5 Dull Instead of Light

The 1870s and 1880s witnessed major shifts in the trade in sexual knowledge. Public anatomical museums dwindled, and advertisements for consulting surgeons' manuals faded from view. Textbooks and treatises on sexual subjects grew dense with technical vocabulary, and advertisements for them vanished from non-medical periodicals. Popular writing on many of the same subjects became briefer and more euphemistic. At the same time, the production and distribution of some cheap, frank genres, such as the contraception manual, skyrocketed. These developments were intertwined with medical and emerging activist groups' efforts to consolidate coherent collective identities and establish their authority in and through contests over print. Regular medical practitioners sought to separate "medicine" from "quackery" once and for all by developing stricter conventions for writing, publishing, and advertising medical works. At the same time, allegations of obscenity offered a means through which both groups contested authority and sanitized sexual knowledge from associations with the irregular medicine and pornography trades.

This chapter focuses on developments in regular medicine. The first section examines how medical groups experimented with using obscenity laws to police medical practice in the first half of the 1870s, viewing them as more viable alternatives to the 1858 Medical Act in the wake of the *Hicklin* test's formulation. In the eyes of some experts, this was a risky use of the law. Although the *Hicklin* definition of obscenity was commonly thought to apply only to cheap, popular medical works, Alexander Cockburn had not clearly specified "under what circumstance the publication of obscene matter is justifiable."[1] Theoretically, government blue books and textbooks and treatises aimed at practising medics could be dragged into obscenity trials. Theory never really became practice, however. Most actions against sellers of medical works under obscenity laws were like those examined in this and the previous chapter: they were aimed at people

[1] Arthur Powell, *The Law Specially Affecting Printers, Publishers, and Newspaper Proprietors* (London: Stevens and Sons, 1887), 183. See also "The Law and the Lawyers," *Law Times*, August 5, 1871, 248; Robert George Glenn, *A Manual of Laws Affecting Medical Men* (London: J & A Churchill, 1871), 240.

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and publications situated at what regular practitioners considered the fringes of legitimate medical practice, or outside it altogether. Medical groups ultimately found it impossible to suppress irregular trade in treatments for sexual and reproductive health problems. By the end of the 1880s, however, they had collapsed the boundaries of indecency, fraud, and certain forms of medical practice so effectively that they were joined in new legislation aimed at the drug trade. In a different form than that examined in the previous chapter, obscene quackery became a widely accepted concept.

Amid, and in some cases because of, these actions, regular medicine's own systems of communication came under increased scrutiny. Prominent members of the profession argued that going after irregulars was not enough to root out the scourge of quackery: medicine's own systems of print communication needed to be professionalized to wrest the temptation of falling into quackery out of doctors' hands and shore up public trust in medical expertise. The second and third sections of the chapter examine the haphazard emergence of better-defined conventions for medical writing, publishing, and book advertising during this period, and debates that surrounded them. While regular medical practitioners had been developing more distinctive publishing conventions for some time, concerted attention to the need for them hastened this process and established a more robust, if largely unwritten, framework for legitimating medical knowledge and its producers. In establishing this framework, regular practitioners belatedly met the expectations of readers like Alexander Cockburn.

The efforts to discipline medical communication examined in this chapter were not "about" sex or protecting readers from discussions of it. Like the actions against irregular practitioners under obscenity laws, they were responses to interrelated professional concerns about competition, status, credibility, and ethics. Yet, they are interconnected with the history of sexual knowledge and deserve serious attention here. Concerted efforts to discipline medicine's systems of print communication had their roots in longstanding concerns about how medical knowledge could be exploited, and how its exploitation could undermine trust in medical expertise. The fact that writing on fertility, male sexual dysfunction, and venereal disease had become so associated with quackery made questions about how to write, publish, and advertise works on sexual and reproductive issues a fixture of debates about propriety in medical writing, publishing, and book advertising. The outcomes of these efforts also had important implications for access to sexual knowledge. Resolving blurry boundaries between "popular" and "professional" and "medicine" and "quackery" required changing how medical practitioners wrote and how they advertised their publications. These changes expanded divides in the kinds of sexual knowledge that medical practitioners and non-medical readers enjoyed easy access to.

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Obscenity Law as an Alternative Instrument

The anti-quackery campaigns examined in the previous chapter were just one element of mounting attempts to suppress irregular medical practice during the mid-nineteenth century. Medical groups sued irregulars for libel and fraud, and, after the passage of the 1858 Medical Act, for falsely claiming formal titles and qualifications. However, it was difficult to police medical practice under these laws. Libel laws, as the legal historian Anat Rosenberg has pointed out, "did not serve a single interest group": irregular practitioners could, and did, employ them for their own purposes.[2] Fraud was difficult to prove in court, and lawsuits frequently collapsed.[3] Actions under the Medical Act often failed on technicalities. Moreover, the maximum penalty for violating the Medical Act – a five-pound fine – did little to deter practitioners from making false claims. The idea that obscenity laws offered an alternative means of policing medical practice had often met with skepticism in the 1850s and 1860s. After 1868, however, several medical groups and at least a handful of friendly magistrates came to believe that, in some cases, the *Hicklin* test's emphasis on context over content made obscenity laws viable alternatives to other legal instruments. In the 1870s, these groups openly used obscenity laws to try to police medical practice and make the case that irregular medical practice was illegitimate and harmful to the public.

One of the first and most well-documented of these efforts emerged out of attempts to censure Charles Watson, a London-based practitioner who published pamphlets promoting his expertise in treating venereal disease and male sexual debility under a variety of aliases.[4] Watson falsely claimed to be a governor of the Male Lock Hospital, a storied London institution that specialized in the treatment of venereal disease in men.[5] Patients believed him, and those that he disappointed often wrote to the hospital to complain about him.[6] One man reported that he had sent away to a Dr. Hammond – a suspected alias of Watson's – for a "self-adjusting curative" belt, which was supposed to prevent nocturnal ejaculations. Instead, he received several bottles of medicine. When he wrote to Hammond and demanded the belt, Hammond insisted that his payment had only covered the medicines and a consulting fee. The belt would cost two guineas more. The patient paid up, only to receive "a

[2] Anat Rosenberg, *The Rise of Mass Advertising: Law, Enchantment, and the Cultural Boundaries of British Modernity* (Oxford: Oxford University Press, 2022), 2019.
[3] Rosenberg, *Rise of Mass Advertising*, 231–236.
[4] See advertisements in *Caledonian Mercury*, November 3, 1858, 1; *Investor's Chronicle and Money Market Review*, December 17, 1870, 602; *Medical Press and Circular*, March 6, 1872, 219.
[5] James Bettley, "Post Voluptatem Misericordia: The Rise and Fall of the London Lock Hospitals," *The London Journal* 10, no. 2 (1984): 167–175.
[6] "Unqualified Practitioners," *Medical Times and Gazette*, June 8, 1872, 600.

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common suspensory bandage, with three or four pieces of metal surrounding the waist" and another string of metal pieces through which he was supposed to pass his penis. The device chafed the patient's penis, and the experience embarrassed the patient, who was incredulous that the hospital would associate itself with a charlatan.[7]

The hospital's directors worried that Watson's claims were undermining its reputation. An action against him for similar claims under the Medical Act had failed on a technicality a decade earlier.[8] Nevertheless, they asked one of the hospital's surgeons, Shirley Deakin, to look into pursuing Watson and other irregulars who claimed to be affiliated with the hospital again. In June 1872, Deakin consulted a sympathetic magistrate, who reportedly told him that the hospital could choose between two courses of action: it could prosecute Watson under the Medical Act again for practising under false pretences, or it could prosecute him for obscene libel.[9] By the autumn, the hospital's directors seem to have decided against pursuing Watson, at least officially. However, Deakin had assembled a group of doctors associated with the hospital and several allied institutions to pursue actions against Watson and several other medical entrepreneurs. Deakin had also found a partner with a wealth of experience to bring the actions: the Society for the Suppression of Vice.

At first glance, the Society's involvement is surprising. It had ignored anti-quackery campaigners' appeals in the 1850s and 1860s. By 1872, however, the Society was mired in debt.[10] Under the leadership of a new secretary, the solicitor Charles Hastings Collette, it operated at least occasionally as a for-hire outfit, exchanging prosecutions for generous donations.[11] When Deakin approached the Society's leaders and asked them to prosecute Watson and the

[7] Frances Burdett Courtenay, *Revelations of Quacks and Quackery: A Series of Letters by "Detector" reprinted from "The Medical Circular,"* 3rd ed. (London: Baillière, Tindall & Cox, 1865), 16.

[8] "Legal Intelligence," *Medical Times and Gazette*, November 12, 1864, 530.

[9] "The Lock Hospital and Advertising Charlatans," *BMJ*, June 8, 1872, 616; "Unqualified Medical Practitioners," *Medical Times and Gazette*, June 8, 1872, 660; "The Medical Act and the Quack Fraternity," *Medical Times and Gazette*, June 22, 1872, 714.

[10] M. J. D. Roberts, "Making Victorian Morals? The Society for the Suppression of Vice and Its Critics, 1802–1886," *Australian Historical Studies* 21, no. 83 (1984): 171. See Society for the Suppression of Vice account records (1802–1891), HBM for original financial records.

