1892), p. 1997.; John M. Biggs, *The Concept of Matrimonial Cruelty* (London: The Athlone Press, 1962), pp. 131-41.

⁶⁵ Gail Savage, "The Wilful Communication of a Loathsome Disease': Marital Conflict and Venereal Disease in Victorian England', Victorian Studies, Vol. 34, no. 1 (1990), p. 37.

⁶⁶ Frances Power Cobbe's most famous and controversial article, 'Wife Torture in England', which illustrated the true nature and extent of domestic cruelty, heavily influenced the passing of the Matrimonial Causes Act. See Frances Power Cobbe, 'Wife-Torture in England' (1878), in Marie Mulvey Roberts and Tamae Mizuta (eds.), *The Wives: The Rights of Married Women* (London: Routledge/Thoemmes Press, 1994).; Susan Hamilton, *Frances Power Cobbe and Victorian Feminism*, (New York: Palgrave Macmillan, 2006), pp. 125-7, 141-3.

condemning them to a form of socially-sanctioned sexual slavery.⁶⁷ For the women's movement, the only solution was the dispelling of silence through the education and financial independence of women, and the creation of purer, more enlightened men.

The New Man envisioned by New Women and feminists was able to transcend social custom and gendered power dynamics that characterised traditional marital relationships.68 For Hale, 'the new man is a human being before he is male and counts a woman human before female', thereby enabling him to 'give her love and comradeship.'69 The use of the term 'comradeship' in this context suggested that Hale envisaged marriage to be of the same nature as those egalitarian friendships fostered amongst middle-class men. The question of women's economic independence called attention to competing visions of masculinity and gender relations. Where the independence and intellectual formidableness of the New Woman was viewed as a threat to the masculinity of 'the old-fashioned type of man', women like Hale believed that such endowments bolstered the masculinity and affection of the New Man. Tosh has argued convincingly that the late Victorian relationship between middle-class masculinity and the home was ambivalent since men who withdrew from the company of other men in order to spend an inordinate amount of time within the domestic sphere risked accusations of effeminacy.⁷⁰ In Hale's vision, the wholesome masculinity of the New Man was not at odds with domestic life since his home was a place of intellectual and financial equality. Such

⁶⁷ Pankhurst, The Great Scourge and How to End It, p. 64.

⁶⁸ The term 'New Woman' was not entirely interchangeable with the term 'feminist' even though a self-defined New Woman was also likely to have held some feminist beliefs. Bland, *Banishing the Beast*, pp. 144-5.

⁶⁹ Hale, What Women Want, p. 254.

⁷⁰ Tosh, Manliness and Masculinities, p. 108.

an ideal precluded the possibility of sexual immorality and disease. Women would have the ability to remove themselves from threatening domestic situations and men, contented with loving and intellectually stimulating wives, would have no desire to seek sexual pleasure elsewhere.

Feminist and eugenic rhetoric was characterized by an emphasis upon the active role of women in preserving both their own health and the health of the nation. More importantly, both discourses privileged women with the power of choice. The ability to independently determine their own futures by deciding whom to marry and even whether to marry at all undermined traditional forms of male authority - an authority already destabilized by the medical and social attention directed towards those middle-class men who had forfeited their moral position and expected manly qualities of temperance and self-control through sexual gratification and marital abuse. Women, according to Pankhurst, have come to the conclusion that men are not worthy to associate with who are not of clean mind and of clean life. Such assertions not only characterized men as intemperate and degenerate but also implied that their dissolute lifestyle rendered them incapable of conducting themselves in a manly fashion. The liberty of women to reject and condemn men for their past and present indiscretions rendered these men passive and robbed of the honour that in part defined their masculinity.

By attempting to raise the moral standards of men, the women's movement also cast diseased men as morally and physically inadequate. As we saw in chapter

⁷¹ Pankhurst, *The Great Scourge and How to End It*; Mary Scharlieb, *The Hidden Scourge* (London: C. Arthur Pearson Ltd., 1916).

⁷² Tosh, Manliness and Masculinities, p. 119.

