

22 Victorian Clitoridectomy

Isaac Baker Brown
and His Harmless Operative Procedure

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Recent publicity concerning the World Health Organization's investigation of the practice of clitoridectomy and infibulation in Muslim countries has appropriately focused attention on the implications of these procedures for women's health and socioeconomic status. At the same time, greater international awareness of female genital mutilation has allowed westerners, including some social scientists, to view such practices as being rooted in ideologies totally foreign to the West. Criticism too deeply imbued with a sense of ethical and scientific superiority deflects attention from the cultural contexts in which female genital mutilation takes place while also denying western medicine's use of similar procedures. In an effort to overcome this tendency and to examine the persistent connection between belief system and medical practice, this article discusses the use of clitoridectomy in Victorian England and its consequences for a gynecological surgeon named Isaac Baker Brown.

THE VICTORIAN CONTEXT

For many educated Victorians, the nineteenth century heralded a new age governed by science and reason. It appeared to middle-class men such as Isaac Baker Brown that at no other time in modern history was the distinction between savagery and civilization so evident to the intelligent mind. The actions of British gentlemen were viewed as being determined by logic and Christian morality, while those of Africa and India were seen as being determined by dangerous ignorance and myth. James Brain writes that "the apparently bizarre and often bloody features" of such peoples "served to instill a sense of comforting superiority in the breasts of scholars in the technologically developed countries" (1977: 191).

Ironically, during the same period when British anthropology was beginning to catalog the strange behavior of the British Empire's colonized peoples, British gynecological medicine of the mid-nineteenth century was engaging in practices equally strange, certainly at least as "unscien-

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tific," and clearly ritual in nature. The current reevaluation of Victorian social attitudes, found particularly in areas of research such as women's history and the professionalization of medicine, provides a new perspective through which to view the role of the "women's specialist" in a society changing rapidly in the face of scientific development, political awareness, and social unrest. In many instances, professional medical attitudes of the period synthesize wider cultural attitudes of Victorian England. In this context, the brief but dramatic practice of clitoridectomy by British doctors gains significance beyond that of the sensational oddity.

Isaac Baker Brown was an eminent obstetrical surgeon in the London of the 1850s. His practice was devoted to the diseases of women, and even today textbooks still refer to his development of procedures that helped lay the foundations of modern gynecological surgery. Yet his contributions to gynecology were inextricably linked to the Victorian medical theory of biological determinism, and, viewed from a contemporary feminist perspective, Brown's lifework appears to be a classic example of upright intentions combined with medical misogyny. He advocated the use of chloroform to relieve the pain of parturition, but by doing so he ultimately encouraged the development of an obstetrical imperative that removed control over childbirth from women and placed it in the hands of doctors. More questionably, Brown's acceptance of the mid-nineteenth-century "Psychology of the Ovary" theory, whereby all medical and emotional problems of women were considered to be based on some internal malfunction of the ovaries, rationalized his frequent practice of ovariectomy as a cure for female emotional disorders. Yet while there is no defense of his use of clitoridectomy or of the manner in which he performed this operation, an examination of the material concerning the scandal of clitoridectomy in Victorian England ultimately reflects more on the behavior of the British medical profession in its scapegoating of Brown than on Brown himself.

BROWN'S PRACTICE OF CLITORIDECTOMY

Born in 1812, Isaac Baker Brown grew up in a medical family and, at an early age, qualified as a surgeon. His success as an "accoucheur," an obstetrician, led to his further interest in the medical problems of women. In 1848 he was elected a Fellow of the Royal College of Surgeons, and in 1854 published *On Surgical Diseases of Women*, a work which quickly became a standard text and established Brown's reputation as a foremost obstetrician. He helped found St. Mary's Hospital and, in 1858, opened and became chief administrator of his own hospital, the London Surgical Home for Women. Brown's Home enjoyed the patronage of several members of the Royal Family (including one of Queen Victoria's daughters) who occupied themselves with the support of charitable causes. The Home was visited frequently by prestigious members of the British and European medical establishment, who wished to observe Brown's avant garde surgical procedures. Brown's repeated success with ovariectomy, including the one he performed on his own sister, lent respectability to its practice in England. He helped popularize the operation for vesico-vaginal fistula, pioneered by the American gynecologist J. Marion Sims. Brown's professional standing at this time is indicated by the following passage taken from a review of the second edition of *On Surgical Diseases of Women*, published in the *British Medical Journal* of 2 November 1861:

