

William Acton and Medical Discourse in Mid-Nineteenth Century Britain

Submitted by **Madeleine Prudence Morgan**
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Abstract

This thesis presents the life and work of the physician William Acton from his education and medical training in Paris up to the introduction of the Contagious Diseases Acts. This thesis aims to re-visit Acton's two works on sexual function and sexual behaviour *Prostitution, Considered in Its Moral, Social and Sanitary Aspects, in London and Other Large Cities. With Proposals for Mitigation and Prevention of Its Attendant Evils* and *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life Considered in Their Physiological, Social and Moral Relations* in order to understand Acton's intellectual development up to the middle of his career.

The overarching theme of Acton's work identifies the necessity of regulation on a public and private level of sexual dysfunction. Acton's studies of prostitution and of sexual dysfunction in the male both conclude that the effective treatment of diseases such as syphilis and spermatorrhoea was not the intervention of medical curatives, but the regulation of the body. This thesis explores the development of Acton's writing, from medical treatises on diseases to social scientific works on the causes and consequences of diseases and his appreciation of and interaction with contemporary ideas on nature and hereditary predisposition. This work highlights the similarities of his approach to the treatment of prostitution and sexual dysfunction and explores the need for a revision of Acton's contribution to nineteenth century debates on sexuality.

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Introduction

William Acton (1813-1875) was a famous, perhaps infamous, nineteenth century physician. Acton undertook training at St Bartholomew's Hospital London and at the Hôpital du Midi in Paris. His career as a physician was broadly typical of his generation; yet it, and his subsequent publications, have been regarded as far from typical by some. He had a successful career as a surgeon and physician in London, working his way from an appointment as a surgeon at Islington Hospital to a private practice on Harley Street by the end of his career (an end occasioned by his premature and unexpected death). It is not for his medical practice, however, that he is most remembered. Acton gained fame from his publication of several books and numerous articles on venereal disease, sexual function, and prostitution. His works contributed to the emergent genre of writing on sexual behaviour, and were highly regarded by many, though by no means all, of his medical colleagues. His writings demonstrate mid-nineteenth-century fears of the danger which overt sexual behaviour posed to health. His approach to the study of sexuality was one which regarded the scientific study of behaviour and its effects to be more valuable to his reader than the moralistic evangelical polemic of many contemporary writers. Acton was among the first of a new generation of physicians intent on discussing sexual behaviour in writing without the embarrassment and reserve now associated with the term 'Victorian', and in rejecting – at least formally, if not implicitly – the adoption of a hectoring moral judgement in their published work.

Acton's writing has been regarded by historians either as typical of the nineteenth-century physician, or as representative of the double standard of mid-nineteenth-century medical attitude towards women and sexuality. The 'late' Acton, writing in the very specific context of the Contagious Diseases Acts of the mid-1860s, is considered as the totality of the man and his work, and the attitudes expressed at that point are regarded as proof of the patronising attitude of the medical profession as a whole to women and women's health. What is largely overlooked is the contribution Acton made in the early stages of his career to the scholarly discourse on sexual behaviour. A more thorough examination of the genesis and gestation of his ideas from his student days to the introduction of the Contagious Diseases Act is required to place Acton's writings in the context of this wider discourse. Acton's methodology, his use of novel, 'modern' methods of statistical analysis, and his social-scientific approach can be used to demonstrate that his works were not typical of a reactionary position, but in the context of their age, at the forefront of mid-nineteenth-century discourses of sexuality.

Acton's oft-quoted line "The majority of women (happily for society) were not very much troubled by sexual feelings of any kind"² is perhaps his most famous. Utilised by many historians to demonstrate the misogynistic nature of nineteenth-century medical writing, the sentiment is often quoted out of context. This is symptomatic of a general misinterpretation of Acton's works and their contribution to the understanding of sexuality in Britain. The innovative nature of Acton's writing, and his engagement with modern techniques and theories is often overlooked. Ivan Crozier has suggested that the

² William Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life Considered in Their Physiological, Social and Moral Relations* (London: John Churchill and Sons, 1862), p. 212.

works of Acton have generally been misinterpreted; in this light, it is profitable to pursue a recontextualisation of Acton's works, in order to fully appreciate and understand his contribution to the specific medical and societal debates which formed the mid-nineteenth-century medical discourse.³

This thesis seeks to recognise the important contribution William Acton made to discourses on sexuality in the mid-to-late nineteenth century. It places Acton as a central figure for the development of new constructions of feminine and masculine behaviour which defined the normative expectations of sexuality. It identifies the influence of emerging French theories on his work in his early career, and also his acceptance of current thinking and his adoption of new ideas throughout his career. It will challenge previous conceptions of Acton as the archetypal Victorian physician, and will place him as a key figure in the development of British constructions of sexuality and behaviour. Acton stood at the forefront of a new generation of physicians, who looked to pathologize sexual behaviour and created a new dialogue that reached not only the medical community, but the wider general public. It is this attempt to make his work accessible to the public that makes Acton unique. Whilst many physicians were writing treatises on sexual behaviour in the mid-nineteenth century, Acton's work stands apart as being based on empirical observations of his own patients, of those encountered on visits to local hospitals, and upon the new science of statistics, which was, at the time, a cutting-edge technique. The impact of his work on the wider medical community is not the intended focus of this work: rather, the present thesis sets out to understand the

³ Ivan Crozier, 'William Acton and the History of Sexuality: The Medical and Professional Context', *Journal of Victorian Culture* 5 (2000), pp. 1-29.

influences on Acton's writing, and the development of his ideas on sexual behaviour, from his training in Paris under the great venereologist Phillipe Ricord through to the point at which he reached the height of his fame in the mid-1860s. The focus on this early period of Acton's career, will permit a better appreciation of the ideas and physicians who influenced his own writing, and thus a better understanding of Acton's position within contemporary debates on sexual diseases, on sexual behaviour, and its social resonance.

The earliest engagement with Acton's work presented him as the official mouthpiece of Victorian medical specialism on sexual behaviour. Alex Comfort, in his *Anxiety Makers* (1967), described Acton as "a venereologist of repute and author of a human and quite insightful account of nineteenth century prostitution."⁴ Comfort made a rather limited attempt to engage with Acton's writing, seemingly picking out the rather 'juicy' parts of the text to titillate the reader, rather than offering an extensive examination of the justifications underlying Acton's theories. His contemporary, Stephen Marcus, who accredited himself for the rediscovery of Acton's works for modern scholarship, began his study with a similarly limited examination of Acton's work. Marcus contended that Acton was "a truly representative Victorian: earnest, morally austere yet liberally inclined, sincere, open-minded, possessed by the belief that it was his duty to work toward the alleviation of the endless human misery and suffering."⁵ Marcus's study belonged to the initial phase of the newly-emergent cultural history of sexuality, and was, as Ann-Janine Morey has recognised, limited in its scope;

⁴ Alex Comfort, *The Anxiety Makers* (London: Panther Modern Society, 1967), p. 46.

⁵ Steven Marcus, *The Other Victorians: A Study of Sexuality and Pornography in Mid-Nineteenth Century England* (London: Weidenfeld and Nicolson, 1966), p. 2.

it left more questions about sexuality unanswered than answered.⁶ Frank Mort viewed Acton as a medical authority on venereology.⁷ Mort regarded *Prostitution and Functions and Disorders* as the two key contributions to new mid-nineteenth-century medical discourses on sexuality, because “Acton premised his theory on a belief in the absolute difference between male and female physiology and their related forms of sexuality.”⁸ Similarly, Peter Cominos considered Acton to be “representative of a relatively moderate sort of Sexual Respectability”⁹ and as a “respectable moralist”.¹⁰ F. Barry Smith subsequently questioned Marcus’s earlier reliance on Acton to demonstrate the typical Victorian view on sexuality. Smith described Acton as a “self-announced authority on prostitution and sexuality,”¹¹ offering contemporary criticism from the medical press, from Liberal members of parliament, and from repeal movement activists to indicate the unreliability of Acton’s work as a general representative of mid-nineteenth-century discourse. Whilst Smith challenged Marcus’s reliance on Acton to understand attitudes towards sexuality and prostitution in the nineteenth century, he did not directly engage with Acton’s works himself. Marcus’s placement of Acton on a pedestal for his contribution to understandings of sexuality gave Acton an undue influence on histories of sexuality until the 1980s.¹²

⁶ Ann-Janine Morey, *Religion and Sexuality in Nineteenth Century Literature* (Cambridge: Cambridge University Press, 1992), p. 15.

⁷ Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (London: Routledge and Kegan Paul, 1987) p. 55.

⁸ Frank Mort, *Dangerous Sexualities*, p. 60.

⁹ Peter T. Cominos, ‘Late-Victorian Sexual Respectability and the Social System’, *International Review of Social History* 8 (1963) pp. 18-48 and pp. 216-50, here p. 19.

¹⁰ Peter T. Cominos, ‘Late-Victorian Sexual Respectability and the Social System’, p. 35.

¹¹ F. Barry Smith, ‘Sexuality in Britain, 1800-1900: Some Suggested Revisions’, in Martha Vicinus (ed.), *A Widening Sphere: Changing Roles of Victorian Women* (London: Methuen & Co., 1977), pp. 182-99, here p. 185.

¹² Kenneth E. Hendrickson, *Making Saints: Religion and the Public Image of the British Army, 1809-1885* (Cranbury: Associated University Press, 1998), p. 162.

The 1980s witnessed new feminist discourses on sexuality. Acton was regarded in feminist interpretations as the embodiment of medical prejudices toward female sexuality. His works on prostitution were criticised by these scholars because of his attention to the danger which the prostitute posed, especially to the health of men in the armed forces. Acton's writings on prostitution and male sexuality were written with both a medical and a lay readership in mind, and were not produced for a specialised medical audience. As a consequence, they have faced criticism from those historians who have questioned his contribution to the development of discourses on prostitution and sexuality. Judith Walkowitz assessed Acton's literary style as proof of his dissociation from contemporary medical discourse. She described his work instead as part of a literary genre of works on social problems which inhibited and prevented any further understanding of prostitution in Britain.¹³ For Walkowitz, Acton's work was part of a propagandist assault on working-class female sexuality, designed to subjugate female sexuality to state rule. Mary Spongberg was even more dismissive of Acton's work. She considered it to be a "maverick collection of personal reminiscences, traditional wisdom and pseudo-medical opinion and folklore."¹⁴ M. Jeanne Peterson's article 'Dr Acton's Enemy' compared Acton's publications with the works of Sir James Paget. Peterson questioned the degree of influence which Acton's work had had on his contemporaries, and went so far as to claim that "a careful scrutiny of Acton's medical work uncovers patterns of thinking that reveal his deviant character as a writer and a professional

¹³ Judith R. Walkowitz, *Prostitution and Victorian Society: Women, Class and the State* (Cambridge: Cambridge University Press, 1980), p. 46.

¹⁴ Mary Spongberg, *Feminizing Venereal Disease: The Body of the Prostitute in Nineteenth Century Medical Discourse* (New York: New York University Press, 1997), p. 46.

man.”¹⁵ Because Acton wrote prolifically throughout his career, publishing in many medical journals like *The Lancet*, the *British Medical Journal*, and the *Medical Times and Gazette*, as well as having his own books published by the medical publishing house John Churchill, Peterson argued that his work should be seen as less worthy of acclaim than that of Paget. Paget, by contrast, had published medical textbooks for students, and did not, in Peterson’s view (and unlike Acton), allow his work to become influenced by his own religious and moral convictions. She dismissed the suggestions of Marcus, Pearsall and Harrison,¹⁶ that Acton was ‘the’ voice of the Victorian medical profession as an authority on sexuality.

Lesley Hall, by contrast, has written numerous studies which have cited the works of Acton in a quite different way. Hall regarded him as “a revolutionary innovator initiating serious medical debate on sex, by no means antithetical to a figure such as Havelock Ellis.”¹⁷ Crozier likewise has criticised Peterson’s conclusions that Acton was a kind of mountebank, and defended Acton from her unfair criticism of his writings simply because he had ‘lowered’ himself to writing social-scientific studies on specific topics, unlike James Paget, who had remained a general surgeon throughout his career without specialising in any one field, and had instead pursued what was considered at

¹⁵ M. Jeanne Peterson, ‘Dr. Acton's Enemy: Medicine, Sex and Society in Victorian England’, *Victorian Studies* 29 (1986), pp. 569-90, here p. 585.

¹⁶ Steven Marcus, *The Other Victorians*; Fraser Harrison, *The Dark Angel: Aspects of Victorian Sexuality* (London: Fontana, 1977); Ronald Pearsall, *The Worm in the Bud: The World of Victorian Sexuality* (Stroud: Sutton, 2003).

¹⁷ Lesley Hall, “‘The English Have Hot-Water Bottles’: The Morganatic Marriage between Sexology and Medicine in Britain since William Acton’, in Roy Porter and Mikuláš Teich (eds.), *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality* (Cambridge: Cambridge University Press, 1994), p. 351.

the time to be a more suitable career in teaching medical students.¹⁸ One of the major criticisms of the uniqueness of Acton's work proposed by both Spongberg and Peterson was that Acton regularly cited his contemporaries' texts in his own writings; this, they argued, demonstrated a lack of originality. However, it was common practice in the mid-nineteenth-century for physicians to make reference to the opinions of their colleagues and feel that selective quotation was sufficient to mean that they did not have to offer opinions on every matter which were exclusively their own. Michael Ryan regularly quoted large passages of Alexandre Parent-Duchâtelet, for instance; James Talbot did likewise with the works of William Tait and William Logan. The criticisms expressed by Peterson and Spongberg that "Acton's text is internally contradictory [...] the text reveals no original medical research or scholarship on Acton's part,"¹⁹ are quite unjustified. The scale of Acton's interaction with contemporary literature was similar to that of many of his contemporaries, and can therefore be seen purely as part of the normal literary approach to writing social science in the mid-nineteenth century. Hall has further questioned these criticisms of Acton's work, by directing attention to the issue of literary genre. She reminded her readers of the complexities of Acton's writing, noting that his work was not intended for general public audience, but rather a specialist audience of physicians, social scientists and interested educated laymen. It must be acknowledged, however, that Acton did write both *Prostitution* and *Functions and Disorders* for wider audiences than his *Practical Treatise on Venereal Disease*, but his scientific skill and medical knowledge ought not be brought into question as a result. Acton was part of a new school alongside other social commentators, like William Farr,

¹⁸ Ivan Crozier, 'William Acton and the History of Sexuality', p. 2.