⁷³ Pankhurst, *The Great Scourge and How to End It*, p. 48.

two, the New Woman fiction of the 1890s repeatedly depicted male characters as scoundrels, devoid of moral authority and masculine vigour. Like their literary predecessors, Edwardian feminists drew upon stereotypes of diseased men and victimised women. Pankhurst claimed that, 'as a rule, men who have presented a fair exterior of correct living ... [are the very ones who have indulged in] the harmless dissipation of "sowing their wild oats" and as a result, 'implant' the 'seeds of disease' in their 'victims [who] are for the most part young and virtuous ... flower[s] of womankind.'74 Despite her rhetoric and generalisation, Pankhurst was articulating a genuine social concern. The metaphorical flower of womanhood ravaged by the worm of contagion signified not only the victimisation of women but 'the downfall of the nation.'75 Such language, heavily influenced by eugenics, directly linked the health of the female body to the wellbeing of the race and implicitly identified intemperate men as the primary threat to the integrity of both:

The future of the race is in the hands of women. Men think only of self-gratification, careless of whether the offspring ... is fitted to continue ... the race, or whether the coming generations ... are to be cursed with the shame and iniquity of their fathers.⁷⁶

Having been stripped of the masculine prowess and honour that temperance and morality provided, men could no longer be relied upon to protect either their families or the interests of the nation.

Only by cultivating their moral and mental faculties to govern sexual instinct could men hope to protect themselves against both venereal disease and accusations

⁷⁴ Pankhurst, *The Great Scourge and How to End It*, pp. 67-8.

⁷⁵ Pankhurst, The Great Scourge and How to End It, p. xi.

⁷⁶ 'Lemuel', 'The Social Dilemma: A Suggestion', Shafts, Vol. 3, no. 1 (April 1895), p. 14.

of unmanliness.⁷⁷ It was a quintessential Victorian assumption that temperance was an ideal state. However, behind this culture of chastity existed the quiet expectation that sexual double standards would remain unquestioned. This undercurrent of sexual licence was attacked by feminists who espoused masculine self-restraint. In order to further belief in the moral superiority of women, and by extension, their right to political and social equality, members of the women's movement drew heavily upon concepts of 'psychic love'.78 Furthermore, they applied Darwinian evolutionary theory to male sexuality. 'Man', according to Mona Caird was liable to revert to 'his primitive "nature" through either his unwillingness or inability to exercise temperance.⁷⁹ For feminists and eugenicists, Darwinism provided a scientific means of reasserting the healthiness and normality of monogamous, reproductive sex by calling attention to its role in evolutionary progression. However, this was a biological paradigm grounded in Victorian morality, making evolutionary progression possible only within the sacred bond of marriage. Non-reproductive sex, including extra-marital or pre-marital liaisons, was seen as degenerate and pathological.⁸⁰ Sexual licence or what the theosophist and militant feminist Henrietta Müller called 'male hypersexuality' was not only a sin but a biological hazard that could bring about racial retrogression.81

⁷⁷ Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since* 1830 (London: Routledge, 2000), p. 90.

⁷⁸ The concept of 'psychic love' was defined by feminist Elizabeth Wolstenholme Elmy as a form of intellectual love that transcended physical desire which some feminists saw as an exclusively male urge. See Bland, *Banishing the Beast*, p. 142.

⁷⁹ Caird, The Morality of Marriage: And Other Essays, p. 215.

⁸⁰ Tosh, Manliness and Masculinities, p. 114.

⁸¹ Elaine Showalter, Sexual Anarchy: Gender and Culture at the Fin-de-Siècle (New York: Viking, 1990), p. 48.

Many members of the Edwardian women's movement were so preoccupied with attacking the figure of the degenerate middle-class man that they were unable to fully engage with the prospect of redeemed masculinity. Their literature is filled with idealistic images of a future in which women attained sexual and social equality in part through the development of men's moral standards and self-control. But the end product of these changes to the male character was rarely convincingly articulated. The utopian vision of the New Man was often accompanied by a belief that men were currently dangerous to women and hostile to the movement's objectives.⁸² In her formative New Woman novel *The Story of an African Farm,* Olive Schreiner created utopian sequences to conjure up the vision of equal partnerships between men and women but at the same time denied the feasibility of such dynamics among her contemporaries.⁸³ Whilst a number of women wrote about the ideal New Man, the disproportionate attention directed towards the image of the syphilitic husband suggests an inability by some to adequately engage with male identities on any level other than that of the dissipated philanderer.