[11] In addition to this case, see "Society for the Suppression of Vice," *Morning Post*, July 9, 1875, 3, in which Collette broadcast that the Society would prosecute distributors of "medical works and pamphlets" in exchange for donations, and the publisher Henry Bohn's testimony in *The Queen v. Charles Bradlaugh and Annie Besant* (London: Freethought Publishing Company, 1877), 230, which suggests that Catholic priests backed an action against him. This change in the Society's operations could account for the oddly heterogeneous focus of its prosecutions in the 1870s. These prosecutions are outlined in Katherine Mullin, "Poison More Deadly than Prussic Acid: Defining Obscenity after the 1857 Obscene Publications Act (1850–1885)," in *Prudes on the Prowl: Fiction and Obscenity in England, 1857 to the Present Day*, ed. David Bradshaw and Rachel Potter (Oxford: Oxford University Press, 2013), 11–29.

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other individuals that his group had identified, they agreed in exchange for funds to pay for the prosecutions and keep the Society running.[12] The money was funnelled to the Society through a newly formed Quack Prosecution Fund, set up by Deakin and Matthew Berkeley Hill, another specialist in venereal disease, in hopes that other medical men would donate to their cause.

In each case, the Society worked closely with the group that Deakin had assembled (hereafter referred to as the "Lock group") throughout the long march from investigation to arrest to indictment. It gathered evidence that figures identified by the group were distributing obscene material by paying young men to visit their premises, purchase their publications, and record observations.[13] After confirming that this evidence could support obscenity charges, the Society printed summaries of its findings and sent them to its backers. Together, they developed arguments to present in court.[14] After this process was concluded, the Society alerted its allies in the police force, who raided the targets' premises and confiscated allegedly obscene material under the Obscene Publications Act. The Society then went to court to argue that the seized material was obscene.

These cases illustrate an evolution of arguments initially employed against consulting surgeons and owners of anatomical museums in anti-quackery campaigns. Although they continued to use terms like "disgusting" to describe the works at issue, after the *Hicklin* judgement medical groups no longer tried to argue that they were as or nearly as dangerous to public morals as pornography, nor did they labour to evoke images of the impressionable youths, blushing wives, and innocent children who might be damaged by them. "Obscene quackery," in other words, was no longer explicitly collapsed with sexual deviance. Instead, medical groups focused on demonstrating something that the passage of the 1858 Medical Act had made easier: that the sellers of the publications at issue were not legitimate medical practitioners. If they were not genuine medical men, the argument went, then the "circumstances of the publication" that had been so important to Cockburn were clearly illegitimate. The defendants must have some nefarious motive for distributing the works at issue: defrauding readers, inciting immoral behaviour, or both.

Intent was supposed to be meaningless under the terms of the *Hicklin* test: all that mattered was whether a work was being distributed in ways that enabled it to fall into the hands of readers who could be damaged by it. However, this argument enabled medical groups to accomplish several things at once. First, it diffused the defendants' claims that they were simply circulating medical information for professional reasons – their only major defence after the

[12] See "Quack Prosecutions," *Lancet*, February 15, 1873, 250–251. A list of actions backed by the Lock group appears in *Clinic*, February 8, 1873, 69.

[13] *Davidson, Dennison, and Romilly*, 1873. Old Bailey Proceedings Online (t18730203-167); "Obscene Prints," Lancet, November 30, 1872, 797.

[14] "Quack Prosecutions," *Lancet*, February 15, 1873, 250–251.

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Hicklin ruling, which stressed the importance of the context in which obscene material was being sold. Second, it enabled medical groups to use the courtroom as a public stage to repudiate the defendants' claims to medical expertise, situate irregular medical practice as dangerous, and assert their own authority. The gist of their arguments was always some version of the following: A medical practitioner who made inaccurate claims about himself had bad intentions. If the intent was not to defraud customers, it was to incite vice; if it was not to incite vice, it was to defraud. Perhaps it was both. Irregular medical practice was illegitimate practice. And in illegitimate hands, sexual knowledge was always harmful to the public.

The Lock group's most high-profile success was the shuttering of Joseph Kahn's Museum in London. In November 1872, a bevy of police officers stormed the museum, now located in Tichbourne Street, at the direction of the Society for the Suppression of Vice. They seized nearly nine thousand copies of Kahn's pamphlet *The Philosophy of Marriage* on the basis of the Society's claim that it was a "lewd and filthy book."[15] Forty cases of anatomical models were later seized from the museum on charges that they, too, were "indecent, disgusting, and demoralising."[16] Kahn had absconded to New York a decade earlier after a patient sued him for extortion, and was therefore absent when the police arrived.[17] However, the museum's proprietors, Henry Romilly, John Davidson, and John Dennison (who reportedly took turns impersonating Kahn for visitors), were charged with unlawfully "selling indecent pictures, for having in their possession 8,700 obscene libels with intent to publish the same, and for a conspiracy to publish."[18]

At first, the trio defended themselves. They argued that the museum was "of a scientific and medical character," and that works that it had displayed and distributed for fifteen years were obviously not obscene.[19] But the Society for the Suppression of Vice refused to quibble over the character of Kahn's works. Citing the absence of Romilly, Davidson, and Dennison's names from the Medical Register, Collette and another solicitor for the Society, a Mr. Besley, argued that they were not medical practitioners. The trio's lack of formal qualifications, they maintained, offered proof that their publications and displays had no legitimate purpose. Indeed, they implied, the fact that these men did not have formal qualifications was evidence that they aimed to "excite the

[15] "Marlborough Street," *Morning Advertiser*, December 13, 1872, 7.
[16] "Kahn's Museum," *Lancet*, March 8, 1873, 354–355.
[17] Ellen Bayuk Rosenman, *Unauthorized Pleasures: Accounts of Victorian Erotic Experience* (Ithaca, NY: Cornell University Press, 2003), 36. For details about Kahn's trial for extortion, see "Appendix: Exposure of the Quack System: Bloomsbury County Court, July 30, 1857" in William Acton, *The Functions and Disorders of the Reproductive System in Youth, in Adult Age, and in Advanced Life*. 2nd ed. (London: John Churchill, 1858), 117–123.
[18] *Davidson, Dennison, and Romilly*, 1873. [19] *Davidson, Dennison, and Romilly*, 1873.

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imagination and create fears, with the view of trading on both for profit."[20] James Lank, a senior surgeon at the Lock Hospital, testified in support of this argument. Kahn's *Philosophy of Marriage* was not "in any sense a medical treatise for the education or information of medical students," he opined. Its sole purpose was titillating museum visitors and inducing them to pay large sums for dubious cures.[21]

It was only after airing these opinions that Collette and Besley admitted that legally the defendants' intentions were beside the point: what mattered was that they were distributing an explicit work to the public, and that "the case of R. v. Hicklin fully explained the law in such cases." When the magistrate said that he would refer the case to trial, where a jury could decide "whether such publication had a tendency to corrupt minds" likely to come into contact with it, the trio pled guilty.[22] Perhaps they suspected that a jury would not return a favourable verdict, or perhaps they simply did not want to face the agony of a jury trial. The seized copies of Kahn's *Philosophy of Marriage* were burnt along with over a million handbills, catalogues, and other pamphlets in February 1873.[23] The following month, Collette and two police officers took turns with a hammer and smashed the models to smithereens. Dennison and Davidson were ordered to pay fines of 500 pounds each, and Romilly 100 pounds, as the magistrate determined that he was merely a "servant of the establishment."[24] All three were released on the condition that they not display or disseminate such works again.[25]

Romilly, Davidson, and Dennison never claimed to work for the Lock Hospital. However, the attraction that prosecuting them had for a group of medical practitioners who specialized in treating venereal disease is not difficult to understand. It enabled them to publicly repudiate a venue that not only seemed to undermine medics' claims to exclusive authority over anatomical knowledge, as Alan Bates has argued, but was also a popular competing source of information about and treatment for venereal disease.[26] Journalists were eager to report on obscenity cases, and the Kahn case was no exception: Collette and Besley's arguments about the proprietors' falsified qualifications and scurrilous motives were widely reported in the press. That Romilly, Davidson, and Dennison pled guilty before the case was turned over a jury, leading to the destruction of their stock and the

[20] "Marlborough Street," *Morning Advertiser*, 7.
[21] *Davidson, Dennison, and Romilly*, 1873.
[22] "Marlborough Street," *Morning Advertiser*, 7.
[23] A. W. Bates, "Dr. Kahn's Museum: Obscene Anatomy in Victorian London," *Journal of the Royal Society of Medicine* 99 (2006): 621. See also "Society for the Suppression of Vice," *Lancet*, June 12, 1873, 56–57.
[24] *Davidson, Dennison, and Romilly*, 1873.
[25] "Last Week's Latest News," *Reynolds's Newspaper*, February 16, 1873, 5.
[26] Bates, "Dr. Kahn," 622–623.