¹⁹M. Jeanne Peterson, 'Dr. Acton's Enemy', p. 585.

Edwin Chadwick, Alexandre Parent-Duchâtelet, and Adolphe Quetelet, in which statistical evidence and personal observations of prostitutes were used to inform the understanding of prostitution. The questions to be asked of Acton's work now are the extent to which it conforms to contemporary medical debate, the manner in which the work reflects wider social concerns of the dangers of prostitution, and how this in turn informed the epistemology of criminality, and notions of the patriarchal family, of inherent deviance, and of the heredibility of illness and traits.

An increased interest in women's history in the 1980s and 1990s brought with it a new awareness of Acton's writings on prostitution. Acton was cast as the ignorant physician with quackish tendencies by some, because his stance on the regulation of prostitution was seen to adhere to a double standard of sexuality. Spongberg cast Acton as lead villain and chief instigator of the Contagious Diseases Acts. Spongberg claimed that Acton defined female sexuality as diseased, because his defence of the regulation of prostitution was centred on the idea that prostitutes and venereal disease were intrinsically linked.²⁰ Spongberg's assessment of Acton is problematic as she did not seek to understand his justifications for regulation. Her presentation of Acton as an extremist is, in fact, incorrect; further, although she criticised Acton's writing because he "believed" that prostitutes "were like sexual vampires sucking the lifeblood out of England's youth",²¹ she nonetheless utilised his work as an important source for the study of the regulation of prostitution.²² The studies of prostitution and Victorian social reform by Judith Walkowitz and Paul McHugh, both published in 1980, presented Acton

²⁰ Mary Spongberg, *Feminizing Venereal Disease*, p. 50.

²¹ Mary Spongberg, *Feminizing Venereal Disease*, p. 50.

²² Crozier, 'William Acton and the History of Sexuality', p. 4.

as a humane activist. McHugh made an extensive study of the anti-regulationists opposed to the continued legislation to control prostitutes. His analysis of both the Government justification, and the reaction of the repeal societies such as the Ladies National Association, has not been surpassed. McHugh regarded Acton as an instrumental figure for the introduction of the Contagious Diseases Acts, but also argued that the subsequent repeal movement's humane concern for the prostitute was influenced by Acton's forward-thinking argument for the humane treatment of the prostitute.²³ Walkowitz's study of prostitution in Victorian society regarded Acton's work on prostitution as important and influential on the debates on prostitution and regulation. She recognised his struggle to overcome evangelical discourses on the 'evil' prostitute, noting that he 'bridged the secular and religious worlds.'²⁴ For Walkowitz, Frances Finnegan, and Philippa Levine, Acton had made an important contribution to the debates on prostitution in the mid-nineteenth century.²⁵ Michael Mason has further recognised the influence that Acton's work had on the debates on prostitution and discourses of the prostitute. The publication of *Prostitution*, he argued, represented an important shift in the presentation of the prostitute from a licentious, drunken and diseased woman, to a woman who was in the main healthy and in control.²⁶ Both McHugh and Walkowitz offer insightful investigations into the debates on prostitution in the mid- to late-nineteenth century, yet neither of them provided an in-depth investigation into the justifications of Acton's theories. As he has not been seen as absolutely central to the

²³ Paul McHugh, *Prostitution and Victorian Social Reform* (London: Croom Helm, 1980), p. 17.

²⁴ Walkowitz, *Prostitution and Victorian Society*, p. 44.

²⁵ See Philippa Levine, *Victorian Feminism 1850 - 1900* (London: Hutchinson, 1987), and Frances Finnegan, *Poverty and Prostitution, a Study of Victorian Prostitutes* (Cambridge: Cambridge University Press, 1979) .

²⁶ Michael Mason, *The Making of Victorian Sexual Attitudes* (Oxford: Oxford University Press, 1995), p. 85.

debates, the development of his ideas on prostitution have not been investigated thoroughly.

Feminist histories of sexuality spawned a new interest in the medicalisation of sexuality. Ornella Moscucci's *The Science of Women*, Ludmilla Jordanova's *Sexual Visions* and Catherine Gallagher and Thomas Laqueur's *The Making of the Modern Body* represent a new approach to the history of sexuality.²⁷ These studies focus not only on the development and professionalization of biological and medical sciences, but also on their cultural importance and influence. Building on Michael Foucault's *History of Sexuality*, they demonstrate the importance of the body and the change in representations of the body in the eighteenth and nineteenth centuries. It is their attempt to overturn preconceived ideas of the repressive Victorians, or rather their attempt to understand the justification for the label of the repressive hypothesis, which has developed a new scholarly discourse on sexuality. Further histories of sexuality have attempted to engage with a variety of medical, social, political and literary sources.²⁸ This in turn led to an increased interest not only in the medicalisation of sexuality, but also the history of male sexuality.

²⁷ Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England 1800-1929* (Cambridge: Cambridge University Press, 1990); Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Wisconsin: University of Wisconsin Press, 1989); Thomas Laqueur, and Catherine Gallagher, (eds.), *The Making of the Modern Body, Sexuality and Society in the Nineteenth Century* (London: University of California Press, 1987).

²⁸ See, for instance, Lesley Hall, *Sex, Gender and Social Change in Britain since 1880* (London: Macmillan, 2000); Andrew Miller and James Adams, *Sexualities in Victorian Britain* (Indianapolis: Indiana University Press, 1996); Pearsall, *The Worm in the Bud*; Steven Seidman, 'The Power of Desire and the Danger of Pleasure: Victorian Sexuality Reconsidered', *Journal of Social History* 24 (1990), pp. 47-67.

The new direction of histories of sexuality to include histories of masculinity and men have contributed to the importance of gender as a category of historical analysis.²⁹ There has been a marked increase in the study of the history of male sexuality in the nineteenth century; in particular, studies focused on the spermatorrhoea panic and the medical reaction to the perceived problem of masturbation. Lesley Hall's *Hidden Anxieties* assessed the construction of normal male sexuality in the late nineteenth and early twentieth centuries alongside the development of medical discourse on male sexuality.³⁰ Hall's well-researched work recognises *Functions and Disorders* to be an important text that contributed to later nineteenth century understandings of sexuality. The focus of her book does not give rise to a detailed discussion of Acton's work, but does identify the main focus of *Functions and Disorders* as an expression of the necessity for the male to have complete control over his own sexuality. Hall demonstrates the importance of understanding the anxiety over male sexual development, and the changes and continuities in perceptions of the male role in a period of social upheaval.

The problem of masturbation and societal expectations of male behaviour is a common theme in the most recent studies of nineteenth-century men. In particular, Thomas Laqueur's *Solitary Sex* charts the rise of medical anxiety over masturbation as a deviant practice, looking at texts from *Onania* to Freud and beyond to the present day.³¹ Laqueur provides an interesting work that delves deeply into constructions of

²⁹ See Mrinalini Sinha, 'Giving Masculinity a History: Some Contributions from the Historiography of Colonial India', *Gender & History* 11 (2002), pp. 445-60, and Stefan Dudnik, 'The Trouble with Men', *European Journal of Cultural Studies* 1 (1998), pp. 419-31.

³⁰ Lesley Hall, *Hidden Anxieties: Male Sexuality, 1900-1950* (Cambridge: Polity Press, 1991).

³¹ Thomas Laqueur, *Solitary Sex: A Cultural History of Masturbation* (New York: Zone Books, 2004).

dysfunctional behaviour for the male; but Laqueur did not present an account of normal and expected behaviours for nineteenth-century men. In order to understand the abnormal or dysfunctional, it is first necessary to understand what is considered to be normal. Jean Stengers' and Anne van Neck's *Masturbation: The History of a Great Terror* (2001) is less sophisticated than Laqueur's work, and made little important contribution into the history of masturbation.³² Neither of these works, however, dealt with the development of an understanding of male sexuality in nineteenth-century Britain. Ellen Bayuk Rosenman's *Body Doubles* provides an investigation of the causes and consequences of the mid-nineteenth century spermatorrhoea panic, focusing on the works of Claude-Françoise Lallemand and Acton, as well as their British and French contemporaries. Rosenman demonstrates the medical pathologization of sexual experience. Whilst Rosenman does not give special attention to Acton's work, she does suggest that his work was unlike his contemporaries Milton, Courtney and Dawson, on the grounds that their work was 'quackish'.³³

As yet, works on Acton and normal sexual behaviour have focused upon Acton's comparison of the normal female and the prostitute in *Prostitution*. Historians of sexuality thus far have failed to recognise Acton's attempt to establish a normal by which to compare the behaviour of the dysfunctional male. Robert Darby has regularly cited Acton's works by which to contextualise contemporary approaches to sexual

³² Jean Stengers, and Anne Van Neck, *Masturbation: The History of a Great Terror* (New York: Palgrave, 2001). See also Paula Bennet and Vernon A. Rosario, eds., *Solitary Pleasures: The Historical, Literary, and Artistic Discourses of Autoeroticism* (London: Routledge, 1995).

³³ Ellen Bayuk Rosenman, 'Body Doubles: The Spermatorrhoea Panic', *Journal of the History of Sexuality* 12 (2003), pp. 365-99, here p. 397.

dysfunction, especially circumcision,³⁴ and whilst Darby recognises that Acton's principle aim for *Functions and Disorders* was to 'enforce' a conviction of the 'advantages of continence', he did not highlight the separation of and comparisons between the normal and the dysfunctional, nor the rather more interesting use of nature as an alleged cause of sexual dysfunction. Darby reminds his readers that to fully appreciate Acton's writings one must recognise that the "context in which the book makes most sense is not solely a medical one; to appreciate fully its import we must recall that it was written by a clergyman's son and a member of the Vice Society."³⁵ Like Crozier, Darby provides the reader with a detailed account of Acton's background and rise to prominence which helps one to appreciate the unique nature of Acton's writings. By outlining the intention of *Functions and Disorders* to be more than a medical investigation into sexual dysfunction, and instead a handbook on behaviour, both Darby and Crozier have offered a new appreciation of the sophistication of Acton's works.³⁶ Whilst Darby's presentation of Acton's works best represents this interpretation, it is Darby's overriding concern with circumcision and the absence of consideration of Acton's ideas about nature and normality which is problematic, and offers room to further investigate the complexities of his works. Crozier's article "Rough Winds Do Shake the Darling Buds of May": a Note on William Acton and the Sexuality of the (Male) Child' offers a fine recent assessment of Acton's work, and calls

³⁴ Robert Darby, 'The Masturbation Taboo and the Rise of Routine Male Circumcision: A Review of the Historiography', *Journal of Social History* 36 (2003), pp. 737-57; idem, 'Where Doctors Differ: The Debate on Circumcision as a Protection against Syphilis', *Social History of Medicine* 16 (2003), 41-59; idem, 'William Acton's Antipodean Disciples: A Colonial Perspective on His Theories of Male Sexual Dysfunction', *Journal of the History of Sexuality* 13 (2004), 157-82; idem, 'Pathologising Male Sexuality: Lallemand, Spermatorrhoea, and the Rise of Circumcision', *Journal of the History of Medicine and Allied Sciences* 60 (2005), 283-319; idem, Robert Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (Chicago: The University of Chicago Press, 2005).

³⁵ Robert Darby, *A Surgical Temptation: The Demonization of the Foreskin*, p. 124.

³⁶ Crozier, 'William Acton and the History of Sexuality', p 5.

attention to the need to investigate Acton's work in more depth. There is a great deal more to Acton than his writings on female sexuality and prostitutes. Crozier recognises Acton's interest in the sexuality of the normal boy, an issue on which few other historians have touched. In this way the need for further study to be undertaken of Acton's work is established.³⁷

Acton's work on prostitution, finally, focuses on the prostitute and her relationship with the city. She was regarded as a symptom of urbanisation. Gillian Swanson's study of urban pathologies identified Acton work as a form of advocacy for the authoritative, medico-legal understanding of prostitution and prostitutes as social types. The prostitute was a victim of modern city life.³⁸ The prostitute was identified as a symptom of the degradation of the city, and Acton's contribution to the debates on the prostitute and the city has been remarked upon by both Gareth Stedman Jones and Lewis Chevalier. Jones highlighted the mid-nineteenth century discourse on the difficulty of distinguishing between the dangerous classes and the working classes, an issue of especial import to Acton.³⁹

³⁷ Ivan Crozier, "'Rough Winds Do Shake the Darling Buds of May": A Note on William Acton and the Sexuality of the (Male) Child', *Journal of Family History* 26 (2001), pp. 411-20.

³⁸ Gillian Swanson, 'Locomotive Stomachs and Downcast Looks: Urban Pathology and the Destabilised Body' in eadem, Jane Crisp and Kay Ferres (eds.), *Deciphering Culture: Ordinary Curiosities and Subject Narratives* (London: Routledge, 2000), pp. 133-53, here p. 145.

³⁹ Gareth Stedman Jones, *Languages of Class: Studies in English Working Class History* (Cambridge: Cambridge University Press, 1983), p. 184; Lewis Chevalier, *Labouring Classes and Dangerous Classes in Paris During the First Half of the Nineteenth Century* (Princeton: Princeton University Press, 1973); see further David S. Barnes, *The Great Stink of Paris and the Nineteenth Century Struggle Against Germs* (Baltimore: John Hopkins University Press, 2006), and Belinda J. Carpenter, *Rethinking Prostitution: Feminism and the Self* (New York: Peter Lang, 2009).