In feminist pamphlets utopian ideals of masculinity were directly linked to utopian desires for the health of the nation. If the British race was to move away from a destructive and barbaric imperialism based upon a subverted Darwinian interpretation of 'survival of the fittest', then existing constructions of masculinity must give way to the ideals embodied in the New Man. However, as eugenicist Leonard Darwin (son of Charles Darwin) observed when writing for *The Eugenics*

82 Showalter, Sexual Anarchy, p. 49.

⁸³ Olive Schreiner, *The Story of an African Farm* (London: Hutchinson & Co., 1883).; Heilmann, *New Woman Strategies*, p. 123.; Carolyn Burdett, 'Capturing the Ideal: Olive Schreiner's *From Man to Man'*, Angelique Richardson and Chris Willis (eds.), *The New Woman in Fiction and in Fact: Fin-de-siècle Feminisms* (New York: Palgrave, 2001), p. 168. Olive Schreiner was an active feminist and social theorist, as well as outspoken member of the Men and Women's Club.

Review, 'the building of utopias is ... unprofitable ... because the differences between the perfect state and our existing imperfect conditions are [at present, too] great.'84 Hale espoused the spiritual qualities of a New Man who viewed women without the objectifying gendered constraints of sexuality. But she compromised this ideal by indulgently accepting that the New Man 'may still permit himself ... more sexual experience ... in a spirit of adventure.'85 Louise Creighton appealed to women to 'understand the ... man's point of view' since stronger 'natural passions' made 'chastity more difficult for men.'86 But she also stressed that a single 'fall' or extramarital 'sexual experience', was enough to condemn a young man and his family to a lifetime of suffering.87 Such contradictions among these non-militant feminists suggest that the utopian vision of masculinity was not entirely feasible. Furthermore, the problematic nature of the New Man had significant implications for the feminist vision of the nation. If, as according to Hale, the New Man would be expected to occasionally indulge in sexual adventures and if, as according to Creighton, one indiscretion was enough to destroy his physical health and that of his progeny, then the New Man also undermined the utopian vision of the nation's future prosperity.

Although Pankhurst focused considerable attention upon the problems of racial decline and national health, these concerns for racial fitness were not explicitly situated within a wider military or imperial context. Whilst she argued that the

⁸⁴ Leonard Darwin, 'The Cost of Degeneracy', *The Eugenics Review*, Vol. 5 (April 1913-January 1914), p. 93.

⁸⁵ Hale, What Women Want, p. 257.

⁸⁶ Louise Creighton, *The Social Disease and How to Fight It: A Rejoinder* (London: Longmans, Green and Co., 1914), pp. 13.

⁸⁷ Creighton, The Social Disease and How to Fight It, pp. 77.

'canker of venereal disease [was] eating away the vitals of the nation', concern for imperial power did not figure as prominently in *The Great Scourge* as it did in male discussions of national prosperity.⁸⁸ In a lecture to medical students in 1868 Robert McDonnell likened the spread of venereal disease to imperial decline:

The constitution is ... engaged; from that time the enemy is no longer threatening our shores ... the chancre is ... the standard already floating on the citadel.⁸⁹

Whilst McDonnell's sentiments were not contemporaneous with those of Pankhurst, they anticipated the way in which venereal disease became directly linked to Edwardian concerns over the weakening of imperial strength through the decline of the British race. Francis Galton argued in a similar fashion in 1904 that the British race 'should be better fitted to fulfil [its] vast imperial opportunities' if it adhered to eugenic theories. Feminists appropriated the language of race and expressed grave concerns over racial purity but few emphasised the direct effect of venereal disease upon imperialism or military power. Some women such as Hale and Schreiner objected to what they saw as the aggressive and domineering nature of imperial masculinity. Feminists may have been reluctant to engage with the imperial dimension of venereal disease because they did not wish to reignite public discussion of what Josephine Butler called 'state-regulated vice.' Although the C.D. Acts were repealed in Britain in 1886, their continued enforcement in British India

⁸⁸ Pankhurst, *The Great Scourge and How to End It*, p. 20.; William Hill-Climo, 'Race Betterment: The Nation's Duty', *The Eugenics Review*, Vol. 1 (April 1909-January 1910), p. 195.