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museum's closure, was a marvellous stroke of luck. The action was, the *Lancet* declared, a triumph.[27]

The emphasis on illegitimate practice intensified in the Watson case. Acting on the Society's claims that Watson was selling obscene publications, the Metropolitan Police seized 4,200 books and pamphlets from his residence in Bedford Square around the same time that it raided Kahn's Museum in November 1872.[28] At Bow Street police court later that month, Collette and Besley disabused Watson's claim that he was a governor of the Lock Hospital and argued that his publications "induce[d] weak-minded men to believe that they were suffering from certain illnesses," leaving them vulnerable to fraud and extortion.[29] Indeed, Collette and Besley focused so much on Watson's alleged charlatanism that no report of the case indicates that they argued that his publications presented a moral danger to the public, beyond their broad characterization of the works as obscene according to the terms of the *Hicklin* test. Watson's fraudulence was simply offered as evidence that his publications were dangerous.

Watson's counsel countered that although it was true that he was not a governor of the Lock Hospital, he did have medical credentials in New York. Moreover, if his publications were offensive, so, too, were works by "English medical men of well-known ability."[30] Reportedly, he read extracts aloud to the magistrate, Frederick Flowers, to drive his point home. After Flowers announced that he would leave the verdict to a jury, however, Watson pled guilty. Like Dennison, Davidson, and Romilly, he seems to have thought that a jury trial would not be worth his while.[31] Watson's publications were destroyed, and he was fined 1,000 pounds. Notably, Flowers instructed Watson "not to issue any similar publication, or any advertisements in the papers, or otherwise … [be involved in] the publication or distribution of such works, or *even [point] to himself as practicing as indicated in these works*."[32] This last directive, which had nothing to do with Watson's publications or their alleged effect on public morals, offers further evidence that some magistrates recognised and approved of obscenity law's use as a means of policing medical practice.

The final case demonstrates that even Flowers's support for this use of obscenity law was limited, however: magistrates were only supportive in cases where they believed that the defendant was defrauding the public. This case, which targeted a man called Isaac Louis Pulvermacher, was different than

[27] "A Plague-Spot Obliterated," *Lancet*, December 27, 1873, 913.
[28] "Obscene Prints," *Lancet*, November 30, 1872, 797.
[29] "Central Criminal Court: Charge against a Medical Practitioner," *Reynolds's Newspaper*, December 22, 1872, 6.
[30] "Central Criminal Court," *Reynolds's Newspaper*, 6.
[31] *Watson*, 1872. Old Bailey Proceedings Online (t18721216-62).
[32] "Summary of this Morning's News," *Pall Mall Gazette*, December 18, 1872, 6. Emphasis added.

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the others. Pulvermacher did not practise medicine or claim medical qualifications. Trained in Vienna as an electrical engineer, he identified himself as an electrician or inventor in advertisements, and held patents for a number of devices, including a current regulator, an electric generator, and several galvometers.[33] He was best known for his Volta-Electric Chain-Bands, portable batteries that he claimed could treat a wide variety of ailments.[34] Pulvermacher advertised his Chain-Bands in medical periodicals, offered discounts to hospitals, and hosted private demonstrations in London in 1871–2. Leading medical journals covered the demonstrations, and reported that they impressed famous medical men.[35] Less impressive to these men was Pulvermacher's subsequent use of their names and extracts from their private letters in advertisements.[36] This behaviour embarrassed doctors who had held him in high regard, and seems to have made him a target for prosecution.

Pulvermacher had made himself vulnerable to obscenity charges in 1870 by publishing a pamphlet that addressed the efficacy of electricity as a treatment for "diseases of a private nature."[37] At the direction of the Lock group, the Society for the Suppression of Vice attempted to prosecute Pulvermacher for distributing the pamphlet by post. The case immediately followed Watson's in the same police court, with the same magistrate. Unfortunately, the details of Collette's argument were never reported. However, he clearly failed to convince Flowers that Pulvermacher's pamphlet was dangerous to the public in any capacity. Flowers opined that it was not "within the same category as those of the medical 'quacks'," and adjourned the case for six months.[38] The Society dropped its charges after Pulvermacher withdrew the pamphlet from circulation and threatened to sue Deakin and Collette for slander.[39]

[33] Robert Waits, "Gustave Flaubert, Charles Dickens, and Isaac Pulvermacher's 'Magic Band'," *Progress in Brain Research* 205 (2013): 219–239.

[34] Waits, "Gustave Flaubert," 225–228. See also J. L. Pulvermacher, *Medical Electricity: Its Use and Abuse; or How to Cure Rheumatic, Nervous, Muscular, and Functional Disorders by Self-Application* (London: J.L. Pulvermacher, 1873), 8.

[35] For examples of these advertisements, see "Pulvermacher's Improved Patent Flexible Batteries," *Medical Press and Circular Advertiser*, March 1, 1871, viii and "Electricity Is Life," *Illustrated London News*, March 23, 1871, 302. For details about Pulvermacher's demonstrations, see "Medical Electricity," *BMJ*, February 17, 1872, 191. For more on Pulvermacher, see Takahiro Ueyama, *Health in the Marketplace: Professionalism, Therapeutic Desires, and Medical Commodification in Late-Victorian London* (Palo Alto, CA: Society for the Promotion of Science and Scholarship, 2010), 138–146.

[36] Waits, "Gustave Flaubert," 225–228; Ueyama, *Health in the Marketplace*, 145.

[37] See advertisement in Pulvermacher, *Medical Electricity: Its Use and Abuse*, 8.

[38] "The Medical Prosecutions," *Lloyd's Weekly Newspaper*, December 1, 1872, 7. The pamphlet at issue has not survived, so we cannot know exactly how it differed from Watson's works. However, it is worth noting that Pulvermacher's other publications are less detailed in their descriptions of health issues than Watson's, and that he never claimed to be able to cure them.

[39] "The Medical Prosecutions," *Lloyd's Weekly Newspaper*, 7; "Prosecution of the Quacks," *Medical Press and Circular*, November 27, 1872, 468.

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Deakin, Berkeley Hill, and their friends were disappointed with the outcome of the Pulvermacher case, but they were thrilled that Watson and Kahn's associates had capitulated. They wanted to continue their work. Writing on the Watson case, the *Medical Press and Circular* reported that there were at least "eight or ten [individuals] singled out against whom proceedings will be taken, nominally by the Society for the Suppression of Vice, actually by some members of the Profession attached to the Lock Hospitals and kindred institutions."[40] To do so, however, they would need donations. The 1872–3 actions were exceedingly expensive, as the Society demanded large payments for its expertise, detective work, legal services, and overhead. The Watson case alone cost the Lock group 354 pounds.[41]

Deakin and Collette, who had a financial stake in the project as both the Society's secretary and its chief solicitor, appealed for donations to offset the expense of these actions and cover future ones. They sent letters outlining their ambitions to a variety of medical journals, and wrote to several organizations, including the Royal College of Surgeons, asking for funding. "If we are adequately supported by the public," Collette claimed in one letter to the *Lancet*, "we shall clear the country of these pests to society."[42] The *Lancet* supported these appeals, trumpeting the efficacy of obscenity law for combating quackery in the wake of the *Hicklin* ruling.[43] However, the Lock group and its partners were nearly as unsuccessful at attracting practical support as the *Lancet* had been a decade earlier. Few medical men opened their wallets for the Quack Prosecution Fund, and the Royal College of Surgeons refused Collette's request for a donation.[44] Berkeley Hill reported that total donations barely amounted to 100 pounds.[45]

Tepid financial support put an end to the Lock group's ambitions. By the summer of 1873, it had disbanded.[46] Over the next few years, several other medical groups brought similar actions against irregulars, though the time and money it took to bring them meant that they, too, had to temper their goals.[47] Local police forces sometimes assisted these groups by surveilling irregulars and raiding their homes and consulting rooms, and, in a few cases, seem to have

[40] "Prosecution of the Quacks," *Medical Press and Circular*, 468.
[41] "The Prosecution of Obscene Quacks," *BMJ*, July 12, 1873, 44. The Society's bank records do not record payments from the Lock group. However, they do record several payments of between three and four hundred pounds marked "cash."
[42] "Society for the Suppression of Vice," *Lancet*, January 4, 1873, 33–34.
[43] For examples, see "Prosecution of Indecent Quacks," *Medical Times and Gazette*, February 22, 1873, 204; "Notices to Correspondents: Quack Prosecution Fund," *Medical Press and Circular*, January 8, 1873, 37; "A Plague-Spot Obliterated," *Lancet*, December 27, 1873, 913.
[44] Minute Book, vol. 12, March 13, 1873, 145–146, RCS-GOV/2/1/8, RCS.
[45] "Notices to Correspondents: Quack Prosecution Fund," *Medical Press and Circular*, 37.
[46] "The Prosecution of Obscene Quacks," *BMJ*, July 12, 1873, 44.
[47] "Obscene Quackery and the East London Medical Defence Association," *Lancet*, March 3, 1877, 328–329.