What is missing from the historiography of Acton's contribution to understanding sexuality is a contextualised study of his earliest writing, and an appreciation of how these early works informed his ideas on the regulation of the self and the prostitute published in his later life. Whilst some of Acton's early works have been studied by historians, an overall history of Acton and the formation of his ideas is still lacking. This thesis will assess the development of Acton's ideas, and explore the manner in which he underwent a transition from a writer on disease, to a writer on the social effects of disease. Acton's shift from medical literature into social science is an important one, and will be assessed in relation to contemporary developments in writing on sexuality and disease in the mid-nineteenth century. A new study of Acton in context will be made, stopping at the Contagious Diseases Acts; this shift of perspective away from the 'late' Acton of the later 1860s and 1870s will help to counteract the potentially teleological view of him as a somewhat monolithic figure.

Acton affords the historian an insight into the struggle of the mid-nineteenth century specialists on sexuality, with the attempt to offer medical interpretations of sexual behaviour set against the backdrop of evangelical moralistic writing fiercely opposed to all forms of 'promiscuity'. As we will demonstrate, Acton's work provides the historian with an insight into the development of a physician's writing on sexuality and sexual behaviour. We will examine the texts that influence his writing, and the formulation of his ideas. The influence of his experience working as an *externe* in Paris under Philippe Ricord, and his appreciation of the system of regulation placed upon prostitutes in that city, will be examined. The development of his construction of an idea of the regulation of sexual behaviour will be examined in context of contemporary

literature on the subject. Acton considered medical regulation of both the prostitute and the masturbator to be the best cure for sexually-related diseases, and consequently for public health. Acton's construction of regulation can be seen to develop from his earliest writings on venereal disease in the 1840s. In the 1850s, he developed his theory that the threat to public health posed by prostitution and masturbation was best combated through medical intervention and legislation. Whilst the prostitute threatened the health of the nation directly and could thereby be regulated on a national scale, the spermatorrhoeic masturbator's threat was personal, and less susceptible to policed regulation; but Acton's unusual understanding of the impact of such individuals on the health of the others with whom they came into contact, and on their children, meant that they similarly posed a threat to public health, which required individual regulation and medical intervention to maintain good national health.

At the heart of Acton's writings on sexual behaviour is his contention that there should be an open and frank discussion on all sexually-related disease and behaviour. He contended that the British embarrassment when faced by discussions of what were considered immoral topics was detrimental to the health of the general public. Proper investigation was required of the prostitute and of the causes of her entry into the profession, and likewise of the masturbator and of the reasons for his behaviour. A scientific investigation into the causes of dysfunctional behaviour would inform the physician as well as the government as to the medical reasons for their treatment as a health problem, and the manner in which this could be approached.

As we have already noted, Acton's theories of sexuality and the need for regulation were informed by his experience whilst studying in Paris. Chapter One examines his route to Paris and his choice of career, one which differed greatly from his family's traditional choice of the church. His education in Paris demonstrates the new trend for British medical students to study at the seat of medical specialisation, rather than remaining in Britain as general practitioners. Acton's choice of specialism, venereology, and his close relationship with Philippe Ricord enabled him to witness the most advanced medical treatments of venereal disease, which were later to inform his own ideas. Whilst we do not have any private sources regarding the relationship between Ricord and Acton, other than their publications, we are able to examine Ricord the teacher by examining the diaries of other students who had studied under him. Acton's development from a student to surgeon is then addressed. The development of his writing will be traced, from his early publications which presented French medical understandings on venereal disease, through his own treatments subsequently used in his practice in London, to his later works that were concerned with public health – which latter issue, along with the regulation of the prostitute, formed his main interests in later life. Finally, it will be shown that Acton was a well-regarded physician in the eyes of the contemporary medical establishment, not an outsider, who had obtained a successful practice by the end of his life.

Chapter Two examines Acton's conception of the causes of prostitution. His works on venereal disease started to include examinations of the impact which public prostitution had on levels of venereal disease in his publications from the early 1840s. By the time of the publication of *Prostitution Considered in its Moral, Social and*

Sanitary Aspects in 1857, Acton's appreciation of the problem of prostitution was well developed. Acton's approach to the problem of prostitution is identified as liberal in its approach, which separates his work from his contemporaries. His attempts to define the different types of prostitute and the cause of women's 'dissent' into the profession are reminiscent of French studies, principally the work of the French hygienist, Alexandre Parent-Duchâtelet. Acton developed Parent-Duchâtelet's understanding of the causes of prostitution, examining those causes within the context of British prostitutes and British society and it is his reinterpretation of Parent-Duchâtelet's work with reference to the British situation that is central to this chapter. We will examine the similarities of the two studies and demonstrate that Acton's use of the French theories made his work unique in the 1850's. His was the first sympathetic treatise on the problem of prostitution, which, unlike evangelical works that had been written by his predecessors offered practical guidance for the solution of the problem of prostitution in Britain. His consideration that economics was the primary cause for prostitution will be shown to be innovative; he understood that, in general, women who entered the profession were previously chaste, having been either seduced into a life of degradation or, more commonly, through poverty were forced to prostitute herself. It is this recognition that women choose to become prostitutes through economic necessity that separates Acton's appreciation of the problem of prostitution from his British contemporaries and is the central argument of this chapter. Acton's treatment of the prostitute as a victim of circumstance then allowed him to develop his arguments for the necessity of legislation to improve the help available to them. We will demonstrate that Acton's plans for the regulation of prostitution in Britain, whilst based upon existing legislation in Paris understood, unlike previous reformatory plans put forward by British social

campaigners, was one which understood that prostitution was an unfortunate necessity in society, Acton recognised that the eradication and total reformation of prostitution was impossible; the labour market for working class females was unstable and the demand for prostitution was always to remain high given the late age of marriage amongst the general population therefore, Acton's solution, as we will demonstrate, was to provide a medical service that would protect both the prostitute, her client and her clients family from venereal disease. This was a wholly unique perspective on the problem of prostitution in Britain, which was to pave the way for the legal regulation of prostitution brought about in the 1860's with the Contagious Diseases Acts.

Chapter Three will assess Acton's use of statistics as proof of the necessity of regulation of prostitution. For Acton, the prostitute was not only dangerous to herself through her licentious behaviour, but presented a greater threat to the health of the British armed forces. Previous histories of Acton's contribution to the prostitution debates do not recognise Acton's main motivation for the promotion of the regulation of prostitutes as being the restriction the spread of venereal disease in the armed forces. This chapter will redress previous assessments of Acton's work on prostitution, and demonstrate that although Acton did adhere to certain preconceptions of female sexuality, this should be expected given the climate in which he wrote and the audience whom he was trying to influence, and that his priority in addressing the problem of prostitution was to curb the spread of venereal disease, rather than prostitution in itself. It will argue that Acton's work can only be understood in the context of the time in which he was writing. Acton's preconceptions of female sexuality and sexual behaviour were liberal, but were still constrained by contemporary notions of appropriate

behaviour for women, and by constructions of different behaviours for different classes. That Acton remained bound by contemporary thinking in this way should not single him out as an outdated quack, but rather as a man of his time. Acton's contention that the medical regulation of prostitution was required on public health grounds will be examined, as well as Acton's use of the armed forces as 'proof' of the epidemic proportions of venereal disease experienced by those men and the subsequent financial implications of the state of widespread venereal disease throughout the armed forces.

Whilst Acton recognised the sexual instinct as one of the principal causes of prostitution, the greatest threat that deviant sexual behaviour in men posed was to their own health. Chapter Four examines Acton's construction of normal and degenerative sexual behaviour in men. Whilst his work on prostitution focused on the behaviour of the working classes – the prostitute and the soldier's diseases which resulted in venereal disease and threatened the health of society directly and obviously – the middle-class male's sexually dysfunctional behaviour was a more private problem, but one that still required a medical assessment of its symptoms. Acton's attempt to define normal behaviour is innovative, as he is one of the few physicians of the time to categorise expectations of normal behaviour, and is the only physician of the period to present normal behaviour in comparison with dysfunctional behaviour. This chapter will describe his construction of normal behaviour for the male from childhood through to adult age. Acton's construction of nature and its action on the development of the male will then form the focus of the chapter. Acton conceived nature to be an almost tangible force for change that would have an effect on the individual's development, the human response to nature, and the effects of this; and nature is presented as a force that needed

to be resisted in order to maintain middle-class normality. Acton's appreciation of normal behaviour was that it was something that needed to be created, rather than something which would be inherent. The child needed to be watched over by the parent to ensure sufficient resistance to sexual behaviour, and the youth and the adult needed to learn themselves to resist the effects of nature and the sexual instinct. Acton's presentation of nature is unique and a distinctive feature of his work, and will be assessed in the context of contemporary ideas on nature and the human body.

The fifth and final chapter examines Acton's construction of the sexually dysfunctional child. The child, Acton contended, would face a battle throughout his development with his sexual instinct. Acton examined the causes of sexual dysfunction in the male child and the effect of not regulating the body. His construction of the behaviour of the dysfunctional male is, in this case, largely similar to contemporary ideas. The chapter examines Acton's construction of the hereditary predisposition, which required him to confront conceptions of the way in which nature affected the individual behaviour. Acton's construction of dysfunctional behaviour is assessed in comparison with that of contemporary writers. Acton demonstrates throughout his work on the dysfunctional body that the consequences of not regulating behaviour were dangerous, and in some cases deadly. This chapter investigates Acton's theory that the action of nature on the development of the male was destructive. His contention that nature, if left alone, would create a dysfunctional child will be studied in relation to contemporary theories on the development of the child.

At the heart of Acton's work is his appreciation of the need of regulation, both by the state and the individual to maintain high standards of public and private health. This was in part influenced by the raft of social, housing, and health legislation introduced in the 1840s and 1850s; consequently, the need for tighter regulations and control formed part of the consciousness of the age. The need for regulation is also demonstrative of Acton's theory that topics such as sexual dysfunction should be discussed in a wider context – in terms of the impact on the state. Acton perceived a need for sexual dysfunction to come out from the shadows, and become a legitimate topic of enquiry for physicians, statisticians, and social reformers. For Acton, it was necessary for people to take responsibility for sexually-dysfunctional behaviour both on a national and an individual level.

Chapter One

Acton Revisited

William Acton's work has stimulated a great deal of interest on the part of historians of medicine and sexuality, yet there have been no major studies which have situated Acton's published literary oeuvre in the context of his education and career. All we have are brief biographical notices and short articles.⁴⁰ The appreciation of Acton's background and early career is integral to the proper understanding and contextualisation of his work. It is the absence of this contextual approach in earlier scholarship which has led to his being regarded in some quarters almost as a 'quack'; an uninformed, moralising commentator in the contemporary discourse on public health. Those scholars who have viewed Acton in a more charitable light, have still regarded him at best as an archetypal mid-Victorian physician, whose views may be taken as representative of his type. Mid-Victorian he may have been, but archetypal he was not. His approach to the problem of sexual disease and its consequences for public health was, in fact, strikingly innovative for the British medical establishment. This chapter will use the biographical

⁴⁰ Two of the most important articles that make reference to Acton's work and life are Ivan Crozier, 'William Acton and the History of Sexuality: The Medical and Professional Context', *Journal of Victorian Culture* 5 (2000), pp. 1-27, and Lesley Hall, 'The English Have Hot-Water Bottles: The Morganatic Marriage between Sexology and Medicine in Britain Since William Acton', in Roy Porter and Mikuláš Teich (eds.), *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality* (Cambridge: Cambridge University Press, 1994). One of the first people to highlight the importance of William Acton was Stephen Marcus, *The Other Victorians: A Study of Sexuality and Pornography in Mid-Nineteenth Century England* (London: Weidenfeld and Nicolson, 1966). Further important studies on the life and work of William Acton are F. B. Smith, 'Ethics and Disease in the Later Nineteenth Century: The Contagious Diseases Acts', *Australian Historical Studies* 15 (1971), pp. 118-135, and idem, 'Sexuality in Britain, 1800-1900: Some Suggested Revisions' in Martha Vicinus (ed.), *A Widening Sphere: Changing Roles of Victorian Women* (London: Methuen and Co., 1977), pp. Acton was seen more as a 'quackish' and literary figure by both Judith Walkowitz and Mary Spongberg: see Judith R. Walkowitz, *Prostitution and Victorian Society: Women, Class, and the State* (Cambridge: Cambridge University Press, 1980), and Mary Spongberg, *Feminising Venereal Disease: The Body of the Prostitute in Nineteenth Century Medical Discourse* (New York: New York University Press, 1997).

data which can be assembled to illuminate Acton's life, his three major monographic studies of venereal disease, prostitution, and sexual functions, and his contributions to learned journals to situate the development of Acton's approaches to sexual disease and public health, for which he is best known, in the context of his life. Those approaches can thus be seen not as the product of mid-Victorian moralising, or as the repetition of the standard views of the British medical community, but as the result of his experience of working in Paris, his study there with the foremost specialists of the day in the field of venereology, and his seeing at first hand the implementation of public health regulations to prevent the spread of venereal disease. This lays the foundation for a new approach to understanding Acton's place in the histories of prostitution, regulation, and sexuality, which will then be developed in the subsequent chapters.

It is important to begin with a systematic presentation of Acton's family background and early education, because it enables to understand how and why he came to be studying in Paris in the first place, rather than pursuing an education at a British university. Contrary to statements in the newest handbooks,⁴¹ William Acton was not the second son, but the second child – and, having an elder sister⁴², the first son and heir – of his father, Edward Henley Acton. It is therefore unusual, rather than what would be

⁴¹ See for instance Robert Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (Chicago: The University of Chicago Press, 2005), and also Lesley A. Hall, 'Acton, William John (1812/13-1875)', *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004) [<http://0-www.oxforddnb.com.lib.exeter.ac.uk/view/article/39445>, accessed 14 Nov 2010].