⁸⁹ Robert McDonnell, 'Lectures on Venereal Disease Delivered at Dr Stevens' Hospital: Lecture I', *Medical Press and Circular*, 29 January 1868, p. 89.

⁹⁰ Galton, 'Eugenics: Its Definitions, Scope and Aims', p. 3.

⁹¹ Sally Ledger, *The New Woman: Fiction and feminism at the fin-de-siècle* (Manchester: Manchester University Press, 1997), p. 64.

⁹² Heilmann, New Woman Strategies, pp. 122-3.;

⁹³ Butler, Personal Reminiscences of a Great Crusade, p. 98.

had recently been the subject of intense debate.⁹⁴ It is unsurprising that members of the women's movement, many of whom had come from the ranks of the successful domestic repeal campaign, were loath to belabour the implications of venereal disease upon military efficiency and imperial supremacy. Although feminists were preoccupied with the implications of venereal disease upon national health, their attention was primarily directed towards the impact of disease upon families.

The emergence of a New Man that rejected the supposed 'barbarity' and domineering tendencies that had hitherto characterised masculinity was in direct conflict with the emerging culture of imperial masculinity that dominated the *fin-desiècle*. This was an imperialist masculinity, which, according to Tosh, was itself developing in response to a perception that gender relations and male authority were in flux. It must be stressed that a 'crisis' in masculinity did not mean that all men were personally confronted and emasculated by the work of the women's movement. However, the perception of collapsing gender divisions did provoke a retreat to the assertive male domain of imperialism.95 That women like Hale were now attacking the tenets of imperial masculinity was extremely troubling, especially to those men of the upper-middle classes who subscribed most to this doctrine. It is not coincidental that the villain's of Grand's *The Heavenly Twins* are middle-class military officers who forfeit their role as defenders of empire by threatening the mothers of the imperial race through sexual immorality and disease.96 This

⁹⁴ Philippa Levine, 'Rereading the 1890s: Venereal Disease as "Constitutional Crisis" in Britain and British India', *The Journal of Asian Studies*, Vol. 55, no. 3 (1996), pp. 586-91.

⁹⁵ Tosh, Manliness and Masculinities, p. 203-4, 119.; Diana Barsham, Arthur Conan Doyle and the Meaning of Masculinity (Aldershot: Ashgate Publishing Ltd., 2000), p. 44.; G.R. Searle, The Quest for National Efficiency: A Study in British Politics and Political Thought, 1899-1914 (London: The Ashfield Press,1990), pp. 72.

⁹⁶ Richardson, *Love and Eugenics in the Late Nineteenth Century*, p. 106.; Sarah Grand, *The Heavenly Twins*, Vol. 1 (London: William Heinemann, 1893).

'subversive' culture of 'domination and sovereignty' was fundamentally detrimental because it was also exerted upon private sexual relations and marital dynamics. Women bound by financial necessity and social convention were unable to protect themselves from coercion or deception practiced by husbands. This could potentially result in the transmission of disease and the production of a generation of unfit children who threatened, in Pankhurst's words, to bring about 'the downfall of the nation.'97

By drawing public attention to the implications of syphilis for respectable women and innocent children, feminists and eugenicists solidified the belief that venereal disease could not be controlled through repressive state regulation of a single class or gender. The Edwardian debates on venereal disease added layers of complexity to this social problem and fostered a new sense of urgency for state action. In 1913 The Royal Commission on Venereal Diseases was established, providing a public forum in which the various concerns of eugenicists and the women's movement could be voiced. The Eugenics Education Society was integral to the formation of the Commission, and among the fifteen commissioners were the eugenicists Dr J. Earnest Lane and Dr Mary Scharlieb, as well as the feminist Dr

⁹⁷ Pankhurst, The Great Scourge and How to End It, p. xi.