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acted of their own accord.[48] The slippage between policing the medical marketplace and policing the print marketplace on stage in the Lock cases was fully in view in these episodes. In one case, in 1876, the Medical Act and the Obscene Publications Act were employed against irregular practitioners simultaneously. Twelve medical practitioners were summoned to a Manchester police court following a series of raids under the Obscene Publications Act. All were fined under the Medical Act for practising under false pretences, and those who had distributed publications advertising treatments for sexual health problems saw them destroyed on the grounds that they were obscene. Professional misconduct and moral endangerment were collapsed into a single, unofficial crime in these cases: obscene quackery.[49]

It is difficult to separate fact from fantasy about the effect that these actions had on trade in sexual health manuals. According to the *Lancet*, the 1872–3 cases panicked prominent irregulars. Many pulled their advertisements from the newspapers, the journal alleged. A few, it claimed, turned their publications over to the Society for the Suppression of Vice, hoping to avoid prosecutions.[50] The *Lancet*'s reports were almost certainly embroidered: the idea that Joseph Lambert or Samuel La'Mert would dump thousands of publications at the threshold of the Society's headquarters like a stockpile of bombs about to denotate is not very plausible. However, advertisements for consulting surgeons' manuals did decline steeply from the mid-1870s.[51] By the beginning of the 1880s, British readers no longer encountered crowds of notices for works like *Manhood*, *Self-Preservation*, or *The Silent Friend* in the quack's corner of the newspaper. Foreign and colonial advertisements for these kinds of manuals also dwindled. Although they continued to circulate into the early twentieth century, most extant examples published after 1880 are foreign translations and reworkings, not British originals.

The decline of the consulting surgeon's manual and the businesses that relied on it to connect with patients was probably influenced by the legal actions I have described. However, other developments are likely as, or more, significant to this history. First, the most prominent consulting surgeons, who had established their businesses in the early 1840s, published manuals under several aliases, and sold them on a global scale, were elderly men by 1870. Lewis Jacob Jordan, the patriarch of the Jordan family firm, died in 1874.[52]

[48] For instance, see "A Caution to Quack Doctors," *Manchester Evening News*, October 26, 1877, 4.
[49] "The Raid on Quack Doctors," *Manchester Courier*, November 1876, 6.
[50] "Quack Prosecutions," *Lancet*, February 15, 1873, 250–251.
[51] Virginia Berridge also notes this pattern "Popular Journalism and Working Class Attitudes, 1854–1886: A Study of *Reynolds's Newspaper, Lloyd's Weekly Paper*, and *The Weekly Times*" (PhD thesis, University of London, 1976), 274.
[52] "Wills and Bequests," *Illustrated London News*, July 25, 1874, 22.

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Joseph Lambert died in 1875, and his brother, Samuel La'Mert, died in 1876.[53] The passing of these powerful figures represented a major disruption to the trade. Second, new technological developments were fostering the massive expansion of drug and rubber manufacturing. Just as the decline of the Holywell Street trade coincided with the rise of a thriving trade in pornographic photographs, the decline of the consulting surgeon business coincided with the proliferation of new medical products that promised to treat impotence, venereal disease, menstrual problems, and, in veiled terms, unwanted pregnancies.[54] Sexual knowledge was not suppressed. However, trades that had facilitated its distribution through print did change, with trade in information about how to treat impotence and venereal disease, in particular, becoming more closely aligned with the drug trade than the book trade.

Anti-quackery campaigners shifted focus accordingly: they gave up campaigning against obscene medical publications and displays almost entirely and concentrated on lobbying the government for legislation to regulate trade in drugs and medical devices.[55] However, arguments that regular medical groups had developed to bend obscenity laws to police medical practice lived on in new legislation. The Indecent Advertisements Bill was introduced in the late 1880s to combat "pernicious pamphlets and circulars issued by quacks … which make statements (frequently untrue) as to secret and loathsome diseases, and which are mainly intended to frighten readers into consulting the medical quacks in whose interest they are issued."[56] The subsequent Indecent Advertisements Act of 1889 banned "any advertisement relating to syphilis, gonorrhoea, nervous debility, or other complaint or infirmity arising from or relating to sexual intercourse," including pregnancy.[57] Notably, it did not ban advertisements for sexual entertainment. Medics had succeeded in collapsing indecency, fraud, and certain forms of irregular medical practice: the term "indecent advertisement" was now shorthand for "quack advertisement relating to sexual or reproductive issues."

Convincing the state that certain modes of selling advice and treatments for these issues were illegitimate and harmful to the public was a significant victory for anti-quackery campaigners. However, as the proliferation of new

[53] Doreen Berger, *The Jewish Victorian: Genealogical Information from the Jewish Newspapers, 1871–1880* (Whitney, Oxfordshire: Robert Boyd, 1999), 296; "Deaths Registered in January, February, and March 1876: Samuel Lamert," *England & Wales, Civil Registration Death Index, 1837–1915* (Provo, UT: Ancestry.com Operations, 2006-) www.ancestry.ca/search/collections/8914/.

[54] For instance, see "Hughes's Blood Pills," *South Wales Echo*, December 24, 1885, 2; "Higson's Female Pills," *Nuneaton Chronicle*, January 30, 1885, 8.

[55] Ueyama, *Health in the Marketplace*, 25–58.

[56] Indecent Advertisements Bill [H.L.] Memorandum. HO 45/9086/B6217, TNA.

[57] Nicholas Daly, *The Demographic Imagination and the Nineteenth-Century City: Paris, London, New York* (Cambridge: Cambridge University Press, 2015), 120–121.

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kinds of businesses hawking treatments for sexual and reproductive health complaints emphasizes, they failed to suppress public interest in irregular treatments, and the Indecent Advertisements Act failed to suppress the businesses that sold them. Although the penalties for violating the Act were fairly significant – offenders could be fined up to five pounds or imprisoned for up to three months with hard labour – it was difficult to enforce because it was riddled with loopholes. Legislators had worried that making the Act applicable to material in newspapers would give rise to accusations of press censorship.[58] Newspaper advertisements were therefore not covered by the Act, and irregulars continued to advertise widely in newspapers. Some pasted advertisements on sandwich boards and hired young men to carry them around town on their bodies, another method of display not covered in the Act.[59] Others simply adapted copy for posters and handbills to avoid terms specified in the legislation. As the free-love advocate George Bedborough recalled in the 1930s, the Act "stimulated the invention of decent substitutes for phrases made illegal . . . 'Social Diseases' 'Secret Diseases' 'Skin Complaints of all Kinds' came to be common expressions."[60]

For a while, anti-quackery campaigners held out hope that the Indecent Advertisements Act would deliver. Some wrote to the Metropolitan Police's Executive Branch demanding that the police do more to enforce it.[61] Others lobbied Parliament to plug loopholes in the Act. In the end, though, the legislation was not altered, police officers' commitment to enforcing it was erratic, and irregular treatments for sexual and reproductive health problems continued to be advertised widely. Laws addressing the print marketplace could be leveraged to police medical practice. They could even be created for this purpose. However, they could not suppress irregular trade in treatments for sexual and reproductive health problems, nor could they destroy those treatments' credibility in the eyes of many Victorians. They also could not raise an impermeable wall across the borders of "medicine" and "quackery." Doctors would need to attend to their own systems of communication to further their ambition of distancing medicine from the market and its moral quagmires.

[58] David J. Cox, Kim Stevenson, Candida Harris, and Judith Rowbotham, *Public Indecency in England, 1857–1960: 'A Serious Growing Evil'* (London: Routledge, 2015), 68–70. British legislation aimed at the print marketplace was always influenced by legislators' concerns about being accused of censorship, which they saw as antithetical to democratic liberalism. See Lisa Z. Sigel, "Censorship in Inter-War Britain: Obscenity, Spectacle, and the Workings of the Liberal State," *Journal of Social History* 45, no. 1 (2011): 63.

[59] "The Indecent Advertisements Act," *Lancet*, December 13, 1890, 1282–1283; "Indecent Advertisements," *Lancet*, May 3, 1890, 379; "Indecent Advertisements," *BMJ*, January 10, 1891, 79.

[60] George Bedborough to Havelock Ellis, February 22, 1930, ADD MS 70556.14, 2, BL.

[61] For example, see Leslie Phillips to the Chief Commissioner of Police, Scotland Yard, November 14, 1890, HO 144/238/A52539 Mepol.2/237, No. 104380, TNA.

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Elevating Medical Print Culture

Many questions about how to handle print that had preoccupied regular practitioners in the 1840s and 1850s were still not easily answered in 1870. How could the medical profession firmly distinguish its own literature from quack productions? And how could it prevent regular practitioners from exploiting medical knowledge for personal gain and dragging the profession into the mire of quackery? Now that medicine had been granted statutory recognition as a profession – and the Medical Act had proven to be an ineffectual instrument for eradicating quackery as regular practitioners defined it – addressing these issues became a more intensive focus of debate.

Specialized publishing formats, such as the medical journal, and publishers, like the ones we saw in Chapter 3, were now better-established. In practical terms, they increasingly functioned as frameworks through which knowledge and expertise were legitimated, at least in medical circles.[62] However, the journal was still not the dominant format of medical communication, as it is today, and medical practitioners still took it for granted that even specialist publishers did not prevent abuses of publishing or confusions of professional identity. Debates about how medical books should be written, published, and advertised were consequently a significant focus of debates about how to "raise up" regular medical print culture during the 1870s, and no books were the focus of more debate than those that addressed venereal disease, masturbation, sexual dysfunction, and prostitution. These topics had long been associated with quackery or (in the case of prostitution) pandering to prurient readers: misuses of knowledge that advocates of a more professionalized medical print culture wanted to distance medicine from.