⁴² Acton's elder sister Jane Barbara was born in 1812/1813 in Ibberton, Dorset. See 1871 census for Shaftesbury, Shaston. District 1, which demonstrates Jane Barbara's age in 1871, Jan Genge Kennedy, (ed.), *Shaftesbury, 1871 Census Holy Trinity*, [<http://www.opcdorset.org/ShaftesburyFiles/HolyTrinity/1871ShaftesburyHT.htm>, accessed 6 Jan 2011] For the record of the marriage of Jane Barbara Acton to the physician Alexander R Brown see Robert Hurley, (ed.), *Shillingstone Marriages 1837 - 1901* [<http://www.opcdorset.org/ShillingstoneFiles/ShillingstoneMarsRH1837-1901.htm>, accessed 6 Jan 2011]

expected, that Acton did not follow the career path of his father, and indeed of his entire paternal family in the male line, into the church. His father, Edward Henley Acton (1786-1875), was curate of the parish church in Shillingstone, Dorset and married Elizabeth Sharp married in June 1808⁴³. The following year (1809) Edward Henley Acton was ordained in Salisbury Cathedral by Bishop John Fisher. The birth of their first child and only daughter, Jane Barbara, had occurred before their move to Shillingstone. He baptised his first son, the future physician, William John Acton on the 12 May 1814. William was followed by two more male children: Henry (b.1815) and Richard (b.1817), who died within days of his birth. Acton's mother died only a few months after the death of her son, Richard. Edward Henley Acton married for the second time to Louisa Polhill in 1821,⁴⁴ and together they went on to have two children: John (b. 1823), and Frederick (b. 1827).

Edward Henley Acton had thus served the Parish of Shillingstone for just under a year when his eldest son, William was born. Traditionally, the Actons had been members of the clergy dating back to the mid-seventeenth century. Acton's brother John was the vicar of Iwerne Minster, Blandford Forum, Dorset, from 1860-1899.⁴⁵ The Acton family had held the advowson and living for the parish of Bentworth, Hampshire from 1677 until 1848.⁴⁶ They were in the main university educated: William's

⁴³ W. P. W. Phillimore and S. Andrews (eds.), *Hampshire Parish Registers: Marriages* (London: Phillimore & Co., 1903), p. 134.

⁴⁴ *The New Monthly Magazine and Literary Journal*, Vol. III (London: Henry Colburn & Co, 1821), p. 370; see also *The New Annual Register or General Repository of History, Politics, Arts, Science and Literature for the year 1821* (London: Longman, 1822), p. 261.

⁴⁵ John Bannerman Wainwright, *Winchester College – 1836-1906: A Register* (Winchester: P & G Wells, 1907), p. 38.

⁴⁶ 'Parishes: Bentworth', *A History of the County of Hampshire: Volume 4* (1911), pp. 68-71. [<http://www.british-history.ac.uk/report.aspx?compid=56749>, accessed 17 November 2010].

grandfather, like both his father and son, named Edward Acton, attended Oriel College, Oxford in 1769; his great-grandfather Edward Acton, rector of Bentworth, Hampshire, completed his BCL at Oriel College, in 1750;⁴⁷ and his great-great grandfather, a fourth Edward Acton, had also graduated with a BCL from Oriel in 1707.⁴⁸ Edward Henley Acton was a graduate of Brasenose College, achieving his BA degree in 1807, whilst William's third brother John, the vicar of Iwerne Minster, graduated from Exeter College in 1844.⁴⁹ We know very little of Acton's own early education. He did not attend Winchester College, the school of his grandfather, his father, his brother John or his eldest son William.⁵⁰ Presumably, he was educated at home by his father, or at a local school for which no records survive.

It was therefore unusual that Acton did not attend university and enter the church, but instead chose the medical profession.⁵¹ His route into the profession was not uncommon for young men in the early nineteenth century. Aged 17, Acton left Shillingstone for St Bartholomew's Hospital, London, to work as an articled pupil to Charles Wheeler, the hospital apothecary. The act of apprenticeship was a way for many men who did not initially gain an MD to acquire their education through apprenticeship

⁴⁷ C.L.Shadwell, *Registrum Oriense: An account of the members of Oriel College, Oxford*, Vol II, *The Commonsales, Commoners and Batellers admitted during the years 1701-1900* (London: Henry Froude, 1902): with Edward Acton (1707) at p. 6, and Edward Acton (1750) at p. 99.

⁴⁸ Shadwell, *Registrum Oriense*, p. 6.

⁴⁹ Joseph Foster, *Alumni Oxonienses: The members of the University of Oxford, 1715-1886: Their parentage, birthplace, and year of birth, with a record of their degrees*, Vol. I (Oxford: James Parker & Co., 1891), p. 22. See also Charles Butler Heberden, *Brasenose College Register, 1509-1909*, Vol. I (Oxford: Clarendon Press, 1909), p. 5.

⁵⁰ Wainwright, *Winchester College*, p. 203.

⁵¹ Medicine as a career was primarily an occupation for genteel families. For the development of medical education, see Lisa Rosner, *Medical Education in the Age of Improvement: Edinburgh Students and Apprentices 1760-1826* (Edinburgh: Edinburgh University Press, 1991).

or taking courses at private homes and lecture theatres.⁵² The typical day of the apprentice would have involved ward-walking and attending lectures. Physicians often offered lectures to encourage a rigorous learning environment for medical students, and apprentices would have been expected to take examinations in their chosen subjects of interest.⁵³ Thus Acton himself gained honours in the 1835 annual examinations for Midwifery.⁵⁴

This period, the second quarter of the nineteenth century, witnessed – as Anne Digby and Ivan Crozier have demonstrated – the professionalization and specialization of practical medicine. Hospital training became more coherent, and courses were accredited by the Royal Colleges. Graduates from Edinburgh University, once the hub of medical knowledge, moved in ever greater numbers to London and Paris to train under new comparative anatomists. London was saturated with medical professionals, who found it increasingly difficult to find a position without Royal College affiliation. In the 1820s medical education was advancing rapidly with the establishment of University College London and its Faculty of Medicine, which in turn increased the number of organised medical schools and the establishment of anatomy schools. By the early 1830s, Paris was seen by many as an essential part of the training for students seeking to

⁵² Susan C Lawrence, 'Private Enterprise and Public Interests: Medical Education and the Apothecaries Act, 1780-1825', in Roger French and Andrew Wear (eds.), *British Medicine in an Age of Reform* (Oxford: Routledge, 1991), 45-73, p. 50. Lawrence observes that the apprenticeship was the 'time honoured route to the medical profession'. See also her book on the development of the medical profession: Susan C Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth Century London* (Cambridge: Cambridge University Press, 1996).

⁵³ Lawrence, *Charitable Knowledge*, p. 161.

⁵⁴ *St Bartholomew's Hospital and Medical College: Students Handbook, Session 1860 – 1861* (London: Spottiswood & Co, 1861), p. 22.

learn the current theories in pathology and anatomy.⁵⁵ Stephen Jacyna has identified the three key teaching techniques of the Paris school of medicine. Firstly, the student would make detailed observations of the patient during life, including physical observations using the newest technical innovations like the stethoscope. Secondly, after the patients death patient notes and case histories were used to supplement the detailed autopsy. Finally, statistical analysis was employed to ascertain the efficiency of methods of treatment.⁵⁶ The young practitioner seeking employment would improve his chances of attaining a position by studying the advances made in French approaches to medicine, and by specialization in one area in the newly emergent range of medical sciences.

After Charles Wheeler's resignation from St Bartholomew's in 1835, Acton himself moved to Paris – the pioneering world centre for medical study and clinical and public health ideas and practices.⁵⁷ He joined approximately three hundred other English students to study in the city. Competition for medical students was fierce in Paris. Acton gained a coveted position of *externe des hôpitaux* – a one or two year position as a non-residential student which would have been followed by a two-to-four year position as an *interne des hôpitaux*, allowing Acton to establish himself in the medical profession.⁵⁸

Diana Manuel's study of British medical students in Paris Hospitals reveals the rigours

⁵⁵ Ivan Crozier, 'William Acton and the History of Sexuality', Anne Digby, *Making a Medical Living* (Cambridge: Cambridge University Press, 1994).

⁵⁶ Stephen Jacyna, 'Medicine in Transformation' in W. F. Bynum, Anne Hardy, Stephen Jacyna, Christopher Lawrence and E. M. Tansey, (eds.), *Western Medical Tradition, 1800-2000* (Cambridge: Cambridge University Press, 2006), pp.11-111.

⁵⁷ For an excellent study of French Medicine in the nineteenth century see Ann F. La Berge and Mordechai Fengold (eds.), *French Medical Culture in the Nineteenth Century*, *Clio Medica*, 25 (London: Rodopi, 1994). See also for the experience of Scottish students, Stephen Jacyna, 'Robert Carswell and William Thomson at the Hôtel-Dieu of Lyons: Scottish Views of French Medicine,' in Roger French and Andrew Wear, (eds.), *British Medicine in an Age of Reform* (Oxford: Routledge, 1991), pp. 110-135.

⁵⁸ See Francis Shiller, *Paul Broca, Founder of French Anthropology, Explorer of the Brain* (Berkeley: University of California Press, 1979) for an excellent account of Paul Broca's experience of working as an *externe* under Ricord in the 1840s.

through which the students would have to undergo to obtain a position of *externe*. The *externe* gained their place through competitive examination, they were unpaid, and attended the hospital twice a day. Acton would have supplemented his education by attending public lectures and clinical observation both on the hospital ward and in the autopsy room. Had he been appointed as an *interne*, he would have received a small stipendiary salary, been granted lodgings in the hospital and, have undertaken some teaching to supplement his income. *Internes* were medical assistants or house surgeons they would prescribe for the sick in the absence of the surgeons.⁵⁹

The Hôpital des Vénéériens du Midi (hereafter Hôpital du Midi) had been established in 1792 in a former house of Capuchin friars, and soon came to be the most important hospital to treat venereal disease in Paris. It became renowned for its research into the causes of venereal disease, and for its new and innovative treatments. In 1808 the hospital opened a popular free clinic for out-patients. The numbers of patients for this service rose rapidly from 978 in 1810 to 1509 patients in 1813.⁶⁰ One of the hospital's most famous physicians, and the man who had the greatest influence on Acton's later writings, was Philippe Ricord (1800-1890), under whom Acton studied under as an *externe* from 1836-1840. Born in America to a French family from Marseilles, Ricord first moved to France in 1820 to undertake his medical training. In 1831 Ricord gained a position of Surgeon at the Hôpital du Midi where he was to stay for the next thirty years. Under Ricord, the hospital became the centre for venereology,

⁵⁹ Diana E. Manuel (ed.), *Walking the Paris Hospitals: Diary of an Edinburgh Medical Student, 1834-1835*, Medical History Supplement 23 (London: The Wellcome Trust Centre for the History of Medicine at UCL, 2004).

⁶⁰ Manuel (ed.), *Walking the Paris Hospitals*, p. 32.

and he himself became one of France's leading syphilologists.⁶¹ In 1838 he published his *Traité pratique des maladies vénériennes*,⁶² in which he set out to challenge previously conceived ideas on auto-inoculation. In this and subsequent texts, he proved the existence of a specific cause of syphilis and distinguished the differences between syphilis and other forms of venereal infection. Ricord criticized his contemporaries' techniques in diagnosis which was described by Ricord as the blind-fold method of inspecting the vulva, and performing a palpitation of the vagina.⁶³ He insisted that the use of the speculum should become commonplace at the hospital arguing that it greatly increased the number of diagnoses of venereal disease and thus provided a necessary tool to improve the health of the population. Ricord wrote in his twenty-second letter on syphilis

Perhaps you will permit me to say something upon the prophylaxis, and upon the medical police which has become better established within a few years, and especially since I instituted the examination with the speculum in the special hospitals, and in the dispensary for the public health, and which has been adopted after my example. It is very certain that since this mode of

⁶¹ For a bibliography of Philippe Ricord see J. D. Oriel, 'Eminent Venereologists. 3. Philippe Ricord' *Genitourinary Medicine* 65 (1989), 388-393. See also B. Barker Beeson, 'Philippe Ricord, M.D. 1800-1889' *Archives of Dermatology and Syphilology* 22 6 (1930), 1061-1068.

⁶² Philippe Ricord, *Traité pratique des maladies vénériennes ou Recherches critiques et expérimentales sur l'inoculation appliquée à l'étude de ces maladies, suivies d'un résumé thérapeutique et d'un formulaire special* (Paris: Librairie des Sciences Médicales de Just Rouvier et E. le Bouvier, 1838).

⁶³ See for instance Ricord's recollection of the method's of examination at du Midi when he first arrived "Here you will permit me to recall my friend that before my entrance into the Hospital du Midi the manner of examining a woman consisted in making her sit upon the border of a chair, in separating the external genital organs, and if no lesion of the tissue was found, every morbid secretion coming from higher up was invariably considered as a blennorrhagic discharge." in Philippe Ricord, *Letters on Syphilis*, trans. D. D. Slade (Boston: David Clap, 1883), p. 15. Mary Wilson Carpenter's study on Ricord is a useful examination of Ricord and Acton's shared views on the treatment of syphilis, see Mary Wilson Carpenter, *Health Medicine and Society in Victorian England* (Santa Barbara: ABC-CLIO, 2009), pp. 81-85.

investigation has been generally employed, we can observe a great improvement in the health of public women.⁶⁴

On the importance of his own use of the speculum for the prevention of the spread of venereal disease Ricord wrote, ‘I think that I have rendered some service to science by applying the speculum in the study of venereal diseases and more especially as a measure of medical police.’⁶⁵ This insistence on the use of the speculum when examining women for signs of venereal disease was a campaign that Acton would take up in his first book, *A Complete Practical Treatise on Diseases of the Urinary and Generative Organs* (1841). Acton was quick to draw the readers’ attention to the influence of Ricord on the use of the instrument: ‘The speculum soon came to be extensively employed in the investigation of venereal diseases in the hospitals of Paris, and to my friend, M Ricord, the greatest credit is due for having generalized its use for this purpose; society has reaped the greatest benefit from its employment, for without its aid we could not have arrived at that degree of certainty which we at present possess on the subject of venereal disease.’⁶⁶

Although no records survive of Acton’s experiences at the Hôpital du Midi, we are able to garner a picture of Ricord as a teacher from the diaries of other students studying in Paris in the 1830s. He was regarded as a witty and patient teacher, who was able to share a joke with his pupils and was generous with his time. Paul Broca, the French

⁶⁴ Ricord, *Letters on Syphilis*, p. 195. Ricord

⁶⁵ Philippe Ricord, *A Practical Treatise on Venereal Diseases*, trans. A. Sidney Doane (Philadelphia: J. B. Lippincott & Co., 1858), p. 217.