⁹⁸ Bashford, "Breaking the Conspiracy of Silence", p. 44.

⁹⁹ Historians like Lesley A. Hall have acknowledged the improvements to the treatment and prevention of venereal disease resulting from the Royal Commission. However, Alison Bashford is one of the few historians to have undertaken a detailed examination of the Commission's proceedings or analysed the testimony of individual witnesses. See Lesley A. Hall, 'Venereal diseases and society in Britain, from the Contagious Diseases Acts to the National Health Service', in Roger Davidson and Lesley A. Hall (eds.), *Sex, Sin and Suffering: Venereal disease and European society since 1870* (Lonodn: Routledge, 2001), pp. 126-8.; Bashford, '"Breaking the Conspiracy of Silence"', pp. 45-59.

Louise Creighton, whose appointments signified a deliberate attempt to give eugenicists and feminists a voice in the proceedings.¹⁰⁰

The terms of reference for the Commission explicitly stated 'that no return to the policy ... of the Contagious Diseases Acts ... be regarded.'101 This indicates the extent to which venereal disease had come be understood as a civilian problem, the cure for which was not the persecution of women but the sexual education of, and adoption of temperance by, both sexes. Creighton frequently posed questions on the subject of male sexuality and self-control, asking one witness whether they believed that 'in combating prostitution ... [one must first] teach men not to resort to prostitution.' Most witnesses agreed that 'the teaching of chastity [was] one of the primary means of getting rid of venereal diseases', thereby confirming the stance of the women's movement.¹⁰² But despite this acknowledgement of the need for improved education of the young and the insistence on the healthiness of chastity, the subject of male sexual licence remained a source of ongoing debate.

For the women's movement, one of the most important conclusions drawn by the Commission was that a woman had the right to knowledge about her or her husband's infection.¹⁰³ However, as the testimony of medical witnesses indicates, the conspiracy of silence that had clouded discussion of venereal disease in the previous century continued to influence medical opinion. When questioned by Creighton, Dr

¹⁰⁰ Williams, The London Lock, pp. 117-8.

¹⁰¹ Royal Commission on Venereal Diseases, *Final Report of the Royal Commissioners*, Cd. 8189 (1916), p. 2.

¹⁰² Royal Commission on Venereal Diseases, *First Report of the Royal Commissioners*, Cd. 7475 (1914), p. 500.

¹⁰³ Royal Commission on Venereal Diseases, Final Report, pp. 50-6.

Amand Routh defended his policy of concealment and in the process revealed an underlying concern for protecting men's sexual privilege from censure or interference:

Creighton: [Would you keep secret a woman's illness] even if her condition had been produced by her husband's ill-conduct?

Routh: Yes; but I do not think one could be sure [of the source of infection] could one? You would get into a nest of trouble if you are not a little reticent in these cases.¹⁰⁴

There were exceptions such as gynaecologist Dr Florence Willey who proudly declared that she would tell her patients 'absolutely ... the whole thing ... [including] the type of man she [was] going to marry.'105 But on the whole medical witnesses remained ambivalent about directly enlightening women as to the nature and potential source of their illness. Even those doctors who criticised the enforced confidentiality that unfairly protected diseased fiancés preferred to deal with a male relative. Mary Scharlieb's response to the commission's finding that 'the bride's father should be informed ... in order that ... [he] should be in a position to refuse to sacrifice his daughter' was surprisingly accepting of the implicit continuation of female ignorance.¹⁰⁶ Even if such a finding effectively prevented infected men from marrying, it continued to construct sexual knowledge as a male prerogative.

That the Commission addressed the fundamental problems of marriage, female sexual victimisation and male sexuality, the infection of innocent wives and children, and racial decline revealed great shifts in public attitudes. Concern had shifted away from the concealment of an indelicate issue to public engagement with a delicate but nonetheless important social problem. The Commission signified a movement, albeit incomplete, away from the traditional medical consideration of the individual (male)

¹⁰⁴ Royal Commission on Venereal Diseases, First Report, p. 431.