That anxieties about ambiguities between "medicine" and "quackery" drove debates about how to treat these topics more than concern for readers' morals is not just indicated by the content of these debates, which incessantly return to the subject of "charlatans" and how their uses of print undermined legitimate medical discourse. It is also indicated by the striking absence of discussions about how to present information about sodomy. British medics were often reticent to discuss sodomy at all. The topic was subject to censorship in the Bourdieuian sense that unspoken cultural pressures discouraged medical authors from engaging with it outside works on venereology and forensic medicine, or reviews of such works.[63] Yet, precisely because of those cultural pressures, writing that addressed sodomy did not present the same problems for

[62] Roy Porter, "The Rise of Medical Journalism in Britain to 1800," in *Medical Journals Medical Knowledge*, ed. W. F. Bynum, Stephen Lock, and Roy Porter (London: Routledge, 1992), 12.

[63] Ivan Dalley Crozier, "The Medical Construction of Homosexuality and Its Relation to the Law in Nineteenth-Century England," *Medical History* 45, no. 1 (2001): 61–82; Pierre Bourdieu, *Language and Symbolic Power*, trans. Gino Raymond and Matthew Adamson (Cambridge, MA: Harvard University Press, 1991).

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the medical profession as writing about mundane phenomena like venereal disease. Few people claimed authority over medical knowledge about sodomy during this period. Propriety in publishing works that addressed same-sex sex and most other forms of non-reproductive sex therefore did not become a matter of open debate in medical circles until the late 1890s, when the proliferation of sexual-scientific works on variant sexualities and their circulation through diverse channels made this necessary.[64]

Recent accounts of the professionalization of publishing in the natural sciences emphasize that it was a gradual, haphazard process.[65] This was also true of medicine even during a period in which practitioners were actively trying to "raise up" medical print culture. Medical men suggested a variety of ways that this could be accomplished in medical journals, public lectures, and medical society meetings. As I show in this section, some argued that authors should adopt certain editorial practices or styles of writing, or that their publishers should issue books with (or without) certain design characteristics, to clearly mark out legitimate medical literature and burnish medicine's emerging identity as a scientific field. None of these arguments seems to have gained a significant following; yet, the content of medical books certainly changed over the course of the late nineteenth century. Other medical men, as the next section shows, advocated establishing rigid conventions for advertising medical books to remove the temptation of exploiting knowledge from medics' hands and clearly differentiate legitimate medical works from quack productions. These arguments garnered more consistent engagement.

Debate about how books themselves might be altered to accomplish these goals was discontinuous partly because the task seemed to many medical men to be impossible: no aspect of a book was immune to misreading, nor to copying and abuse. This was a lesson that medics had learned all too well from the now greatly degraded use-value of paratextual defences of sexual content. Prior to the Victorian period, medical authors routinely inserted such defences into the prefaces to their books, and sometimes into other places as well. Those who wrote works on venereal disease and male sexual dysfunction additionally littered them with complaints about these topics' popularity with quacks, often claiming that few authoritative writers addressed them for fear of associating themselves with charlatans. Such statements were not, or at least not merely, expressions of personal anxiety. They were established rhetorical devices aimed at mitigating the risk of being charged with quackery or

[64] See Chapter 7 for further details.

[65] Alex Csiszar, *The Scientific Journal: Authorship and the Politics of Knowledge in the Nineteenth Century* (Chicago: University of Chicago Press, 2018); Melinda Baldwin, *Making Nature: The History of a Scientific Journal* (Chicago: University of Chicago Press, 2015); Aileen Fyfe, Noah Moxham, Julie McDougall-Waters, and Camilla Mørk Røstvik, *A History of Scientific Journals: Publishing at the Royal Society, 1665–2015* (London: UCL Press, 2022).

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pandering to prurient taste by framing the text as serious medical writing and its author as a serious medical man.

Laments about the topics' popularity with quacks remained a common feature of works on venereal disease, male sexual dysfunction, and related topics into the 1870s. However, lengthy justifications for writing about sexual matters had virtually disappeared from regular medical works by this period. When editors recycled material from works published prior to the Victorian period, they often discarded *apologia*s for sexual content, or severely truncated them. A medical encyclopedia that reproduced sections from William Burke's *Popular Compendium of Anatomy* (1804) reduced his three-paragraph *apologia* for writing on the generative organs to three lines, and shoved it into a footnote.[66] Disclaimers published at the beginning of a book, such as "It must be clearly understood that this is a work belonging to the category of 'adult literature'," would not gain traction in Britain until the turn of the century, and were mainly used by sexologists, sex reformers, and their publishers.[67] Although American medical authors continued to employ them, British authors typically dismissed paratextual defences and justifications for writing on sexual matters as worse than useless, partly because irregulars could, and sometimes did, copy them, and partly because they drew attention to sexual content, an effect that disreputable booksellers had long exploited. Counterintuitively, these devices could therefore be interpreted as unprofessional. Reviewing an American work that trumpeted its author's "elaborate delicacy" in dealing with sexual matters in 1869, one English medical journalist complained that the intervention was "almost as suggestive as absolute obscenity."[68]

Medical men occasionally advocated translating explicit passages into Latin as a "scientific" means of elevating works on topics associated with quackery during this period, one that could diffuse authors' anxieties about writing on topics popular with charlatans by demonstrating that they did not wish to parade their knowledge before the public. An 1874 review in the *Medical Press and Circular*, for instance, praised the French physician Guéneau de Mussy's use of Latin to veil "delicate passages" in an article on sterility and impotence in the French journal *L'Union Médicale*. "Mussy," the *Circular* explained, desired to give his work a "scientific character . . . [and] not . . . mere exciting reading to his readers, as if medical periodicals were written for schools of girls or monasteries." Latin covered "as with a veil certain crudenesses of expression which the French language is unable to do," and

[66] Keith Imray, *A Popular Cyclopedia of Modern Domestic Medicine*, American ed. (New York: Gates, Stedman and Company, 1850), 91.
[67] Quoted in Phillip Kuhn, "The Sexual Life of Our Time: Medical Censorship in Early-20th-Century England," *History of Psychology* 23, no. 1 (2020): 52. See Chapter 7 for further details.
[68] "A New Direction for Medical Literature," *Medical Press and Circular*, December 8, 1869, 469.

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transformed a work on a topic "shamefully abused by charlatans" into a demonstration of its author's erudition. Mussy's use of Latin affirmed that he was "not merely a physician of the normal school, and has penetrated into the sanctuary of rhetoric in writing an article worthy of Martial and Petronius."[69]

If British medical writers had adopted Mussy's practice, they would have been in good company. Translators of literary texts often veiled risqué passages by leaving them in the original language.[70] Natural scientists – most famously, Charles Darwin – sometimes translated earthier passages into Latin to protect the sensibilities of middle-class readers.[71] However, medical authors rarely used this strategy in Britain, even when addressing taboo topics like sodomy. Some medical men considered selective Latinizing a silly over-performance of respectability. Even medics who railed against obscene quackery sometimes snickered at authors who issued "expurgated editions."[72] Others objected that Latinizing was impractical in an applied field like medicine, where misunderstandings could have mortal consequences. British medical practitioners, as even the *Medical Press and Circular* conceded, were far less fluent in Latin than their Continental counterparts.[73] Other medical writers opined that Latinizing was as prone to abuse as paratextual defences of sexual content: it was just another device that could be copied and misused. Any attempt to invest science with "the veil of secrecy," they worried, was "apt to degenerate into charlatanism."[74]

A more feasible means of elevating medical print culture was making it as dull as possible. Some doctors opined that medical knowledge should always be packaged up in an austere material form that firmly signified its author's professionalism. A review of Baker Brown's *On the Curability of Insanity, Epilepsy, and Hysteria in Females* (1866), which addressed female masturbation, opined that such a book should not be emblazoned with gilt letters (a common feature of irregular manuals in the 1860s) and other "outward *facies* which belong to the class of works which lie upon drawing-room tables": its design should clearly signify its author's restraint in dealing with such topics, not make it an object of desire.[75] Reviewers also recommended leaching medical works' text of colour to

[69] "Functional Disorders of the Reproductive System," *Medical Press and Circular*, February 4, 1874, 96.

[70] For further details, see Stephen Harrison and Christopher Stray, eds., *Expurgating the Classics: Editing Out in Latin and Greek* (Bristol: Bristol Classical, 2012).

[71] Gowan Dawson, *Darwin, Literature, and Victorian Respectability* (Cambridge: Cambridge University Press, 2007), 37–39.

[72] "Indecent Advertisements," *Medical Times and Gazette*, December 18, 1852, 624–625.

[73] "Functional Disorders," *Medical Press and Circular*, 96.

[74] Review of *Atlas of Venereal Diseases, Edinburgh Medical Journal*, vol. XXXI (Edinburgh and London: Oliver and Boyd and Simpkin, Marshall, & Co, 1886), 860.