⁶⁶ William Acton, *A Complete Practical Treatise on the Urinary and Generative Organs* (London: John Churchill, 1860), p. 214.

physician and anthropologist gained the position of *externe* under Ricord. On his teaching he remarked that ‘Ricord is very different from other specialists who never get away from their own subject: he is very good in every branch; at the same time, according to general opinion he is the greatest wit amongst the physicians of Paris.’⁶⁷ Broca revealed Ricord’s generosity and good nature when he recalled that on one particular night, when he was working late

Ricord came along, “Hell” he said, “Our externe is a distinguished syphilographer; he works so hard that we must for something for him. To start with,” he said, tapping me on the shoulder, “come to my house tonight, I am having a party.” I was stiff with surprise; I did not even know how to thank him.⁶⁸

Ricord presented himself as a father figure to his pupils and patients alike. The latter were referred to as his ‘spoiled children’⁶⁹ – an expression of generous-minded paternalism unusual in the context of the attitudes more commonly associated with the mid-nineteenth century medical establishment.

Ricord’s influence on Acton’s theories is clear throughout his early work. Indeed, Acton makes reference to Ricord’s methods over one hundred times in his *Complete Practical Treatise on Venereal Disease*. This is, in part, simply because Acton’s experience of dealing with venereal disease had, up to that point, been under Ricord’s supervision. However, Acton’s citation of Ricord in the *Practical Treatise* is so frequent and striking to the reader that it suggests a wider concern on Acton’s part:

⁶⁷ Shiller, *Paul Broca*, p. 26.

⁶⁸ Shiller, *Paul Broca*, p. 26.

⁶⁹ Beeson, *Philippe Ricord*, p. 1068.

namely, to convey a sense of the closeness of his relationship with Ricord to the reader, and thus to authorize and legitimate a set of ideas wholly new to London medical society, by overtly demonstrating the high regard in which he held their chief proponent.⁷⁰ Much of the work consists of case reports from Ricord, and Acton's observations of Ricord at work. In the seven-page section dealing with the causes of blennorrhagia (a discharge of mucus from the urethra), for example, Ricord's opinion is quoted directly or indirectly no less than eleven times, and is uniformly preferred to that of other named experts. Acton's conclusions on the cause and transmission of syphilis, moreover, are identical to those reached by Ricord.

During his time studying in Paris, Acton took an active role in the intellectual discussions of the medical community. He became Secretary to the Parisian Medical Society in 1839. Members of the society consisted mainly of young practitioners from Britain who were studying or pursuing their profession in Paris.⁷¹ He gave several papers to the society, which included, amongst others, 'Primary Chancre of the Mouth' (May 1839), 'On the Advantages to be Derived by the Studies of Inoculation' (November 1839), and 'A Practical Essay on the Employment of Mercury in Syphilis' (March 1840). Some of these were published in the British medical press – indeed in

⁷⁰ Note also that Acton dedicated *A Practical Treatise* to Ricord, he wrote in a letter printed in the book 'to have acquired and still to retain the friendship of such a man, will always be a source of pride and satisfaction – feelings which have not been a little increased by your kindly permitting me to inscribe this volume to you, and thus affording me the opportunity of stating to my countrymen the friendly relations which subsist between us.' William Acton, *A Practical Treatise*, p. 4. It seems that the feelings of friendship were felt by both men; Ricord names Acton as 'my friend' and 'one of my very distinguished disciples': Philippe Ricord, *Letters on Syphilis*, 'Fourteenth Letter' p. 129 and 'Twentieth Letter' p. 186.

⁷¹ 'Foreign Correspondence', *The Medical Examiner* 28 (13 July 1839), p. 444.

The Lancet itself.⁷² Acton's contributions combined his observations of patients at the venereal hospital, and the most recent medical recommendations for the treatments of disease. These early articles demonstrate his interest in specializing as a genito-urinary surgeon. Furthermore, they attest to a concern on Acton's part to disseminate the newest theories on the causes and treatment of venereal disease to his British counterparts. Acton sought to profile himself as a communicator of French theories, and as such separated himself from other British students who went to Paris merely as a required part of their medical training. Diana Manuel's *Walking the Paris Hospitals* presents the diary of an Edinburgh University student, James Surrage, who spent a year in Paris between 1834 and 1835. His experiences are typical of the British student in Paris – attending lectures on a variety of medical subject intermixed with ward-walks with various physicians. Acton's experience of studying in Paris was very different as unlike Surrage who learnt French techniques by attending lectures and ward-walking Acton had the opportunity as an *externe* to practice on patients. Because of his employment at the Hôpital du Midi Acton gained an opportunity to learn from Ricord and have first-hand experience of treating venereal patients. He was able then to use his experiences as the foundation for articles which strengthened his reputation in Britain.

Acton returned to London in 1840. He was admitted to the Royal College of Surgeons, becoming a licensed medical practitioner, and in 1842 to the fellowship of the Royal Medical and Chirurgical Society. He opened a practice in George Street, Hanover Square, and moved from there to Queen Anne Street in 1843, where he remained until

⁷² See for instance, William Acton, 'On the Advantages to be Derived by the Studies of Inoculation', *The Lancet* 848 (30 November 1839), pp. 351-355. William Acton 'A Practical Essay on the Employment of Mercury in Syphilis', *The Lancet* 862 (7 March 1840), pp. 871-876.

his death in 1875. The year in which Acton commenced work as Surgeon to the Islington Dispensary⁷³ has been variously given in the scholarly literature between 1842 and 1845;⁷⁴ it is clear, however, from the relevant entry in *The Lancet* that his appointment commenced in July 1843, around the time of his move to Queen Anne Street.⁷⁵ Throughout the 1840s Acton published articles on developments in the treatment of venereal disease, and in this way increased his prominence in the field. He published at least fourteen articles in this decade alone, where his work appeared. Nonetheless, he had not yet reached the level of personal prominence – perhaps even notoriety – which would cause his articles to become the centre of heated debate in the pages of the learned journals in the 1870s.

It is in this context that we must place the publication in 1841 of his first full monograph, *A Complete Practical Treatise on Venereal Diseases, and their immediate and remote Consequences; including Observations on certain Affections of the Uterus, attended with Discharges*. It is worth at this point considering the structure, content, and reception of this work, as it forms the first comprehensive expression in book form of Acton's methods and approach, and is also a notable component of the material basis of this present study. Acton's intention for the publication of the text was to provide the first thorough-going account of the varying treatments of venereal disease. Acton

⁷³ Islington Dispensary was founded in 1821 and was financed by subscriptions and collections. In the 1850's the medical staff constituted three surgeons, three physicians and a surgeon-dentist: see T. F. T. Baker and C. R. Elrington, (eds.), *A History of the County of Middlesex Islington and Stoke Newington Parishes* 8 (Oxford: Oxford University Press, 1985), pp. 82-88.

⁷⁴ For example, Anne Humphreys, 'Biographical Note', in William Acton, *Prostitution Considered in its Moral, Social and Sanitary Aspects* (London: Frank Cass, reprint of the second edition of 1870, 1972), pp. v-vi, here p. v (1845-6); Stephen Marcus, *The Other Victorians A Study of Sexuality and Pornography in Mid-Nineteenth Century England* (London: Weidenfeld and Nicolson, 1967) p. 3 (1842), *inter alia*.

⁷⁵ 'News of the Week', *The Lancet* 1035 (1 July 1843), p. 486.

claimed that prior to the publication of his book in 1841 there were no credible or systematic studies of venereal disease that relied on the newest theories including those of Ricord, ‘the pupil who wishes to investigate this subject, is obliged to consult a variety of works, and he soon finds himself embarrassed by the most glaring contradictions between contemporary or preceding writers, and the limited number of cases that come under his observation does not allow him to separate what is truly valuable from among the chaotic mass of authorities.’⁷⁶ Acton’s intention was to reconcile existing inconsistencies of previous writers and to present a body of work that was compatible with the most current thinking on venereal disease.

Acton’s opening chapter includes a history of venereal diseases from the biblical age to the most modern understandings. The Bible is used as a reference to signify that venereal disease has long been thought a consequence of immoral sexual intercourse. He moves on to examine medieval and early modern medical and religious texts, looking at the works of writers such as Bernard Gordan (a fourteenth century professor of physics at the University of Montpellier), Grunpeck (a late fifteenth century German physician) and Jan Van Helmont (a seventeenth century Flemish chemist and physician) to demonstrate the continued concern of the causes of the transmission of venereal disease. The intention of Acton was to support the newest definition of venereal disease that it could only be transmitted by sexual intercourse, that Ricord’s definition, ‘all those affections which are more or less, directly or indirectly, the consequence of sexual intercourse, in whatever way affected’⁷⁷ was true. Indeed, as we have mentioned earlier

⁷⁶ William Acton, *A Complete Practical Treatise*, p. 5.

⁷⁷ William Acton, *A Complete Practical Treatise*, p. 23.

in this chapter, Acton relied heavily on Ricord's work throughout the text. His definition of venereal disease was borrowed explicitly from Ricord 'for the purpose of bringing the subject of venereal diseases in a clear and methodical manner before my readers.'⁷⁸

Venereal disease is separated into two categories. The first contains diseases which depend upon common causes, often contagious, of a non-inoculable character which could reproduce itself daily and consisted of non-virulent affections – these he terms *syphiloid diseases*. The next category includes diseases which depend on a special principle from which affection gives rise to virulent effects – this he terms syphilis. This distinction of the two classes of diseases was an important point for Acton to raise, as it supported the most recent ideas of French origin that syphilis could not be spontaneously develop. Acton rejected the idea of the spontaneous origin of the disease, and insisted that it could only be transmitted by a person who had already contracted the disease.

Acton termed the first class of venereal disease (the syphiloid diseases) as Blennorrhagia, the consequences of which included excoriations, herpes, gonorrhoea, leucorrhoea, Cowper's glands, strictures, vegetations and eczema. He defined Blennorrhagia as 'a simple inflammation of the mucus membrane, a consequence more or less direct of sexual intercourse, not necessarily, although often contagious.'⁷⁹ Acton undertook a detailed examination of the various theories concerning the causes of blennorrhagia which included exciting causes such as age, temperament, menstruation, worms, hygiene, the season and gender. Acton clearly identified the different types of blennorrhagia that were known to exist, their causes, and their treatments, and he

⁷⁸ William Acton, *A Complete Practical Treatise*, p. 27.

⁷⁹ William Acton, *A Complete Practical Treatise*, p. 29.

investigated the action of blennorrhagic infections on males and females separately. The second half of the book is concerned with the diagnosis and treatment of syphilis in its various stages. The detailed accounts of the diseases show a great familiarity with the field and with the most up-to-date cures. The book not only contained coloured plates showing some of the various stages of blennorrhagia and syphilis, but also black and white etchings of testicular compression bandages, catheters and a speculum chair amongst others. He gave the reader advice on how to use the speculum to minimize the discomfort and embarrassment of the patient, on how to correctly catheterize a patient and on the measurements of various emollients and ointments used in the treatment of venereal disease. Finally, Acton provided the reader with accounts of his successful and unsuccessful treatments prescribed and performed at the Hôpital du Midi. For example, on his treatment for fistulous openings, Acton recounted, 'I have tried on three patients at the Venereal Hospital, that form of suture recommended by my learned friend M. Dieffenbach, which consists in passing a thread round the fistula at the spongy portion of the urethra ... In these three cases the operation has failed, although performed with the greatest precautions.'⁸⁰ In the second part of the book Acton's reliance on Ricord's definition of syphilis and diagnosis of its three stages is so pronounced that it is more a guide to current French theories than an expression of Acton's own opinion on the causes and treatments for venereal disease.

The medical press reacted warmly to the publication of the text. Many recommend the work as a faithful expression of the opinions and modes of treatment of

⁸⁰ William Acton, *A Complete Practical Treatise*, p. 142.

Ricord.⁸¹ *The Medico-Chirurgical Review and Journal of Medical Science* labeled Acton as ‘zealous and ardent disciple of Ricord’s’⁸² whilst the *Quarterly Review* describes his reliance on Ricord as ‘Mr. Acton's work is devoted almost exclusively to an exposition of the theory and practice of M Ricord in reference to venereal diseases.’⁸³

Acton revised the book twice: the second edition appeared ten years after the first in 1851, and the third after a further decade in 1860.⁸⁴ His revisions concentrated on three main areas. First, the addition of his most up-to-date notes from his practice; second, new investigations into diseases and conditions which had come into vogue within the medical community, such as spermatorrhoea and impotence; and third, the reportage of the most modern clinical research undertaken in France and Germany. The 1851 second edition of the text drew considerably more heavily on the scholarship of Claude François Lallemand, professor of medicine at the University of Montpellier, and his three volume work *Des Pertes séminales*, published between 1836 and 1842,⁸⁵ already translated by 1847 into English as *A Practical Treatise on the Causes and*

⁸¹ Review of ‘William Acton, A Complete Practical Treatise on Venereal Diseases, and their immediate and remote Consequences; including Observations on certain Affections of the Uterus, attended with Discharges. With an Atlas of Plates’, in *The Lancet* 926 (29 May 1841), pp. 342-345,

⁸² Review of ‘William Acton, A Complete Practical Treatise on Venereal Diseases, and their immediate and remote Consequences; including Observations on certain Affections of the Uterus, attended with Discharges. With an Atlas of Plates’, *The Medico-Chirurgical Review and Journal of Medical Science* 29 (1 April -1 July 1841), pp. 26-31, at p. 26.