¹⁰⁵ Royal Commission on Venereal Diseases, First Report, p. 515.

¹⁰⁶ Scharlieb, *The Hidden Scourge*, pp. 63-4.

patient's needs to a more eugenic-influenced attempt at an interventionist public health policy designed to serve the interests of society and the race.

CONCLUSION

The years leading up to the Royal Commission on Venereal Diseases witnessed profound scientific developments in the understanding, identification and treatment of syphilis. In 1905, Fritz Schaudinn discovered the microorganism *spirochæta pallida*. August von Wassermann devised a diagnostic blood test the following year that could identify with reasonable accuracy the presence of *spirochæta pallida* in the body. In 1910, Paul Ehrlich's six-hundredth and sixth experiment produced positive results enabling him to develop the synthetic drug salvarsan or '606' which quickly began to replace mercury in the treatment of syphilis.¹

Schaudinn's identification of the microbial organism that caused syphilis conclusively reduced the disease to a biological condition. This scientific discovery vindicated the assertions of doctors and feminists that syphilis, especially in wives and children, was not necessarily a product of immorality. Nevertheless, those who suffered from such diseases were never completely free from the stigma of promiscuity. Syphilis not only destroyed physical health but social respectability. Many sufferers impeded their own or their wife's treatment by attempting to maintain absolute secrecy. Consequently, historians have been hindered by an absence of personal accounts of living with venereal disease. They must instead rely on medical and scientific literature, fictional formulations, or feminist polemic in order to understand how Victorians and Edwardians conceived of syphilis amongst the middle-classes.

¹ David Innes Williams, *The London Lock: A Charitable Hospital for Venereal Disease*, 1746-1952 (London: Royal Society of Medicine Press, 1995), pp. 101-2.

Conducted within the impersonal and sterile space of a laboratory, the Wassermann test was indifferent to the desires of patients and doctors to preserve male respectability and female ignorance. It was more authoritative and finite than the contestable diagnosis of a physician whose 'vague advice to wait for two or three years' before marrying 'may have seemed to lack adequate sanction.' Diagnostic developments made the process of identifying and treating syphilis less clandestine and more effective, thereby reducing the risk of transmission. However, as Cristobel Pankhurst argued 'the use of remedies ... [was] no substitute for ... prevention.' By the time of the Royal Commission, attention had shifted away from mere treatment to actual prevention. This change demanded greater public acknowledgement of the pain and suffering caused by men who recklessly married whilst still infectious.

Cultural constructions of syphilis and its sufferers were dramatically reconfigured during the latter half of the nineteenth century and the early decades of the twentieth century. Syphilis was transformed from a moralised malady affecting fallen women, to a source of biological degeneration spread by middle-class men in the gratification of uncontrolled sexual urges. Prostitutes who were once sources of immorality and vice were now victims, along with wives and children, of a retrogressive masculinity in desperate need of moral reform. Certainly many men who sought sexual pleasure outside of marriage contracted a form of venereal disease and subsequently infected their families. The problem of syphilis was often generalised and dramatised in order to challenge the sexual double standard, raise awareness of the problems that women faced in marriage, and to legitimate demands for access to knowledge of sex and its related dangers. By challenging established

² Mary Scharlieb, *The Hidden Scourge* (London: C. Arthur Pearson Ltd., 1916), p. 47.

³ Cristobel Pankhurst, *The Great Scourge and How to End It* (London: E. Pankhurst, 1913), p. vii.

spheres of female knowledge, women placed syphilis, along with the associated issues of male sexuality and female victimisation, firmly on the public agenda. Yet despite the work of Edwardian feminists, many women sought to maintain the expected persona of sexual innocence. As Kate Fisher has argued, sexual passivity remained central to women's conceptions of respectability, even into the interwar period and beyond.⁴

Victorian and Edwardian changes in public attitude did not signify an end to the discussion of venereal disease. Ehrlich's salvarsan did not prove to be a decisive defence against *spirochæta pallid* nor did the work of Edwardian feminists and eugenicists resolve the social problems posed by syphilis to middle-class families and national health. The establishment of the Royal Commission and the beginning of the Great War provides historians with a convenient and practical marker signifying the end of one phase in the cultural understanding of venereal disease. Instances of syphilis had risen dramatically among British troops who were free to patronise the *maisons tolerées* in French cities, only to return home to infect their wives. In 1918 the British Cabinet imposed a number of controversial regulations which, like the Contagious Diseases Acts, were the subject of intense criticism and debate. Infected women who solicited British troops could now be imprisoned.⁵ Like the repeal campaign of the 1880s, opponents argued that such legislation once again persecuted women whilst allowing male sexual licence to go unchecked.