[75] Quoted in Lesley A. Hall, "'The English Have Hot-Water Bottles': The Morganatic Marriage between Sexology and Medicine in Britain since William Acton," in *Sexual Knowledge, Sexual*

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achieve these goals. In the same review that praised Mussy's use of Latin, the *Medical Press and Circular* lauded the Scottish surgeon Donald Campbell Black's *On the Functional Diseases of the Renal, Urinary, and Reproductive Organs* (1872), calling it "perhaps, the best work of reference respecting [these diseases] for medical men."[76] However, it was unimpressed with Black's "vivid style," which still makes for entertaining reading:

> Suppress prostitution! Turn the Mississippi! Pluck Jupiter from the studded vault of Heaven! The canker is in society. Prostitution is an appanage of an advanced civilisation. The attempt [to suppress it] is Utopian and unphilosophical, while its causes are permitted to remain; and if possible, could not fail to be productive of greater evils.[77]

The *Circular*'s writer opined that if a second edition of *Functional Diseases* was required, Black should "entirely re-write it and rigidly exclude every phrase that is not necessary to his meaning." This editorial makeover would undoubtedly make the book "dull instead of light," but it "would greatly increase its real value to professional men, for these topics are very delicate ones, and much as we admire fluency and eloquence we would see them reserved for other occasions."[78]

In the eyes of some practitioners, a medical author's reserve needed to extend beyond style alone: he should shear his writing of extraneous or evocative details, lest he appear to be pandering to prurient curiosity. The *Lancet*'s 1870 review of the second edition of the surgeon William Acton's *Prostitution, Considered in Its Moral, Social, and Sanitary Aspects* (1857) praised the book, but scolded Acton for introducing "sensational matter into his history." Among other things, the *Lancet* took issue with his inclusion of "picturesque descriptions of evenings spent in the Cremorne."[79] As Walter Kendrick has noted, Acton's descriptions of the London pleasure-garden were drawn from his visits with the "intention of taking notes on 'the demeanour of London prostitution,' and nothing in his rather disgruntled account would suggest any lapse from sobriety."[80] Even so, his descriptions of the "temples, 'monster platforms,' and 'crystal circle' of Cremorne" are "lush … as if [Acton] found it a relief to turn from gray statistics to the evocation of actual sights and sounds."[81] For the *Lancet*, and for a later reviewer for the *British*

Science: The History of Attitudes to Sexuality, ed. Roy Porter and Mikulas Teich (Cambridge: Cambridge University Press, 1994), 352.

[76] "Functional Disorders," *Medical Press and Circular*, 96.

[77] Donald Campbell Black, *On the Functional Diseases of the Renal, Urinary, and Reproductive Organs, with a General Review of Urinary Pathology* (London: J & A Churchill, 1872), 268.

[78] "Functional Disorders," *Medical Press and Circular*, 96.

[79] Review of *Prostitution*, *Lancet*, January 29, 1870, 161.

[80] Walter Kendrick, *The Secret Museum: Pornography in Modern Culture* (1987; repr.,Berkeley: University of California Press, 1996), 30.

[81] Kendrick, *The Secret Museum*, 30.

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Medical Journal, however, Acton's inclusion of these details skirted the bounds of professionalism.[82]

In proposing these means of elevating medical print culture, their advocates were suggesting that authors of works aimed at medical practitioners and other professionals adapt methods of self-censorship that authors of medical encyclopedias and other domestic medical reference books, which were usually issued by general publishing firms, had already begun to adopt. At the beginning of the Victorian period, these reference works typically contained lengthy entries on sexual and reproductive matters, usually excerpted and lightly adapted from textbooks aimed at medical students. The information these works offered was not comprehensive. Editors assumed, for example, that like medical students, the married women who were their target audience would already know about heterosexual intercourse (an assumption that perennially disappointed their children, who combed medical encyclopedias for information about where babies came from).[83] Even so, the information they offered was quite extensive. Thomas Andrew's *Cyclopedia of Domestic Medicine and Surgery* (1842) – a work addressed to "mothers and nurses" – frankly defines anatomical terms for the reproductive organs, and includes robust entries on puberty and the onset of menstruation, menstrual problems, the symptoms and progress of pregnancy, miscarriage, and the symptoms and treatment of venereal disease.

From the 1860s, however, entries in medical encyclopedias and other domestic medical reference books were written to order more and more often, and they became less and less informative. Lengthy sections on pregnancy and venereal disease remained a staple of these works. However, their focus shifted from explaining these phenomena to equipping readers with the knowledge required to manage them at home or communicate with a medical practitioner. Descriptions of body parts also became shorter and more euphemistic. The entry for "Vagina" in *Haydn's Dictionary of Popular Medicine and Hygiene* (1874), reproduced in its entirety below, demonstrates the circuitous language and selective detail that its author thought necessary to describe female reproductive organs to an audience of middle-class women, and potentially their servants and children:

> VAGINA. The anatomical name for the female passages, and necessary to be explained because it sometimes occurs that in states of disease applications or injections are ordered to be applied to this part of the body, which is mentioned only by this term. Sometimes, a slight membrane exists at the entrance to this passage, which prevents the proper and natural monthly discharge. When it is discovered it should at once be

[82] "A Grave Social Problem," *BMJ*, December 5, 1881, 904.
[83] See anecdotes in Kate Flint, *The Woman Reader, 1837–1914* (Oxford: Clarendon, 1993), 215.

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removed, and it is well if such an accident should be perceived and remedied at infancy, before any evil consequences can result from it.[84]

This brief, apologetic discussion of the vagina, rendered awkwardly in the passive voice, equips readers with the minimum of information necessary for seeking out and interpreting medical advice. Nobody could accuse *Haydn's Dictionary* of pandering.

Conservative doctors approved of works like *Haydn's Dictionary*. In the 1890s, the *British Medical Journal* even lavished praise on *Baby Buds* (1895), a "little manual . . . intended as a guide to mothers and teachers in answering the inconvenient questions of children as to the procreation of the human species."[85] Written under the pseudonym Ellis Ethelmer by either Elizabeth Wolstenholme Elmy, a vocal advocate of women's economic and sexual emancipation, or her husband, the free-love advocate Benjamin J. Elmy, the book was an unlikely recipient of the journal's admiration.[86] However, its editors saw in *Baby Buds* a model for communicating about sex that medical men could learn from. *Baby Buds*' discussion of the reproductive process is filtered through the lens of botanical imagery and narrated by a mother speaking to her child:

> You will perhaps ask – "Then, are the male flowers of a vegetable marrow plant needless, or do they lead a useless life; seeing that they bear no fruit?"
>
> No so, my child; neither the male flowers of the vegetable marrow nor of any other plant, are useless; for they produce the peculiar yellowish dust, or grains, called pollen, about which I have already said a few words.
>
> And indeed, if you will notice one of the vegetable marrow flowers attentively, you will see inside it a thickish white stalk, whose top is covered with this yellow dust, of which some must find its way to the female flower and to reach each of the ovules in her ovary; or if any ovule misses being mingled with the contents of the grain of pollen, that particular ovule will not become a really living seed, capable of growing into a plant.[87]

In the *British Medical Journal*'s eyes, Ethelmer was highly successful in writing on a "very difficult and delicate matter" where doctors had failed.[88]

By and large, medical men agreed that works for women and children should be as delicate as possible. However, they were divided on the question of

[84] Edwin Lankester, ed., *Haydn's Dictionary of Popular Medicine and Hygiene* (London: Ward, Lock, 1874), 620.

[85] "Notes on Books: *Baby Buds*," *BMJ*, January 4, 1896, 28.

[86] On *Baby Buds*' uncertain authorship, see Maureen Wright, *Elizabeth Wolstenholme Elmy and the Victorian Feminist Movement: The Biography of an Insurgent Woman* (Oxford: Oxford University Press, 2014), 25.

[87] Ellis Ethelmer [pseud.], *Baby Buds* (Congleton: Buxton House, 1895), 26–27. For more on the familiar and maternal traditions of popular science writing that influenced this book, see Bernard Lightman, *Victorian Popularizers of Science: Designing Nature for New Audiences* (Chicago: University of Chicago Press, 2007), 21.

[88] "Notes on Books: *Baby Buds*," *BMJ*, 28.

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self-censorship in works aimed at other practitioners. Donald Campbell Black's foreword to the second edition of *Functional Diseases* (1875) rails at his critics' "confusion . . . between the moral and the physical," which, in his opinion, made it "extremely difficult to examine or discuss certain questions relating to sexual matters."[89] For Black, the very idea of self-censorship was antithetical to medical progress:

> It appears to me . . . that one thing should be paramount in the mind of the physician . . . that he should know neither restraint nor impulse but that of truth, and the consciousness that under this guidance neither science nor human well-being will ever be prejudicially assailed. As in the former edition, I assume in the present the responsibility of giving expression to what I believe to be fact. To succeed in elevating the literature of the subjects herein treated, from the mire in which it has been permitted for too long to remain, would have been no unworthy triumph – to hasten the accomplishment of this end, ample reward for the trouble which the present undertaking has entailed.[90]

By the end of the century, though, the text and illustrations in medical books aimed at medical audiences largely adhered to the maxim "dull instead of light."