⁸³ ‘Baumes and Acton on Venereal Diseases’, *The British and Foreign Medical Review or Quarterly Journal of Practical Medicine and Surgery* 8 (July-October 1841), pp. 362-374, at p. 362.

⁸⁴ Acton changed the title of his book in these later editions on the recommendation of a reviewer of the first publication that it should not claim to be a ‘complete practical treatise’. The work subsequently appeared under the title *A Practical Treatise on Diseases of the Urinary and Generative Organs in Both Sexes*; see his preface to the second edition of 1851, p. 3.

⁸⁵ [Claude-François] Lallemand, *Des Pertes séminales involontaires*, 3 vols in 6 (Paris: Béchét jeune, 1836-42).

Symptoms of Spermatorrhoea.⁸⁶ Acton's revision involved the reception of Lallemand's theories on the causes and consequences of spermatorrhoea, and on the danger that the disease presented to the health of the male population. His adaptation and transmission of Lallemand's ideas is highly important for the understanding of his approach towards disease and public health, and will consequently be considered in greater detail in the fourth chapter of this thesis.

Amongst those issues of novel concern to the medical community on the continent was prostitution, and the later editions of Acton's *Practical Treatise* demonstrate an evident intention to highlight a link between the consequences of prostitution and public health not present either in his 1841 edition or in contemporary medical debate in English. In 1851 he had published a short treatise *Prostitution, Public Health; Forming the Introductory Chapter to the Second Edition of the Treatise on Syphilis*⁸⁷ intended as an addition to his *Practical Treatise*, which established what would become his life-time concern: the effect of prostitution on the health of the armed forces. The tone and content of the article is analogous to his 1857 publication, *Prostitution Considered in its Moral, Social and Sanitary Aspects, in London and Other Large Cities. With Proposals for Mitigation and Prevention of its Attendant Evils*,⁸⁸ in which he argued that Britain should enforce regulatory measures against prostitutes in order to stem the growth of venereal disease amongst the civil and military populations.

⁸⁶ [Claude-François] Lallemand, *A Practical Treatise on the Causes and Symptoms of Spermatorrhoea*, trans. Henry J. McDougall (London: John Churchill, 1847).

⁸⁷ William Acton, *Prostitution, Public Health; Forming the Introductory Chapter to the Second Edition of the Treatise on Syphilis* (London: John Churchill, 1851) this was published both in the second edition of *Practical Treatise* and as a separate short treatise.

⁸⁸ William Acton, *Prostitution Considered in its Moral, Social and Sanitary Aspects, in London and Other Large Cities. With Proposals for Mitigation and Prevention of its Attendant Evils* (London: John Churchill, 1857).

The effects of the diseases that they transmitted were felt by the whole of society, he continued, not just the men that consorted with the prostitutes but also their wives and families. If, prostitution was a problem that affected all classes of people, society and the state should bear the responsibility to regulate and remove the problem. In order to eradicate the consequence of prostitution, namely syphilis, ‘it must be investigated by scientific men; its consequences must be pointed out, and the best means of prevention tried.’⁸⁹ It was the duty of society and of philanthropical charities to aid and protect prostitutes from contracting and transmitting disease to the public at large. The effects of prostitution were so great that it was a public problem which, according to Acton should be tackled by the state. He wrote

Society has the greatest interest in succouring the infected prostitute instead of shutting her out from the benefits of our medical charities, so have the public authorities the same interest in preventing and curing venereal diseases which are so prevalent in the army, navy, police force and all classes of the male population of large towns.⁹⁰

In his short treatise of 1851, he argued for a greater understanding of the life of the prostitute. He identified the transitional nature of their career, and claimed that after only a few years in the profession most prostitutes would re-enter society through marriage or legitimate work. Their newly-found respectability presented a great danger to the general population, as, given their previous profession, Acton argued that it was highly likely that they could spread the diseases contracted from their time on the streets to

⁸⁹ William Acton, *Prostitution, Public Health*, p. 23.

⁹⁰ William Acton, *Prostitution, Public Health*, p. 22.

their husband and children. To prevent the spread of venereal disease, he maintained that the prostitute and her descent into her career needed to be better understood. He took this notion further six years later in *Prostitution* professing the urgent need for the recognition of prostitutes as a problem for the state to tackle. Through the detailed investigation of the prostitute, her class, her entry into the profession, and the effects her actions had on the health of the population, work could be done to minimise the danger she represented. To support his claim that venereal disease had a devastating affect on the health of the armed forces, Acton made use of statistics obtained from the Metropolitan Police, hospital records (both military and civilian), and army and navy health reports. This use of statistics in such a way was a new approach in British medicine to explain the impact of social problems on the health of the population. Again, Acton was drawing on new approaches to the examination of medical health problems with the use of statistics that were more commonly used by French and Flemish medical statisticians such as Alexandre Parent-Duchâtelet, Albert Fourier, August Comte and Adolphe Quetelet. Acton's use of new statistical methods to examine the impact of venereal disease and prostitution separates his work *Prostitution* from similar treatise on the topic produced by his British contemporaries.

As with the *Practical Treatise*, Acton drew on his experiences working as an *externe* in Paris to support his theory on the regulation of prostitution and the prevention of venereal disease. Using his knowledge of the regulatory system already in place in Paris, Acton drew up plans for a similar scheme that could be enforced in Britain, starting with the garrison and naval towns and eventually moving across the entire country. Many of his theories on prostitution were influenced by the work of Alexandre

Jean-Baptiste Parent-Duchâtelet's *De la Prostitution dans la ville de Paris, considérée sous le rapport de l'hygiène publique, de la morale et de l'administration*, which was published posthumously in 1836 after his death in the same year.⁹¹ Like many of his contemporaries, Parent-Duchâtelet accepted that the eradication of prostitution from France's cities and towns would be impossible, and that therefore a state system of regulation with regular surveillance and medical examinations had to be instigated. Parent-Duchâtelet's text was a thorough anthropological investigation into every detail of the life of a prostitute. Using data he had collected from prison, hospital, and police archives as well as his own experience as a physician, Parent-Duchâtelet conducted an extensive investigation into the causes of prostitution, the social backgrounds whence prostitutes came and the diseases common to their profession. Acton's *Prostitution* was similar in approach, investigating the extent of prostitution in Britain's major cities, and comparing the levels to those in foreign European cities; the causes of prostitution and the diseases resulting from the profession; and the regulatory processes in existence in 1857.

A second, much-altered edition of *Prostitution* was published in 1870 to consolidate new ideas on prostitution that had been published in the intervening years. In 1864 the first of three Contagious Diseases Acts were passed. The Contagious Diseases Acts (1864, 1866 and 1869) granted special powers to the police forces of specific garrison and military towns to arrest any woman suspected of being a prostitute and to

⁹¹ A. J.-B. Parent-Duchâtelet, *De la Prostitution dans la ville de Paris, considérée sous le rapport de l'hygiène publique, de la morale et de l'administration* [...], 2 vols (Paris: J.-B. Baillière et fils, ²1837). Throughout the thesis I have used the most recent English translation of this text: A. J.-B. Parent-Duchâtelet, *Prostitution in the City of Paris. The Second Edition (1837)*, trans. Roger Ridley-Smith, 3 vols with consecutive pagination (Wellington: unpublished typescript, 2008). This replaces the contemporary abridgement into English, now inadequate by modern scholarly standards: A. J.-B. Parent-Duchâtelet, *On Prostitution in the City of Paris*, translator anonymous, (London: T. Burgess, 1840).

force her to undergo a medical examination to investigate for any symptoms of venereal disease. If the woman was found to be infected she would be placed in the care of the local Lock Hospital. Acton had been a chief proponent of these Acts but came under great criticism by organisations opposed to the regulation of prostitution instituted by the Acts. As a result, he published the second edition of his work in 1870, which set out his support for the regulation of prostitution and his proposals for a country-wide Act to be brought into place. He used new information made available in the aftermath of the Crimean War to prove that the effects of venereal disease amongst the Army had almost had a devastating affect on the outcome of the war. In fact, this was a long standing concern on Acton's part, which the Crimean crisis served to sharpen, rather than create. Acton had warned of the danger that venereal disease presented to the effectiveness of the armed forces as early as 1846. He read several papers to the Royal Medical and Chirurgical Society in that year which were subsequently published in *The Lancet*, providing a statistical analysis of the effects of venereal disease, and providing a comparison between the army, navy and merchant navy medical returns and the figures available for the civilian population in London.⁹² Armed with the statistical proof of the number of cases of venereal disease in the armed forces and in the civilian population he proved that the health of the men in Great Britain was greatly in danger from venereal diseases, which needed to be treated as a public health problem, and regulated by the state.

⁹² See for example, William Acton, 'Observations on Venereal Disease in the United Kingdom from Statistical Reports in the Army, Navy and Merchant Service, with Remarks on the Morality from Syphilis in the Metropolis, Compiled from the Official Returns of the Registrar General', *The Lancet* 1191 (27 June 1846), pp. 703-705., and 1205 (3 October 1846), pp. 369-372.

By the mid-1850s Acton not only considered venereal disease as a potential threat to the health of the population but also wider sexual disorders. Another health problem threatening the health of the male population was identified in Acton's other 1857 publication, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life Considered in Their Physiological, Social and Moral Relations*. The threat this time was seen to come from outside influences, but from men themselves, who by their own malicious actions could contract spermatorrhoea. This disease, the symptoms of which included involuntary seminal emissions, as well as a total break-down of the nervous and generative systems was seen by Acton and his contemporaries in the mid nineteenth century as a genuine threat to the general health of the male population. A growing tendency for men to delay marriage – not only those who belonged to the armed forces, but also members of the educated middle classes – meant that many men would seek their sexual relief either from prostitutes or from self-gratification. This second outlet was almost as dangerous as seeking liaisons with prostitutes as Acton considered the consequent illness resulting from masturbation almost as dangerous as syphilis, if not worse.

Functions and Disorders was the first British medical text which sought to provide its reader with a thorough examination of the causes and consequences of the disease of spermatorrhoea through a comparison of normal and dysfunctional sexual behaviour exhibited by men. Acton's intention for *Functions and Disorders* was that it could be used primarily by the medical community; although he recognised that *Functions and Disorders* would be attractive to a wider readership of interested individuals. He explained in his preface that 'if the pages should accidentally fall into

the hands of laymen of sense and information, many of the facts and opinions found therein will, I apprehend, prove at least suggestive the educated lay reader as a guide to normal development and behaviour.⁹³ He suggested that the continent student would ‘find reasons for continuing to live according to the dictates of virtue;’ the dissolute ‘will be taught, on positive and irrefragable grounds,’ the single man ‘will glean consolidation from observing that not only are his sexual sufferings appreciated and understood, but that rules are given to him for their mitigation’, and the married man ‘will find advice and guidance.’⁹⁴ One could make the assumption that the publication was an attempt by Acton to capitalise on the growing “spermatorrhoea panic” that had gripped the imagination of the middle class British male in the mid-nineteenth century.⁹⁵ M. Jeanne Peterson speculates that Acton’s intention for writing *Functions and Disorders* was motivated by money and fame; that he was jumping on the spermatorrhoea bandwagon by making dire claims about sexual indulgence and disease.⁹⁶ This speculation overstates the case. In fact Acton recognised that *Functions and Disorders* would be sought out by men who desired to discover more about their own sexuality and sexual functions, and as such Acton hoped that the text would prove itself to be a useful guidebook for men in need, going beyond a narrow concern with spermatorrhoea. Similar works such as Isaac Palmer Hall’s *An Essay Proving Spermatorrhoea and the*

⁹³ William Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life Considered in Their Physiological, Social and Moral Relations* (London: John Churchill and Sons, 1862), p. ix.

⁹⁴ William Acton, *Functions and Disorders*, p. ix.

⁹⁵ For an assessment of the spermatorrhoea panic and its effect on the middle-class male, see, Ellen Bayuk Rosenman, 'Body Doubles: The Spermatorrhoea Panic', *Journal of the History of Sexuality* 12 (2003), pp. 365-99., Robert Darby, 'Pathologising Male Sexuality: Lallemand, Spermatorrhea, and the Rise of Circumcision', *Journal of the History of Medicine and Allied Sciences* 60 (2005) pp. 284-319.

⁹⁶ M. Jeanne Peterson, 'Dr. Acton's Enemy: Medicine, Sex and Society in Victorian England', *Victorian Studies* 29 (1986), pp. 569-90, at p. 583.

Varied Forms of Nervous Debility to be a Disease of the Blood (1858),⁹⁷ Richard Dawson's *An Essay on Spermatorrhoea and Urinary Deposits* (1851),⁹⁸ and F. B. Courtney's *On Spermatorrhoea* (1858)⁹⁹ dealt specifically with the reported symptoms of spermatorrhoea, the experiences of affected patients, and their own assessments as to the causes of the disease. Acton's approach to male sexual dysfunction differed greatly from his contemporaries, as he tried to provide an analysis of all male sexual functions, both normal and dysfunctional. He regularly cited the works of the British physician and physiologist, William Carpenter (in particular, *Principles of Human Physiology* (1843)¹⁰⁰ and *Principles of General and Comparative Physiology* (1838)¹⁰¹) whose approach as a physiologist was to examine normal genital function and reproduction as well as a more technical examination of the medical symptoms resultant from masturbation. What distinguished Acton's *Functions and Disorders* from his contemporaries' works is this balance of medical advice informed by current physiological theories combined with his interpretation of moral-philosophical advice.¹⁰²

The book was well received by contemporary medical journals. Reviewers commented on Acton's courage to tackle what was considered to be a difficult, yet

⁹⁷ Isaac Palmer Hall, (ed.), *An Essay Proving Spermatorrhoea and the Varied Forms of Nervous Debility to be a Disease of the Blood; With Practical Suggestions for an Entirely New Mode of Treatment and A Table of Urinary Deposits with their Chemical Tests* (London: The Author, 1858).