⁴ Kate Fisher, *Birth Control, Sex, and Marriage in Britain, 1918-1960* (Oxford: Oxford University Press, 2006), pp. 212-213.

⁵ Williams, *The London Lock*, pp. 117-9.; Lesley A. Hall, 'Venereal diseases and society in Britain, from the Contagious Diseases Acts to the National Health Service', in Roger Davidson and Lesley A. Hall (eds.), *Sex, Sin and Suffering: Venereal disease and European society since 1870* (Lonodn: Routledge, 2001), pp. 120-36.

Although the practice of British venereology greatly improved following the recommendations of the Royal Commission, the association of venereal disease with sexual immorality lingered. The National Council for Combating Venereal Diseases (established by the Eugenics Education Society) became the primary organisation for educating the British public. With its policy of 'preach and teach', the NCCVD clashed with the medical profession as each group espoused the desirability of its own program of prevention. Throughout the interwar years the NCCVD rejected medical prophylaxis in favour of the virtue of self-control and in so doing continued to propagate the belief that sufferers had brought their illness upon themselves. Moral arguments were again brought to bear upon medical practice and resulted in the revisiting of a number of contentious issues. Was abstinence detrimental to men's health? Were contraceptives and post-coital disinfection morally acceptable or did they promote the spread of vice? In attempting to answer such questions, the problems of prevention and control were once again entangled in debates over eugenics, morality, and feminist issues.

Syphilis was never simply a medical problem but was imbued with various and often competing cultural implications. It confronted some with unpalatable realities whilst providing others with a valuable means of countering fundamental social problems. For the Victorian medical profession, syphilis brought about a problematic reconsideration of gendered culpability through the acknowledgement of the responsibility of men in the spread of contagion. By contrast, New Woman

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⁶ J.D. Oriel, *The Scars of Venus: A History of Venereology* (London: Springer-Verlag, 1994), p. 204. My emphasis.

⁷ Alison Bashford, "Breaking the Conspiracy of Silence": The late-Victorian and Edwardian Debate on Venereal Disease' (BA (Honours) thesis, University of Sydney, 1990), p. 53.

⁸ Oriel, The Scars of Venus, pp. 203-6.

novelists and Edwardian feminists used syphilis as a means of attacking the prevailing conspiracy of silence and sexual double standard. Such diversity of attitudes indicates the fluidity and variability not only of understandings of venereal disease but of sexuality and gender. Syphilis may have been a social indelicacy but it was nonetheless the subject of continuous discussion whether in the columns of journals and newspapers, on the stage, in the pages of feminist pamphlets or across the tea table.

APPENDIX

The caricatures reproduced in this appendix are only a few examples of the plethora

of images published in response to the growing fascination and concern over venereal

disease and the New Woman. Publication details accompany each illustration.

[Image subject to copyright restrictions]

 ${\tt FIGURE~1:'Caricature~of~Alfred~Fournier',~\it Chanteclair,}$

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FIGURE 2 : Caricature of Jonathan Hutchinson in Vanity Fair, Alan H.

Sykes, The Doctors in Vanity Fair: A gallery of medical men who appeared in caricature between 1870 and 1914 (London: Titus Wilson & Son, Kendal, 1995), 30

FIGURE 3 : 'A "New Woman"', *Punch* (London), Vol. 106 (1894), 111

FIGURE 4 : 'Passionate Female Literary Types', *Punch* (London), Vol. 106 (1894), 255

FIGURE 5 : 'Donna Quixote', Punch (London), Vol. 106 (1894), 194

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