Text and images from Alfred Cooper's *Syphilis* (1895) are typical of textbooks on venereal disease at the end of the nineteenth century. The book opens with a coloured frontispiece depicting the body of a young adult male with syphilis (Figure 5.1). Although nobody could call it censored (the penis and testes are on full display), the visual codes for moral weakness that made earlier depictions of venereal disease so compelling, particularly in consulting surgeons' manuals, are absent. The head is outside the frame, and remainder of the body has been excised from its social and spatial contexts: it stands against a uniform brown background. Moreover, the body is not wasted or drooling, but fit and otherwise healthy. This image of a diseased body is a performance in "objectivity," firmly leading the eye to visual signs of syphilis and those signs alone.

The text aims for the same brand of "objectivity," making fulsome use of the passive voice. *Syphilis*'s discussion of the transmission of syphilitic infections between sexual partners, for example, reads:

> . . . it is not to be expected that uncreative lesions, the result of sexual intercourse, should invariably preserve and exhibit the pure and simple characters to be found in sores produced by experimental inoculations. The vagina often contains morbid secretions, from its own mucous membrane and from that of the uterus, to conceive that these secretions, inoculated upon the male organ, should be able to give rise to inflammation without any syphilitic virus being present.[91]

[89] Donald Campbell Black, *On the Functional Diseases of the Renal, Urinary, and Reproductive Organs*, 2nd revised ed. (London: J & A Churchill, 1875), vi–vii.
[90] Black, *On the Functional Diseases*, vi–vii.
[91] Alfred Cooper, *Syphilis*, 2nd ed., ed. Edward Cotterell (London: J & A Churchill, 1895), 4.

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Figure 5.1 Frontispiece depicting a nude male with syphilis, Alfred Cooper, *Syphilis*. 2nd ed, ed. Edward Cotterell (London: J&A Churchill, 1895). Wellcome Collection, CC BY-NC 4.0.

Syphilis displays none of the circuitous avoidance of detail present in family-oriented reference books like *Haydn's Dictionary*. However, it eschews the chattiness and the moralizing characteristic of many early Victorian medical

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works on venereal disease, and in the reprints and reworkings of consulting surgeons' manuals that continued to circulate in the late nineteenth century. Popular and professional writing on sexual matters was now far more distinct stylistically.

Debates about how to present medical information in the 1870s and 1880s were shaped by persistent concerns about performing professionalism in a context in which medical works on many sexual and reproductive matters had long and deep associations with profiteering. The fact that the stylistic trends I have described evolved gradually and the discontinuity of the debates I have surveyed emphasize, however, that these concerns were among many factors driving changes to medical writing. The increasing specialization of medical practice encouraged authors to embrace ever-more technical language in works intended for their peers.[92] At the same time, writing for the public was becoming a more professionalized enterprise itself, one that involved less and less cutting and pasting from works written for medical practitioners and more and more customized writing for non-medical audiences.[93] In this context, ideas about the capacities of children and women – who were increasingly framed as unable to cope with bodily knowledge during a period in which they were working to gain the right to become doctors themselves – had more of an influence on works for non-medical readers than they had previously.[94]

The stylistic developments that I have sketched had some important implications for access to sexual knowledge. We have seen that medical terms for body parts were not universally understood earlier in the century: some readers needed help to understand that "labia," for instance, meant something like "cunt."[95] However, readers with no medical training were more equipped to understand professional medical textbooks and treatises at the beginning of the Victorian period than they were at its end, and they would have encountered the contents of those works in domestic reference books, manuals, pamphlets, and periodicals aimed at readers like themselves more often. As authorship became a more professionalized activity, "popular" and "professional" medical works became more discrete entities. They used more distinctive language, and the kind and detail of the information that they offered drifted further and further

[92] Sally Frampton, "'A Borderland in Ethics': Medical Journals, the Public, and the Medical Profession in Nineteenth-Century Britain," in *Science Periodicals in Nineteenth-Century Britain: Constructing Scientific Communities*, ed. Gowan Dawson, Bernard Lightman, Sally Shuttleworth, and Jonathan R. Topham (Chicago: Chicago University Press, 2020), 312.

[93] See Lightman, *Victorian Popularizers*.

[94] Lena Wånggren, *Gender, Technology, and the New Woman* (Edinburgh: Edinburgh University Press, 2017), 138.

[95] *A Select Catalogue of Books; Facetious and Amorous* ([London]: s.n., n.d.), DA 676, box 6, no. 51, MSCE.

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apart. Professional knowledge was being cordoned off. The introduction of new rules for advertising medical publications amplified that effect.

The Frame of Convention

Medical debates about how to present information about sex and reproduction in print were born of concerns about being tainted by quackery and, to a lesser degree, pandering. They were mostly oriented around the desire to clearly mark out medical writing as *professional*: to rid it of unwanted associations with profiteering and firmly associate it with expertise, objectivity, trustworthiness, and social responsibility. If these debates primarily focused on how to avoid confusions of identity or motive, parallel debates about how to publish and advertise medical information were mainly oriented around an overlapping problem: how to force regular medical practitioners to be as restrained and high-minded, as *different* from quacks, as they claimed to be. The old suspicion that many practitioners published mainly to promote themselves was alive and well, and any new kind of publication – especially one aimed at a non-medical audience – attracted concern. As Sally Frampton has recounted, for instance, the rise of popular health periodicals in the 1880s set off a firestorm of medical debate about the propriety of writing for them. Popular articles on medical subjects could be interpreted by the public – or worse, might deliberately function – as "a surreptitious form of advertising" one's practice.[96]

The old suspicion of medical book advertising was also, if anything, more acute than it ever had been. Prominent medical men viewed book advertising in the lay press as a veiled means of self-promotion, and they were now determined to rein it in. In 1869, the *Lancet* proposed the following set of rules for all medical authors and publishers to follow:

1st. No work should be advertised with the author's name and titles placed before the title of the book itself.
2nd. No review or opinion of the value of the work or the treatment recommended should be appended to the advertisement.
3rd. The work should be advertised by the publisher with his other works, and never in the column devoted to quackery.
4th. The frequency of the advertisement should be strictly limited to such publicity as a medical publisher would afford a medical work which was his *own* property for the purposes of *bona fide* sale.[97]

The first and second of these recommendations refined longstanding medical opposition to publishing the address of a medical author's practice, his fees, the

[96] Frampton, "'A Borderland in Ethics'," 324.
[97] Quoted in "Salus Populi Suprema Lex," *Medical Press and Circular*, June 23, 1869, 526.

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times when he practised, or endorsements of his practice in advertisements for books and pamphlets. The *Lancet* now suggested that the author subordinate his name to that of the book, reducing the advertisement's focus on the author, and collapsed book endorsements with endorsements of the author's talents as a practitioner.

The third recommendation addressed persistent concerns that placing advertisements for medical works "next door" to irregular advertisements in newspapers legitimated irregular medical practice and degraded works issued by legitimate practitioners. Advertising all of a medical publisher's works in a block could ameliorate these effects. The fourth recommendation, that medical book advertising should be limited to that which the *publisher* deemed necessary, derived from opposition to the common practice of authors paying publishers to advertise their books. This was, as Chapter 3 emphasized, by far the most controversial aspect of medical book advertising, because it underscored medical authors' interest in gaining publicity, and was often cited as evidence that publishing was all too frequently used a vehicle for promoting medical expertise.

The *Lancet*'s proposal was hotly criticized in the medical press. The *Medical Circular* charged the journal with hypocrisy – it did not follow some of its rules in its advertising – and suggested that the journal's objection to practitioners advertising books in non-medical venues was a ploy to increase its own advertising revenue.[98] But maintaining the status quo in a context in which medical groups had railed against "obscene quackery" for so long and with such fervour proved impossible. In an 1875 address to the Harveian Society, the surgeon James Lane charged men in the room with indulging in obscene quackery themselves. Observing that medical works on sexual matters were more frequently advertised in non-medical periodicals than works on many other medical subjects, Lane maintained that there was no "*essential* difference" between the practices of their authors and those of consulting surgeons. Their advertisements, too, subjected women to allusions to sex by trumpeting titles "hardly decent to parade upon the daily breakfast-table." Their advertisements, too, promoted their expertise, and they, too, paid for the advertisements. That the content of their books might well be "an honour alike to their authors and to science" was irrelevant. "It cannot be contended that there is any demand for works of this class amongst non-medical readers," Lane claimed. "The only real effect, then, of such advertisements is to bring the names of their authors prominently before ordinary newspaper readers, an aim hardly worthy of those whose acquirements fit them to be our leaders and our teachers, of whose reputation and fair fame we

[98] "Salus Populi Suprema Lex," *Medical Press and Circular*, 526.