Mr. Brown has been for some time known as a surgeon who has devoted considerable attention to the improvement of the various operations necessary for the removal or amelioration of certain afflictions of the female sexual organs, and it must be admitted that this branch of surgery is under obligations to him for the improvements he has suggested and brought into practice. (*British Medical Journal* 1861: 467)

In 1865 Brown was elected president of the Medical Society of London. He was in demand as a surgeon, a lecturer, a writer, and an authority on the nervous diseases of women. From his

prosperous private practice near Hyde Park, Isaac Baker Brown at age fifty-four seemed to have secured a permanent and hallowed niche in the annals of nineteenth-century medicine. It was at this time that Brown decided to publish the results of an experimental form of surgery he had been developing since 1858. In March 1866 the book *On The Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* was published. In it Brown proposed that all of the feminine weaknesses referred to in the title could be cured by excision of the clitoris. "All unprejudiced men must adopt, more or less, the practice which I have carried out," he wrote in his book.

Brown's observation that many of the epileptic patients in his Home masturbated led to his conclusion that such a practice was related to the etiology of the disease. In *Curability*, Brown avowed that "peripheral excitement of the pudic nerve" gave rise to a disease that could be divided into eight distinct stages, beginning with hysteria, developing into epilepsy, and culminating in either idiocy or death. Brown specified the danger signs in females susceptible to this process of degeneration: "The patient becomes restless and excited, or melancholy and retiring, listless, and indifferent to the social influences of domestic life." She loses her appetite, suffers headaches and back pain, and "disturbances or irregularities in the uterine functions. Often a great disposition for novelties is exhibited, the patient desiring to escape from home, fond of becoming a nurse in hospitals, soeur de charité, or other pursuits of the like nature, according to station and opportunities. . . . To these symptoms in the single female will be added, in the married, distaste for marital intercourse" (*British Medical Journal* 1866a: 38).

Confident of the success of his procedure, Brown's tone in the book was casual and chatty, as evidenced by excerpts published in the *Journal's* review of 28 April 1866: under chloroform, "the clitoris is freely excised by scissors or knife—I always prefer scissors." The patient's improvement was usually immediate, but "it cannot be too often repeated, this improvement can only be made permanent in many cases by careful watching and moral training on the part of both parents and friends" (*British Medical Journal* 1866a: 438). However, another doctor's account of Brown's operation depicted a procedure of almost unbelievable cruelty:

Two instruments were used: the pair of hooked forceps which Mr. Brown always uses in clitoridectomy, and a cautery iron such as he uses in dividing the pedicle in ovariectomy. . . . The clitoris was seized by the forceps in the usual manner. The thin edge of the red-hot iron was then passed around its base until the organ was severed from its attachment, being partly cut or sawn, and partly torn away. After the clitoris was removed, the nymphæ on each side were severed in a similar way by a sawing motion of the hot iron. After the clitoris and nymphæ were got rid of, the operation was brought to a close by taking the back of the iron and sawing the surfaces of the labia and the other parts of the vulva which had escaped the cautery, and the instrument was rubbed down backwards and forwards till the parts were more effectually destroyed than when Mr. Brown uses the scissors to effect the same result. (*British Medical Journal* 1867: 407-8)

The immediate reaction to Brown's book is difficult to determine. The *British Medical Journal's* review was surprisingly scathing, considering Brown's position in the profession and the respect accorded to previous accounts of his work in the pages of the *Journal*. The review disputed Brown's claims for his operation, questioned the extremity of the procedure, and observed that the moral training and careful watching Brown recommended following the operation might in themselves cure the disorder. The review conceded that the practice of clitoridectomy might be of some value in certain forms of nervous disease. Brown's basic contention that masturbation caused specific illnesses was not disputed: as the *Journal* review declared, "It has long been an established fact, that onanism practiced to the extent supposed by Mr. Brown will occasion all the various disorders named by him." The review astutely observed, however, that whatever

improvement in the patient's condition that occurred following the operation might be attributable more to the shock of the operation to the nervous system than to the efficacy of the procedure itself as a cure for epilepsy (*British Medical Journal* 1866a: 439-40).