⁹⁸ Richard Dawson, *An Essay on Spermatorrhoea and Urinary Deposits; With Observations on the Nature, Causes and Treatment of the Various Disorders of the Generative System* (London: Aylott and Jones, 1851).

⁹⁹ Francis Burdett Courtenay, *On Spermatorrhoea and the Professional Fallacies and Popular Delusions which Prevail in Relation to Its Nature, Consequences and Treatment* (London: H. Baillière, 1858).

¹⁰⁰ William Carpenter, *Principles of Human Physiology, with their Chief Applications to Pathology, Hygiene and Forensic Medicine* (Philadelphia: Blanchard and Lea, 1843).

¹⁰¹ William Carpenter, *Principles of General and Comparative Physiology* (London: John Churchill, 1838).

¹⁰² For an interesting discussion on *Functions and Disorders* and the influence of French medical literature see Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (London: Routledge & Kegan Paul, 1987), pp. 62-65.

important subject. The reviewer for the *British Foreign Medical Chirurgical Review* wrote that ‘we think Mr. Acton has done a good service to society by grappling manfully with sexual vice ... we are of the opinion that the spirit which pervades it is one that does credit equally to the head and the heart of the author.’¹⁰³ The reviewer for *The Lancet* recognised the legitimacy of Acton’s approach to sexual dysfunction as challenging previous quackish cures for spermatorrhoea: ‘all essential detail upon its subject matter is clearly and scientifically given. We recommend it accordingly, as meeting a necessary requisition of the day, refusing to join in that opinion which regards the consideration of the topics in question as beyond the duties of the medical practitioner.’¹⁰⁴ The specialist medical press regarded *Functions and Disorders* as an important text that made a worthwhile contribution to the understanding of the normal and dysfunctional sexual disorders that affected men.

Acton’s major, later works are thus sociological texts, influenced in their conception ultimately by his concern for issues of public health, rather than the academic, medical concerns of his earlier works. And if *Prostitution* and *Functions and Disorders* may be seen in terms of an evolution from his earlier interests in the pathology of sexually transmitted disease, he began to publish on other issues related to public health unconnected to his direct medical work by the end of the 1850s. In 1859 Acton published an article on his observations on illegitimacy in the London parishes

¹⁰³ ‘Review of Acton’s *Functions and Disorders*’, *British Foreign Medical-Chirurgical Review* 20 (1857), pp. 176-177.

¹⁰⁴ See Ivan Crozier, “‘Rough Winds Do Shake the Darling Buds of May’: A Note on William Acton and the Sexuality of the (Male) Child”, *Journal of Family History* 26 (2001), pp. 411-20 at p. 416.

which he had previously read before the Royal Statistical Society.¹⁰⁵ This provided a statistical analysis of the number of illegitimate children born in London workhouses, and made a proposal for the instigation of a Government Board that would assist the unmarried mother in her pregnancy and lying-in, provide the woman with assistance in obtaining payment from the absent father and provide work for the mother and keep and education for the child. In 1860 he wrote several letters, published in *The Lancet* and *The Times*, regarding his experiences of the drains in Brighton whilst on holiday.¹⁰⁶ His family had all fallen ill due to a lack of decent sanitation, and his youngest daughter contracted diphtheria. His letters caused an uproar over the state of what he had termed the ‘Death Drains of Brighton’, which highlighted the inadequate provision of sewerage in the town and the reliance on overflowing cesspools, the consequences of which he believed were greatly harmful to the health of the population of Brighton through their contamination of the water supply. He even ventured to offer his opinion regarding the effects of railway travel on the nervous system of the regular commuter, delivering a paper at the Brighton Medico-Chirurgical Society in the autumn of 1860 and submitting

¹⁰⁵ William Acton, ‘Observations on Illegitimacy in the London Parishes of St. Marylebone, St. Pancras, and St. George’s, Southwark, during the Year 1857 Deduced from the Returns of the Registrar-General’, *Journal of the Statistical Society of London* 22 (1859), pp. 491-505. See also William Acton, ‘Illegitimacy and the Social Evil in London’, *The Morning Chronicle* 28815 (19 May 1859), p. 3.

¹⁰⁶ William Acton, ‘Letter to the Editor: The Death Drains at Brighton’, *The Lancet* (24 November 1860), p. 522; William Acton, ‘Letter to the Editor: The Drains at Brighton’, *The Times* 23792 (1 December 1860), p. 10; William Acton, ‘Letter to the Editor: The Drains at Brighton’, *The Lancet* (8 December 1860), pp. 570-571; P. R. Wilkinson, ‘Letter to the Editor: The Drains of Brighton’, *The Lancet* (1 December 1860), p. 546; Thomas Blanchett, ‘Letters to the Editor: The Drainage of Brighton’, *The Era* 1158 (2 December 1860), p. 8; Phillip Lockwood, ‘Letters to the Editor: **The Brighton Drainage**’, *The Times* 23795 (5 December 1860) p. 9; [Editorial], ‘Sewerage of Brighton’, *The Lancet* (8 December 1860), pp. 566-567.; Ben Tabberer, ‘Letter to the Editor’, *The Lancet* (8 December 1860), p. 571; Anon., (‘A Resident of Kemp Town’), ‘Letter to the Editor’, *The Lancet* (8 December 1860), p. 571; Anon., (‘Pure Air Seeker’), ‘Letter to the Editor’, *The Lancet* (8 December 1860), p. 572.

a report based on that lecture to *The Lancet*, published under the title *The Influence of Railway Travelling on Public Health*.¹⁰⁷

In 1865 Acton's authority on venereal disease and the danger of prostitution to public health was held in such high regard that he was invited to give evidence to the parliamentary select committee appointed to enquire into the pathology and treatment of venereal disease and its effects on the army and navy.¹⁰⁸ Acton was questioned along with other army, navy, and civilian surgeons and physicians on the causes of venereal disease, primarily syphilis, and his treatments for it. He had already provided evidence for the 1863 Royal Commission on the Sanitary State of the Army in India¹⁰⁹ in which he restated many of his concerns already voiced in *Prostitution* on the threat which venereal disease presented to the health not only of the armed forces at home and abroad, but also to the general public. Acton's work on prostitution and venereal disease becomes synonymous with the Contagious Diseases Acts noted earlier. He himself became an unofficial mouth piece for the movement for the extension of the Acts to cover the entire population, attending lectures across the country and publishing various letters and article supporting the extension of the acts to the civil population.¹¹⁰ Yet, at

¹⁰⁷ William Acton, 'The Influence of Railway Travelling on Public Health. Personal Experiences of an Habitual Traveller', *The Lancet* (22 February 1862), pp. 210-211.

¹⁰⁸ Frederick Skey (ed.), *Report of the Committee Appointed to Enquire into the Pathology and Treatment of the Venereal Disease, with the View to Diminish its Injurious Effects on the Men of the Army and Navy, with Appendices, and the Evidence Taken before the Committee* (London: official government report, 1868), pp. 245-257.

¹⁰⁹ William Acton, 'Observations on Venereal Diseases, with suggestions for the amelioration of this army pestilence', in E. H Stanley, *Royal Commission on the Sanitary State of the Army in India 1* (London: official government report, 1863), p. 489-491.

¹¹⁰ For example William Acton, *The Contagious Diseases Act. Shall the Contagious Diseases Act Be Applied to the Civil Population?* (London: John Churchill and Sons, 1870); William Acton, 'Treatment of the Advanced Stages of Syphilis, A paper read before the Fortieth Annual Meeting Of The British Medical Association (8 August 1872) in *The British Medical Journal*, 608 (24 August 1872), pp. 211-220.

the same time, he became the target for vilification by the anti-Contagious Diseases Acts movements.

By 1875, Acton had built up a profitable private practice in Harley Street. In 1862, he had also purchased a country property, in Buckinghamshire, Fern Acres, where he developed a keen interest in farming and country pursuits.¹¹¹ His untimely death from a heart attack in 1875 at the age of 63 fell in the same year not only his wife but also his father.¹¹² At the point of his death he was still heavily involved in the campaign for the regulation of prostitution and the extension of the Contagious Diseases Acts. Throughout his later years he had contributed widely to the debates over the regulation of sexual functions by the state: either through the forced medical examination of prostitutes, or by the improvement in the understanding and provision of treatment for men suffering from sexual dysfunction. At the heart of all of Acton's work was the theory that sexual dysfunction could be regulated and controlled: and must be regulated and controlled, for without intervention, the health of the entire population was at great risk.

Acton had begun his career in London at a time when the professionalization of medicine was in its infancy in Britain, and a period of study in Paris was considered essential for the proper medical education of a young physician. In Paris he had had the opportunity to work with the most respected physicians in the field of venereology, and

¹¹¹ Lesley A. Hall, 'Acton, William John (1812/13-1875)', *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004) [<http://0-www.oxforddnb.com.lib.exeter.ac.uk/view/article/39445>, accessed 14 Nov 2010]

worked under Ricord when he made his ground-breaking discoveries about syphilis. Acton was able, at first hand, to witness and to perform the newest French methods of dealing with venereal disease, both through the use of medical treatments, and through the regulation of prostitutes. On his return to London, Acton produced his first monograph, which reported on and recounted the French approaches that he had seen at the Hôpital du Midi. Acton worked to establish himself as a commentator on venereal disease by submitting several papers to the most respected medical journals, and further cemented his place in the medical elite through his membership of several medical societies and his regular attendance at meetings. Through his work as a surgeon to the Islington Dispensary and his private practice in Queen Anne Street, Acton became a specialist in the field of venereology and urology. The revised editions of his *Practical Treatise* demonstrate the emergence of his interest in prostitution in 1850s, a phenomenon which he regarded as one of the main causes of the spread of disease. In *Prostitution* he developed his theories in full, and highlighted the problem of prostitution as one that affected the entire population, not just the men that consorted with them. His solution was to implement to regulation of the prostitute through regular medical examinations. The problem of male sexual dysfunction became a second key concern. Acton regarded disorders such as spermatorrhoea and impotence as a threat to the health of the population and to the growth of the British Empire. His solution to the problem of sexual disorder also involved the implementation of regulatory regimes, this time implemented by the suffering individual himself. Britain's near defeat in the Crimean War brought the health of the armed forces into the forefront of the nation's consciousness. With the implementation of the Contagious Diseases Acts in the 1860s, Acton found himself to be a spokesman for the regulation of prostitution. He responded

by supporting a nationwide campaign to implement the Acts across the country, and became heavily involved in the extension movement, regarding it as a crucial public health initiative. In the year of his death, Acton was still actively involved in the campaign for the promotion of the Acts.

William Acton's background and French training distinguished him from his British contemporaries. His approach to the problems of venereal disease and sexual disorders, and his proposals for the regulation of prostitutes grew from his experiences in France. His engagement in issues of public health grew organically out of his earlier medical-scientific career and interests, and so it is impossible to regard him either as merely a quack or as an uninformed, moralising commentator weighing in to an issue that happened to be of contemporary political concern. At the same time, he ought not either to be viewed merely as a representative of the mid-Victorian British medical establishment. Because of his French training, and his subsequent concern to integrate the newest French scholarship into his own published work, Acton's insights into the problem of prostitution and disease in Britain were unique amongst his contemporaries. Combining his Parisian medical experiences with his work in London, he offered new and imaginative solutions to combating the threat to public health. It is on this basis that we can now proceed to examine the most pressing issues with which Acton dealt: prostitution.

Chapter 2

Acton on Prostitution

William Acton's interest in and recognition of the problem of prostitution echoed a growing concern amongst medical writers in mid-nineteenth-century Britain that the existing system of support for prostitution was not effective enough to curb the growth of either prostitution or venereal disease. Acton's work on prostitution represents a shift in his focus from purely scientific examinations of disease, to a social-scientific study of a pressing issue of public health. His appreciation of the transitional nature of prostitution was unique. His theory that the prostitute did not need to be saved from herself, but instead needed the support of the state to help herself, represented a new, more liberal attitude in contemporary writing on prostitution. Acton contended that the embarrassment of discussing prostitution in public was detrimental to the health of the population. Society and the state could no longer ignore the prostitute. Instead, her fall into the profession needed to be understood in order for effective regulation to take place. Acton's merger of different theories concerning approaches towards prostitution and venereal disease bridged the gap between social-scientific investigation of prostitution and medical debates on the contagiousness of venereal disease. Like his contemporaries, Acton considered prostitution to be symptomatic of the general degradation of working-class life and morality. He recognised that there was a great interest in improving the sanitary and living conditions for the working classes, and considered that the legislation suggested in his writings was of equal importance not only for public health, but also for the improvement of the morality of the working classes. What separates Acton's work from that of his contemporaries was his

appreciation of the causes of prostitution, and his aforementioned recognition of the transitional nature of the prostitute's career. His refusal to accept the Protestant contention that venereal disease was a punishment for promiscuous behaviour enabled him to draw a new conclusion; namely that the prostitute needed a greater level of medical support to prevent her from spreading the disease to her clients and to her family.