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are jealous, and whose character and motives we wish to see not only without reproach, but above suspicion."[99]

For Lane, then, advertising medical works in the lay press did not simply risk tainting medicine's reputation by facilitating confusions of professional identity. The practice suggested that regular medicine was tainted by the same self-serving interests as "obscene quackery."[100] What medicine needed, he argued, was a ban on advertising medical books in the lay press. A ban would not only raise medicine's fortunes by increasing public trust in the profession but also make the profession worthy of public trust by wresting the temptation to self-promote out of doctors' hands. "The public is by degrees learning to look to us for the solution to some of the most intricate and important social problems of the day," Lane observed. To retain that confidence, medical practitioners must prove themselves worthy of it. The road to advancing the profession "must be by the abandonment of individual self-seeking, at the expense of the character of the general body; it must be by the cultivation of a thorough loyalty to our order," he thundered, "combined always with the consciousness that the profession is for the public, and not the public for the profession."[101]

By the time Lane made his speech, bans on advertising in the lay press were already coming into effect. The Royal College of Surgeons and Royal College of Physicians had passed resolutions against "advertising medical works in non-medical journals" in 1873.[102] In the case of the Royal College of Surgeons, the resolution followed a debate aroused by the surgeon-electrician Henry Lobb's insertion of advertisements in *The Times* the previous year. Most of the College's fellows considered Lobb's advertisement, which filled an entire column of *The Times*' classified page and listed his address twice, "denigrating to the honour of the College" and "disgraceful to the Profession of Surgery."[103] A complaint against the surgeon Francis Burdett Courtenay, who had paid Baillière to advertise his book *On the Functional Derangements of the Generative System* (1871) in a wide range of weekly newspapers, made up their minds.[104]

These actions, and Lane's speech, motivated further resolutions across the English branches of the British Medical Association, and smaller medical societies throughout the country.[105] By 1877, most English doctors were prohibited from publishing advertisements for medical books or pamphlets in non-medical periodicals, even if the advertisement was placed by the

[99] James R. Lane, "Medical Advertising and Medical Reviewing," *BMJ*, January 16, 1875, 72.
[100] Lane, "Medical Advertising," 72.
[101] Lane, "Medical Advertising," 73.
[102] "Medical Advertising," *Lancet*, June 28, 1873, 913.
[103] Minute Book, vol. 12, March 13, 1873, 147, RCS-GOV/2/1/8, RCS. The advertisements referred to are in *The Times*, November 15, 1872, 12.
[104] Minute Book, vol. 12, March 13, 1873, 144.
[105] "Medical Advertising," *BMJ*, July 10, 1875, 56; "Advertisement of Medical Books," *BMJ*, April 8, 1876, 454.

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publisher.[106] These prohibitions did not enjoy uniform support. Some medical men argued that zeal to raise up the profession had blinded men like Lane to legitimate reasons for advertising medical books in non-medical venues.[107] Just as non-medical readers sometimes scanned the pages of the *Lancet*, for instance, medical men often read *The Times*.[108] Advertising in the lay press helped authors reach practitioners who seldom read medical periodicals.

Other medical men protested that bans on advertising medical books in the lay press hurt less established practitioners while failing to abolish other covert means of advertising medical practice. Donald Campbell Black, the surgeon whose "vivid" style the *Medical Press and Circular* criticized, pointed out that newspapers were filled with announcements for new hospitals which vaunted their attending practitioners' expertise and appealed to the public for donations.[109] Were those not advertisements? And what of notices like one Black had seen in a number of Glasgow newspapers, which advised readers that "Lord Kelvin, who has been suffering from facia neuralgia, has so far recovered that he hoped to be in Glasgow yesterday evening, but Dr. Ferrier, who has been attending him, prefers that he should remain in London for another week." These notices clearly promoted Dr. Ferrier's practice, spreading the word that he was Lord Kelvin's doctor. "It is perfectly absurd and unfair, in these days of keen competition . . . to lampoon and vilify honest, struggling young men for honourably making known their existence," Black complained, "when this and kindred practices are constantly indulged in, and connived at, in the higher ranks of the profession."[110]

Medical publishers were not pleased with the bans either. An anonymous writer to the *Medical Press and Circular* spoke for one when he lambasted those who dared "propound the duties of medical publishers to the profession . . . medical publishers . . . are supposed to know how to conduct their own business, and certainly do not require or seek to obtain editorial advice gratis on matters of which they are by far the best judges."[111] Ultimately, though, medical authors and medical publishers rapidly accepted limitations on medical book advertising. Medical authors did not want to be cast out of their professional associations, and medical publishers did not want to alienate the field that they relied on to make a living. Indeed, J. & A. Churchill (as the firm was known after John Churchill's sons, John and Augustus, took it over in 1870) took pains to establish its willingness to cooperate with advertising

[106] "Cash and Credit – Professional Book Advertisements," *Lancet*, 894.
[107] "Medical Advertising," *Medical Examiner*, March 9, 1876, 177–178.
[108] Frampton, "'A Borderland in Ethics'," 319.
[109] "Medical Advertising," *BMJ*, July 31, 1875, 149.
[110] Donald Campbell Black, "Medical Advertising in the Lay Press," *Lancet*, November 21, 1898, 149.
[111] "Medical Advertising and Lay Critics," *Medical Press and Circular*, 77.

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restrictions. In a letter to the *Medical Times and Gazette*, John and Augustus claimed that their firm had "no idea of profit in . . . advertisements in daily papers, which are issued solely to please the authors. It is the authors who seek this advertisement, and [the firm] will have no difficulty in staying a proceeding which the voice of the profession energetically condemns."[112]

In early 1870s, Churchill, Baillière, and other medical publishers had frequently advertised medical books – including many books on reproduction and sexual health – in the non-medical press. By the early 1880s, as the *Students' Journal and Hospital Gazette* put it, advertisements for medical works had "almost ceased" in such venues, "the exceptions being some few specialists who would . . . have no patients at all except for advertizing [*sic*] their clap-trap publications."[113] Practitioners who violated the new rules were often attacked in the medical press and unceremoniously ejected from medical societies. In a few cases, prosecutions under the Medical Act followed: transgressing restrictions on book advertising was now seen as an indication of improper medical practice, and triggered investigations of the authors and their activities.

Publishers who violated the new advertising standards also faced backlash. In 1882, Smith, Elder & Co placed five columns advertising medical and scientific books in *The Times* without the authors' permission, and was savaged in the medical press for risking their reputations.[114] John and Augustus hastened to assure *Lancet* readers that J. & A. Churchill would not make the same mistake. "Since the Royal College of Physicians passed a resolution to the effect that it was unbecoming on the part of its fellows to permit their works to be advertised in non-professional papers," they wrote, "we have carefully abstained from inserting our announcements in lay papers . . . We entirely agree . . . that advertisements of strictly medical books are out of place in a general newspaper, and we do not insert them ourselves unless specially ordered to do so by our authors."[115]

Like debates about how to present medical knowledge in print, debates about how to publish and advertise medical works extended beyond those that addressed sex and reproduction, and they had more to do with medics' concerns about their own credibility than they did with concern about public access to sexual knowledge. However, restrictions on medical book advertising had some significant implications for access to sexual knowledge. First, they reorganized the system for promoting many works that contained it. While the development of new conventions for writing on medical topics intensified differences between "popular" and "professional" works and the kinds of information they offered, crack-downs on lay advertising narrowed the kinds of venues in which readers

[112] "Advertisement of Medical Books," *BMJ*, April 8, 1876, 454.
[113] "Medical Advertising in the Lay Press," *Students' Journal and Hospital Gazette*, June 10, 1882, 242.
[114] "Medical Advertising," *Students' Journal*, 242.
[115] J. & A. Churchill, "Medical Advertising in the Lay Press," *Lancet*, May 27, 1882, 874.

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could encounter works that covered certain medical subjects, or covered them in a lot of detail. This development discouraged a crossover audience for professional works on sexual matters, which was certainly not nonexistent, as Lane claimed, and cut off a means through which people seem to have identified experts to treat sexual and reproductive health issues.

The developments I have sketched in this chapter had other implications for the history of sexual knowledge that will become clear over the course of the next chapters. Most significantly for the purposes of this book, they collectively articulated a negative blueprint for communication through print that medical authors, publishers, and readers were coming to recognize. A legitimate medical work was written by a formally qualified medical practitioner. It had an austere material design. Its text did not draw attention to sexual details by overapologizing for them. It was tightly focused on information understood to be medical in nature, and the amount and kind of information it included was adapted to its audience. Unless it was expressly written for non-medical readers (as with a domestic reference book), a legitimate medical work was not advertised in non-medical venues, and it was not issued by any but a known publisher of medical works. Just as a doctor's education and qualifications, social networks, dress, comportment, and sex had traditionally combined to endorse him as a credible medical practitioner, this array of textual, bibliographical, and commercial features endorsed a work as a legitimate medical publication. To be clear, no single deviation from these conventions necessarily unmade a medical book. Even spelled-out rules could sometimes be broken. However, the link between a medical work's legitimacy and this array of features was becoming ever more sharply defined.

The holistic model of legitimation that I have described relied on roughly the same principle as Alexander Cockburn's test of obscenity in that commercial context – who made a medical work and how it was advertised and how it was sold – strongly influenced determinations of legitimacy. Increasing agreement as to what kinds of features marked out a legitimate medical publication enabled practitioners to begin to leave behind the paranoia about print and its affordances that had plagued the medical profession for many years. However, these conventions were not compatible with the goals of progressive medical authors who sought to bring new kinds of sexual knowledge to the public, and they did not do away with the perceived need to police medical publishing and advertising or protect medical print culture from contamination. The next two chapters illustrate these issues. However, their focus shifts away from the regular medical profession. While examining the publishing activities of activists working at the fringes of regular medical practice in the last decades of the nineteenth century, these chapters consider how the meanings that publication context made influenced efforts to define new collective identities and consolidate their authority.

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