Yet the topic of clitoridectomy was not a completely new one for the editors of the *Journal*. Brown himself had been publishing reports of his earliest experiences with the procedure since March 1858 within the *Journal's* pages, and even within the *Journal's* review of *Curability* a footnote noted that a Viennese surgeon had been quoted in the *Journal* as saying, "I don't hesitate in cases of habitual onanism, especially in widows and particular in cases where the vice has produced psychical disturbances, to recommend the operation" (*British Medical Journal* 1866a: 439). On 16 June 1866 the *Journal* reported a case of a clitoridectomy (performed by a surgeon other than Brown) that proved of no value, the symptoms having returned within a month of the operation (*British Medical Journal* 1866b: 637). However, the same issue carried in its correspondence column a letter from a physician who questioned the importance of the clitoris at all to the female enjoyment of sex, maintaining that its removal was of little consequence and calling clitoridectomy a "harmless operative procedure" (F.R.S. 1866: 654).

THE CONTROVERSY OVER CLITORIDECTOMY

The nature of the dispute over clitoridectomy reflects the contradiction expressed in nineteenth-century literature on female genitals. In 1818 the clitoris was not even mentioned in a textbook description of female reproductive anatomy; by 1866 it was being viewed as the source of several severe but unconnected disorders. An 1856 medical dictionary offers an unusual translation of the Greek root of the word *clitoris*—"a servant who invites guests"—and describes its structure as being similar to that of the penis, without mentioning an analogous sexual role (Duglison 1856: 214).

It would appear that the medical profession wanted it both ways: the clitoris was so unimportant to a normal woman as not to be missed if removed, yet lurking in its tissue was the greatest threat to female welfare ever known. If any other operation had been shown to have been of such negligible value, it would have been abandoned. Clitoridectomy was practiced in Victorian England in spite of its failure to effect cures for the disorders it was intended to relieve.

The lack of distinction between the physical and mental aspects of women's health was further confused by the conventional Victorian image of female sexuality. Any malaise or symptom that could not be accounted for by a clearly physical cause was attributed to an emotional one, brought about by a tendency toward promiscuity, nymphomania, or masturbation. The number of clitoridectomies performed in England during the period when Brown was practicing is impossible to determine. The fact that the operation is described in literature published well after the 1860s lends support to the idea that only Brown's particularly well-publicized application of the procedure was discouraged, while clitoridectomy in and of itself remained an acceptable medical technique. Additionally, widespread belief in the dangers of masturbation to the female sensibility was never disputed in the discussion concerning Brown's use of the operation.

Rigid Victorian attitudes toward sex, which reinforced the strength of the middle-class patriarchal family and attempted to impose order on the tumultuous social conflict of nineteenth-century England, developed into a form of pseudo-science to which both medical doctors and early social scientists adhered. Some doctors claimed that promiscuous women could be known by the size and shape of their genitals, particularly the clitoris. Masturbation led to madness, some said even to death. The tremendous freedom with which such beliefs were applied to patients' lives and the basis they formed for operating procedures are incredible when one realizes that throughout most of the nineteenth century even the basic process of menstruation remained largely misunderstood.

The false separation of early western medicine from ancient health and ritual practice obscures the point at which clitoridectomy moved into a realm of the Hippocratic tradition. The first ref-

erence to the operation in European medicine extends back at least to the sixth century A.D., when a man named Aetius recommended the use of the operation in the case of an enlarged or tumorous clitoris (McKay 1901: 197). The use of the procedure for similar reasons is routinely noted in most medical texts of the late eighteenth and early nineteenth centuries, and from the descriptions given, these seem to have been performed as a way of relieving discomfort and dispelling fluids collected in a diseased clitoris.

What Isaac Baker Brown can be credited with is publicizing the theory that nervous disorders could be cured by such a procedure. It was not until the mid-nineteenth century that a causal connection between various vaguely defined nervous diseases and masturbation of the clitoris was made. Accounts from this period do not clarify often whether the patient was suffering from an actual physical irregularity of the clitoris or whether masturbation and hysterical symptoms indicated a potential for a more serious disorder best eliminated by removal of the clitoris. The rationale for performing the operation varied from patient to patient. Brown and his followers offered clitoridectomy as a cure for physical, mental, and moral disturbances, despite the fact that a more scientific segment of the medical profession had begun to realize that not all disorders of the female genitals were based on immoral or otherwise irregular conduct. Parent-Duchateler's 1857 study of Parisian prostitutes had disclosed that the clitoris "was found to be of normal size in females of the most unbridled passions" (Churchill 1857:61). Yet an edition of the *Church Times* of 1866, quoted in the *British Medical Journal*, circulated the following message to British clergymen:

We desire to call attention of the clergy especially to a little book, which will enable them to suggest a remedy for some of the most distressing cases of illness which they frequently discover among their parishioners. Epileptic afflictions have long been considered usually incurable. Mr. Baker Brown, F.R.C.S., the eminent surgeon, has discovered and applied with great success . . . a surgical remedy for certain forms of epilepsy and kindred diseases. . . . The clergy will be doing a service, especially to their poorer parishioners, by bringing [the operation] under the notice of medical men. (*British Medical Journal* 1866a: 456)

An important element of the debate over clitoridectomy was the personal antagonism Brown incurred from his colleagues, although this antagonism does not appear to be evident prior to the publication of *Curability*. The development of gynecology as a legitimate branch of medicine had been a slow process. Male medical practitioners of the nineteenth century had struggled with great difficulty to gain precedence over the methods of midwives and the fears of women patients. With the expansion of surgical treatment for female genital disorders not directly related to reproduction, gynecology began to distinguish itself from obstetrics. The delicate nature of the gynecologist's work required the maintenance of the highest standards of impersonal professionalism. This attitude was aptly expressed by a member of the profession who spoke at the Obstetrical Society's investigation of Brown's practices:

I assume we meet here as gentlemen constituting a public body, who have emerged from the difficulties and clouds under which we lay during previous centuries, having achieved a position satisfying the public that their health in our hands, as men of honour and gentlemen, is safe. (*British Medical Journal* 1857: 407)

Medical journals of the period reflect a private-men's-club attitude toward the entire medical profession, an exclusivity and class consciousness that encouraged the perception of the physician as a member of an elite group. The columns of the *Journal* included editorials on the state of public morality as well as social notes on the activities of the nobility. The fear of traducing the medical profession's honor by the injudicious spread of information concerning intimate health

problems led to an attempt to withhold such information from the public. The *Journal's* final criticism of Brown's book in its review had been a request that "a serious medical work on the subject of Female Masturbation should bear on its outward *facies* none of those characters which belong to the class of works which lie upon drawing-room tables" (*British Medical Journal* 1866a: 440). Information on matters such as gynecological operations could appeal only to prurient public interest and was especially harmful to female morals. "It is a dirty subject," the editors of the *Journal* said of clitoridectomy, and one requiring "absolute purity of speech, thought, and expression" (*British Medical Journal* 1866c: 665). Such "purity of speech" apparently extended to an explanation of the operation to the patient herself. In the Obstetrical Society's inquiry into the practice of clitoridectomy, it became evident from testimony that many women who had had the procedure performed had been told merely that they were going to have a "slight operation on the external parts" (*British Medical Journal* 1867: 397).

The medical profession's attack on Brown appears to have been prompted in part by his desire to gain public recognition for his "cure" for epilepsy and hysteria. By seeking to publicize his theories about clitoridectomy, Brown brought to light in exquisite detail practices that up till then had been employed quietly by others as well as Brown, and for similar purposes. Brown had been reporting his use of the procedure for hysteria and related problems in the *British Medical Journal* since the 1850s. Several discussions of the topic appeared in issues of the *Journal* preceding the controversy aroused by Brown and his book. Even after *Curability's* publication early in 1866, but prior to the call for an investigation of Brown's techniques, many other doctors not only admitted having performed the operation but also declared it to be of value in many cases. At a meeting of the Obstetrical Society reported in the 15 December 1866 issue of the *Journal*, Sir John Fife, Sir James Simpson, Dr. Beatty, and Dr. Savage were reported by other obstetricians as having performed the operation or recommended it to their female patients. Dr. West, author of a well-known text on women's diseases, disparaged Brown's work and wrote that "public attempts to excite the attention of non-medical persons, and especially of women, to the subject of self-abuse in the female sex are likely to injure society, and to bring discredit on the medical profession" (West 1866: 677). It may be that it was the publicity that West most despised, as Brown claimed that West himself had attempted to cure a woman with "hysterical symptoms of an epileptoid nature, which he attributed to masturbation," by application of caustics to the clitoris, and that the failure of this treatment had caused West to recommend clitoridectomy to the patient (Brown 1866: 676).

The call for the censuring of Brown paralleled the medical profession's belated decision to abandon publicly the advocacy of clitoridectomy. Brown's attempts to save himself from personal ruin led to the transgression of his naming in print other British gentlemen who had been past supporters of his operation. The requests for Brown's removal from the Obstetrical Society accelerated as continued public discussion of the issue of clitoridectomy began to expose the faulty theoretical structure of Victorian medical practice concerning women. The sometimes glaringly hypothetical nature of such practice was evident in remarks such as one made by a Dr. Routh, another obstetrician, in reference to clitoridectomy: "Suppose it failed?" he said. "Was it necessarily the wrong step to have taken?" (*British Medical Journal* 1866c: 673). While condemning Brown's operation, few doctors disputed his contention that female emotional disorder was based on genital dysfunction. Brown's particular methods were slurred at the same time that accepted medical theory of the period supported the widespread practice of ovariectomy as a cure for hysteria.

Brown's private virtue as well as his professional ethical code were assailed violently as the debate over clitoridectomy intensified. He spent the months following the *Journal's* review of *Curability* defending himself against the attacks of his former colleagues, who denied all past association with him aside from professional courtesy. London's great doctors withdrew from him and addressed virulent letters concerning Brown's character to the *Journal*, whose editors saw fit to

include anonymous contributions in its pages as well. A Harley Street physician, Dr. Greenhalgh, wrote of "the censures of an indignant profession. . . . My contention also is that women have unwittingly been made the victims of operations of the nature of which they were wholly ignorant" (Greenhalgh 1867: 42). Yet Brown wrote that "Dr. Greenhalgh was once my friend; and as such, always received the most courteous attention at my hands in his *numerous* visits to the London Surgical Home" (Brown 1867: 19).

In the 5 January 1867 issue of the *Journal*, Brown himself called for the appointment of a committee to investigate the results of clitoridectomy, and offered to refrain from performing the operation without consultation from another doctor until the committee could prepare a report. "If the investigation should prove that my views have a false foundation, and that the operation is useless, I will give it up altogether. On the other hand, if the evidence be in my favor, as I believe it will be, I shall continue to practice it in proper cases" (Brown 1867: 19).

On 25 February 1867, the Council of the Obstetrical Society met and decided that the notoriety and debate surrounding Brown's practice of clitoridectomy justified a recommendation for Brown's expulsion from the Society. On 3 April, the Society met to hear testimony concerning Brown's surgical procedures and professional conduct. The fifteen-page transcript of this "trial," which appears in the 6 April issue of the *Journal*, is a fascinating document, extremely readable as a synthesis of Victorian attitudes concerning women, health, and sex.

Members of the Society from all over England were present. The meeting room overflowed with excited and outspoken men calling for Brown's expulsion, who cheered and applauded as Brown was denounced by a series of highly outraged doctors and surgeons, while the defendant was denied the opportunity to reply until the latter part of the evening. Mr. Haden, a surgeon, described Brown's methods as obscene quackery and speculated on the scenario that might have taken place on the occasion of many clitoridectomies. He pictured a husband or father bringing the woman to the doctor's office, assured that a simple, unspecified surgical procedure would provide a cure for her epilepsy or other disorder:

The patient is taken up and put under chloroform, and her clitoris is cut out before she has recovered from the anesthetic. Down comes the promoter of the scheme to the expectant victim below; invites him to write a cheque for 100 or 200 guineas.

If the man objected, he might be informed that:

"Your daughter," or "your wife," as the case may be, "has undergone a disgraceful mutilation, because she has been given to disgraceful practices; if you can afford to tell your friends this, and to tell the man who is to marry her that she has had her clitoris cut out, and that for all disgraceful purposes, well and good; but if you cannot afford to tell them this, I think you had better pay the money and say no more about it." (*British Medical Journal* 1867: 397)

Except in his brief and blunt description of the operation itself, Haden characterized the man involved, husband or father, as the victim, and viewed the repercussions of the operation as bearing directly on another man, the future husband. Haden also saw the iniquity of the situation largely in financial terms. The man who must pay for the operation was threatened with exposure unless he could "afford" to risk other men knowing what had been done to his wife or daughter. A definite implication of blackmail, an affront to all gentlemen, was made by Haden in his colorful description of Brown's supposed scheme, and by doing so Haden further slandered Brown in the eyes of these "men of honour."

Brown denied vehemently that he had ever demanded any fees from patients in his Home or performed the operation without explaining to the patient some approximation of what he intended to do. Another surgeon in the room pointed out that few operations of any kind were

explained to the patient, lest he or she refuse to undergo them. One by one, the members of the Society rose and expressed their shock at the behavior of this mountebank who threatened the good name of their brotherhood, the strength of which lay in its increasing support from the Victorian middle class. "Obstetricians, beyond other men, are not only the guardians of life, but, by force of circumstance, often also the guardians of female honor and purity" (*British Medical Journal* 1867: 388).

When finally given a chance to speak, Brown accurately pinpointed the crux of the entire debate:

Mr. Brown: The whole of this hinges upon the neglect of the Council in investigating the subject of clitoridectomy as scientific men. Instead of examining the subject, which I challenged them to do again and again, they have neglected it, and tried to get rid of it by expelling me. . . . I maintain my late colleagues in this room have all performed this operation. . . . I have come to the conclusion that the operation of clitoridectomy was a justifiable operation—not my operation, recollect, gentlemen, but an operation, as Dr. Haden has showed, that has been practiced from the time of Hippocrates, and has been mentioned by all writers since that period again and again.

Later on in the proceedings Brown stated:

If the operation is so bad, and so unfounded in practice, then ignore it and come to a proper determination upon it. If you, as a Society, say it is a subject which cannot be treated, it is not an operation that can be performed, then come down and say so, and if I perform it afterwards, expel me.

The President of the Society: It is the manner in which you perform it. It is the manner in which you perform the operation, not the operation itself.

Mr. Brown: Who is to decide it? Will you tell us what your ethical laws are? Will you tell me that my practise has been different from that of any other man in this room who now performs clitoridectomy? . . . I say, if you condemn the operation of clitoridectomy, and call it quackery, be honest men and have it investigated scientifically. (*British Medical Journal* 1867: 402)

Needless to say, Brown's line of self-defense did little to win him support. The Obstetrical Society's vote was taken: 194 for removal, 38 against removal, 5 nonvoters. "So severe a punishment as this has not fallen upon any man holding a respectable position in our profession in the memory of any of us," said the editors of the *British Medical Journal* on 6 April 1867 (*British Medical Journal* 1867: 388).

A few days later, Brown resigned from his fellowship in the Medical Society of London, of which he had once been president. The Society's acceptance of this resignation provoked another controversy when several members resigned from it themselves, in protest against Brown's having been allowed to withdraw from that prestigious body with some degree of self-respect. In addition, Brown resigned from the board of the hospital he had himself founded, the London Surgical Home for Women, obliged, he said, by the state of his health.

For five years Brown virtually disappeared from public notice. A book of his written prior to the clitoridectomy controversy was published in 1867, *On Safe Delivery from the Pains of Labour*, advocating "painless parturition with full mental consciousness." The book's influence was almost entirely negated by the onus of its author's sensational expulsion. Brown's work was mentioned no more in the *Journal*, nor was clitoridectomy, although medical textbooks continued to refer to the operation. A series of strokes progressively made Brown an invalid until, in April 1872, the Baker Brown Charitable Fund was announced in the *British Medical Journal* to help the outcast

who was "suffering from severe illness (paralysis) and great pecuniary distress" (*British Medical Journal* 1872: 377). The *Journal* listed weekly the donors and their donations, including many from former patients. A total of £440 10s. 6d. was raised, a considerable figure for that time. But even in its well-publicized charity, the British medical profession succeeded in disparaging Brown. A letter describing the administration of the money, published in the 23 January 1873 issue of the *Journal* and written by the treasurer of the fund, Forbes Winslow, details the allotment of three guineas a week to Brown to maintain himself. "He is still paralyzed, and requires the constant assistance of a nurse, being unable to stand alone, dress, or feed himself. In fact, he is nearly as helpless as a new-born child" (Winslow 1873: 106). With some alarm, Winslow noted that improved medical treatment had increased the likelihood of Brown outliving his fund; thus, his remittance was cut back to two guineas a week.

Dr. Winslow's fears were groundless. On 1 February 1873, less than a week after the publication of his letter in the *Journal*, Isaac Baker Brown was attacked with vomiting and headache. He became unconscious and died on 3 February, at age sixty-one. The *Journal's* gracious obituary, published on 8 February, reserved the sad story of Brown's fall from grace to the end of its tribute. "The important services of the early workers in this branch (gynecology) have hardly met with sufficient acknowledgement, and this has especially occurred in the case of the subject of our present notice" (*British Medical Journal* 1873: 159).

An interesting postscript to Brown's story was added in 1889 by Lawson Tait, one of the most prominent of nineteenth-century British gynecologists, in his book *Diseases of Women and Abdominal Surgery*. Summarizing the scandal surrounding Brown's operation, Tait claimed that Brown suffered from "extensive cerebral softening" (during the same period that Brown wrote two books and ran a small hospital), but also added an illuminating passage stating that the uproar concerning Brown might not have occurred "had he not been pursued by a rival as relentless as he was cruel and persevering . . . a large part of the evidence against him being furnished from the commonplace book of his rival, who seems to have dogged his steps for years" (Tait 1889: 63). Tait did not, of course, indicate who this individual might have been, but further wrote that the humiliation of Brown had "one disastrous result . . . the operation of clitoridectomy was absolutely discarded, and I have never heard a surgeon say he had performed it since 1867. Yet I am certain in many cases it would be useful." Apparently, Tait's medical theories cannot have been too different from those of Brown, as there is little else but promiscuity or masturbation implied when Tait wrote, in the same volume, that "reasons altogether too disgusting for publication" caused him to perform a clitoridectomy on a woman in 1886, thus saving her from "suicide or the asylum" (Tait 1889: 63).

The British medical establishment succeeded in its main desire: to get rid of Isaac Baker Brown. Evidently it did little to discredit the medical reasoning behind clitoridectomy, particularly in America, where it was recommended in the textbooks of several well-known gynecologists. In his 1859 study, *Woman: Her Diseases and Remedies*, Charles Meigs had proposed the practice of the operation, citing the case of a nine-year-old nymphomaniac (Meigs 1859: 151), but as late as 1897, Thomas Allbutt's *A System of Gynecology* stated that in cases of nervous disorder thought to be caused by an enlarged clitoris, "it may be necessary to amputate the clitoris, or to excise the nymphae. In a case of my own great benefit followed the excision of the labia minora in a highly neurotic girl, who was thus restored from a state of chronic invalidism to one of health and usefulness" (Allbutt 1897: 97). The last clitoridectomy known to have been performed in this country to correct emotional disorder was done in the 1940s on a five-year-old girl (Ehrenreich and English 1973: 34).

As wrong as he was in advocating this "harmless operative procedure," the scientific investigation that Brown had called for to justify his methods might have helped dispel some of the myths concerning female anatomy and psychology that flourished in the secrecy of the medical profession and in the social mores of the times. Yet, as we have seen in our own era, it is often too dif-

ficult and too threatening to recognize one's vested interest in preserving behavior that reifies one's own world view. We may say we know where myth ends and science begins, but for each of us the line will be at a different point. The British medical profession did not wish to examine the theoretical structure that fulfilled its desire to mold public conscience and private behavior. The pillorying of Isaac Baker Brown succeeded in avoiding the obvious issues, and the fiat of the medical profession's outright control over women's bodies continued well into this century.

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