When William Acton arrived in Paris in 1836 he entered a city which was at the forefront of European public health improvements.¹¹³ His experience in Paris and of the public health measures already working in the city left a lasting influence on his approach to the problem of prostitution. Unlike in Britain, where prostitutes were forced to rely on the charity of their parish for financial and medical support, France after 1816 had a system of medical regulation and certification of prostitutes working in the city, which, with their co-operation with the Paris police, gave them the freedom to conduct their business, in the full knowledge that they were free from disease. When Acton arrived in Paris the system of regulation was well established, and medical examinations of prostitutes enabled Parisian physicians to become develop new theories on disease. As such, Paris became the epicentre of venereological advances. The regulation of prostitutes in Paris was part of wide-sweeping public health and sanitary reforms taking place in the city. Whilst working at the female venereal hospital, Acton not only witnessed but practiced the French system of regulation of prostitutes. The prostitute

¹¹³ For nineteenth century French public health movements see David S. Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs* (Baltimore: JHU Press, 2006) and Anne Fowler La Berge and Andrew R. Ainsberg, *Contagion: Disease, Government and the "Social Question" in Nineteenth-Century France* (Stanford: Stanford University Press, 1999).

was regarded as a threat to public health, and as such needed to be controlled and regulated by the police.¹¹⁴

Acton's early theories on the regulation of prostitution were influenced greatly by the system in Paris, the system of regulation, and French medical attitudes towards prostitution as a public health problem can be seen throughout his work. The sanitary regulation of the population of Paris in times of epidemic disease and the approach to the sanitisation of the urban working classes, the notion of quarantine and medical legislation were reflected in *Prostitution*. Public health was of great concern to Parisian physicians and when faced with an outbreak of disease, they were swift to act. In 1832, an outbreak of cholera swept across Europe eastwards from Russia. When it had reached Paris, the epidemic claimed the lives of over 18,000 Parisians. The French government maintained a close examination of the spread of the disease as it crossed the continent, and sent medical delegations to Berlin and St Petersburg to report on the effects of the disease abroad and the successes of treatments used. Before the outbreak had reached the French borders, the government enforced quarantine regulations, created tight sanitary cordons, and set up health commissions for each of the arrondissements in the city.¹¹⁵ Public health was of great concern because Paris, being a heavily populated city with a large working class population, was vulnerable to outbreaks of disease. Anne F. La Berge estimates that in 1840 there were over 400,000 urban working class people

¹¹⁴ For further works on prostitution in nineteenth century Paris see Jill Harsin, *Policing Prostitution in Nineteenth Century Paris* (Princeton: Princeton University Press, 1985) and Alain Corbin, *Women for Hire: Prostitution and Sexuality in France after 1850* (Cambridge, MA: Harvard University Press, 1990).

¹¹⁵ Sean M. Quinlan, *The Great Nation in Decline: Sex, Modernity and Health Crises in Revolutionary France c.1750-1850* (London: Ashgate Publishing Ltd, 2007), p179. See also, Louis Chevalier, *Labouring Classes and Dangerous Classes in Paris during the First Half of the Nineteenth Century* (London: Routledge, 1973), p. 324.

living in Paris out of a total population of 1 million¹¹⁶. As the urban working class was the group most prone to be affected by epidemics, the blame for its spread to the wider population was focused upon them. The speed of the urbanisation of the city was so great that living conditions for the working classes were squalid, and contemporary commentators regarded this symptom of urbanisation as proof of the lazy and immoral attitudes of the working classes.¹¹⁷ The lower working classes were perceived as a threat to the social order and political stability of the metropolis, as many were told to have turned to crime and prostitution to supplement their meagre earnings.¹¹⁸ The common solution then for the social reformer was to take a paternalistic approach to civilise the working classes, to improve both their quality of housing to bring the standard of their morals up to that of the middle class moral-ethic.

This resolution was, according to Anne La Berge and Mordechai Feingold, a medicalization and hygienization of the working classes.¹¹⁹ The lower classes of society were seen as part of the ‘great social evil’, contributing to the degradation of society by their refusal to adhere to recognised nineteenth century ideals. Through public and private hygiene implementation, the educated middle classes hoped to socially engineer the lower classes into a group that mirrored their own class; consequently, ‘hygienism’, or the ideology of public health, emerged as the ‘secular religion’ of the Third

¹¹⁶ Anne F. La Berge, ‘Medicalization and Moralization: The Crèches of Nineteenth-Century Paris’, *Journal of Social History*, 25 (1991), pp. 65-87, p. 65.

¹¹⁷ David S. Barnes, *The Great Stink of Paris and the Nineteenth Century Struggle Against Filth and Germs* (Baltimore: John Hopkins University Press, 2006), p. 87. See also, Louise Chevalier, *Laboring Classes and Dangerous Classes in Paris During the First Half of the Nineteenth Century*, trans. Frank Sellinek, (Princeton: Princeton University Press, 1973).

¹¹⁸ Anne F. La Berge, *Mission and Method: The Early Nineteenth-Century French Public Health Movement* (Cambridge: Cambridge University Press, 1992), p. 1.

¹¹⁹ Anne F. La Berge and Mordechai Feingold, *French Medical Culture in the Nineteenth Century* (Atlanta: Amsterdam Publishers, 1994), p. 1.

Republic.¹²⁰ In 1802 the Paris Health Council, a consultative body comprised of prominent hygienists, was formed to act as a public health advisory board to the Prefecture of Police. This social-conscious group whose function was to investigate the public health problems, came to be regarded as a perfect model for other cities and departments.¹²¹ In 1830 its members included prominent hygienists such as Alexandre Parent-Duchâtelet and Louis-René Villermé (a French physician and social commentator), and it undertook research using the most current statistical analysis on, amongst other things, slaughterhouses, rivers, air pollution, food quality, epidemic controls and prostitution. In the first half of nineteenth century, the French promoted public health as one of the rights of every citizen for which the state should bear the responsibility. French physicians perceived the moral and physical degeneracy of the towns and cities to be a key factor in the high mortality rate and weak and ineffectual armed forces. By 1840, the French social observer Honoré Frégier, who had worked for the Prefecture of Police in Paris, remarked in his *Des Classes Dangereuses de la Population dans les Grandes Villes*, that “the city of Paris distinguishes itself among the capitals of the civilised nations, as one where order, morality and public health are most fully guaranteed against influences of prostitution.”¹²²

New discoveries on the complexities of syphilis and a new understanding of the tertiary phase of the disease principally discovered by Phillippe Ricord and his followers

¹²⁰ Berge and Feingold, *French Medical Culture*, p. 1.

¹²¹ Anne F. La Berge, *Mission and Method*, p. 18. See also George Rosen, *A History of Public Health*, (Baltimore: John Hopkins University, 1993), p. 145, and, Dorothy Porter, *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999), p. 101.

¹²² Honoré Frégier, *Des Classes Dangereuses de la Population dans les Grandes Villes* vol. 1 (Paris: J-B. Ballière, 1840), p.153, as cited in Jill Harsin, *Policing Prostitution*, p. xv. For a study on Frégier and his work see Leon Radzinowicz, ‘Ideology and Crime: The Deterministic Position’, *Columbia Law Review* 65 6 (1965), pp. 1047-1067.

Charles Mauriac and Alfred Fournier, led to mounting fears over the threat of contagion. This further increased the calls for regulation of the lower classes. Prostitutes were perceived by both French and British physicians to be one of the greatest dangers to the health and growth of society, increasingly linked with disease and the degradation of society by the educated middle and upper classes, and became in the process, a useful scapegoat for the perceived decline in moral standards of mid-Victorian society. The notion that prostitutes could be easy targets for reform was prevalent, principally because as a political group they had no power. They could be placed under tight restrictions and subjected to religious and moral reforming attempts without any widespread reaction to the legislation. This control of prostitutes marked a shift in interest in public health, hygiene and sanitation,¹²³ which led some to consider the prostitute to be a group which required regulation for those reasons. For Acton, the most effective method to curb the effects of prostitution on the health of the nation was to acknowledge the problem that faced them. For him, it was imperative that the authorities did not “ignore an ever-present evil [as it] appears a mistake as fatal as the attempt to repress it. I am, therefore, an advocate of RECOGNITION.”¹²⁴

Whilst Acton’s early articles focused on venereal diseases, he did not identify prostitution as a cause of the spread of disease until 1846. His *Observations on Venereal Diseases in the United Kingdom*¹²⁵ which was an investigatory article on the consequences of venereal disease amongst the civil and military populations in Britain,

¹²³ Harsin, *Policing Prostitution*, p. xv.

¹²⁴ Acton, *Prostitution* (1870), p. viii.

¹²⁵ William Acton, ‘Observations on Venereal Diseases in the United Kingdom: From Statistical Reports in the Army, Navy, and Merchant Service, with Remarks on the Mortality from Syphilis in the Metropolis; compiled from the Official Returns of the Registrar General’, *The Lancet* 1205 (3 October 1846), pp. 369-372.

which, he claimed, was intended to “bring forward, in as practical a manner as possible, facts and calculations, which, scattered through the volumes of parliamentary blue books, are sealed pages to the majority of the profession, and I hope to succeed in pointing out the relative frequency of venereal diseases in different services.”¹²⁶

This article is important and should be viewed as the turning point in Acton’s approach to venereal disease, shifting from medical to social-scientific writing. This was the first use by Acton of statistics to examine the impact of venereal disease on the armed forces and on the civil population in London. The style of the article was a departure from his previous works, which were primarily medical investigations. In this work, we perceive a greater sense of Acton’s own voice rather than his former works, which relayed theories from his French counterparts works, and offered his description of his own experiences in Paris and Islington. Whereas his previous works had discussed the symptoms and treatments for venereal diseases, this new approach highlighted the effect of venereal disease amongst various populations, and in particular the effects of disease on society and public health. Acton supported his theories in the article by the collation of statistical returns from various sources, including the British Army, and comparing his findings with figures from the American and Belgian Armies, Navy returns, Merchant Navy returns and reports from the Registrar General on fatal cases of syphilis in the metropolis for the years 1845-46. Acton highlighted the financial implication of venereal disease to the armed forces and merchant navy, concluding that the cost of treating diseased merchant seamen alone for 13081 patients treated between

¹²⁶ William Acton, ‘Observations on Venereal Diseases’, p. 369.

1837-1841, was £4165 17s 6d, which he considered to be a vast expense.¹²⁷ He also investigated the man-hours lost by recruits labouring under venereal disease. In the army he estimated that the average stay for a venereal patient was six weeks, whilst the average treatment for a patient on HMS Dreadnought was twenty-two days.¹²⁸ Acton considered that there were “considerations of an economic character, which must not be lost sight of in a question affecting the health and efficiency of a large portion of our population in the prime of life.”¹²⁹

Judith Walkowitz and Mary Carpenter have both discussed this article with regard to his debate on the mortality rates for venereal disease in Britain in the 1840s, but neither notes the significance of this article for Acton’s writing.¹³⁰ This article shows a change in direction for Acton’s writing and career. Whilst his other articles from the 1840s examine chancre, syphilis, and pharmacology,¹³¹ to name a few, no longer is his only interest venereal diseases and their treatment. His writings also reflect his other new interest – the consequences of disease, Acton’s works thus start to span two fields both the social sciences and medicine. His intention for his social scientific writings from this point was to draw the attention of his readers to the consequences of venereal disease, be it financial, physical, or moral.

¹²⁷ William Acton, ‘Observations on Venereal Disease’, p. 370.

¹²⁸ William Acton, ‘Observations on Venereal Disease’, p. 370.

¹²⁹ William Acton, ‘Observations on Venereal Disease’, p. 370.

¹³⁰ Judith Walkowitz, *Prostitution and Victorian Society: Women Class and the State* (Cambridge: Cambridge University Press, 1980), p. 49. Mary Wilson Carpenter, *Health, Medicine and Society in Victorian England* (Santa Barbara: ABC-CLIO, 2010), p. 72.

¹³¹ Acton produced many articles in the 1840s, ranging from, for example, ‘On the Pathology, Diagnosis and Treatment of Venereal Disease’, *The Lancet* 9 (28 February 1846), pp. 238-240., ‘On the Best Means of Disguising the Taste of Nauseous Medicines’, *The Pharmaceutical Journal* 5 11 (1 May 1846), pp. 502-505., ‘Observations on Dr Campbell’s Paper on Congenital Syphilis’, *The Northern Journal of Medicine* 11 (June 1844), pp. 115-118.

The intellectual discussion in Britain in the 1840s on the problem and treatment of prostitutes was in the main dominated by evangelical laymen, preachers and physicians, whose purpose in writing about the prostitute was to save the prostitute from the 'evil' world they inhabited. Their objective was to restore the patriarchal family ideal to the lower working classes, and to reinstate the moral and religious authority of the father figure at a time when the patriarchal dominance in the family structure was in decline.¹³²

The language used by writers contemporary to Acton such as the Reverend Ralph Wardlaw, a Congregational minister temperance and moral campaigners William Logan and James Talbot, and evangelical physicians such as Michael Ryan and William Tait demonstrate the heavy influence of Christian morality and a primarily Protestant expectation of the behaviour of women. For these men the actions of the prostitute were sinful, like Acton, they viewed prostitution as a destructive force on society and public health, they were convinced that the prevention of prostitution and the effects of prostitution was possible. The difference between these writers work and Acton's was the heavy religious tone taken by many who believed that prostitution could be stopped through the religious and moral re-education of the women. The English essayist William Rathbone Greg, for example wrote in his 1853 text *The Great Sin of Great Cities*, that:

Prostitution per se is a sin against taste, morals and religion; but one of those vices, like bad temper, hatred, malice and covetousness, which, however noxious, is not a part of the duty of the Government actively to repress or

¹³² Judith Walkowitz, *Prostitution and Victorian Society*, p. 33.

punish; the propagation of syphilis is an overt act of public mischief, a crime committed against society, which it clearly falls in their prominence to prevent.¹³³

Prostitutes were perceived as a threat to the stability of society and as such, there was a growing concern echoed and shaped by social commentators about how the problem of prostitution in Britain could be tackled. It could no longer be the responsibility of the individual parish to support the women. Instead, calls for a new centralised system of regulation increased.

Walkowitz recognised the similarities in the approaches of Wardlaw, Talbot and Ryan, who interpreted female fornication as symptomatic of the anomic and undisciplined nature of working-class life.¹³⁴ They publically despaired at the immorality, intemperance and lack of restraint amongst the British working classes. Talbot, for example, claimed:

There are hundreds of parents within the city, and many of them with large families who habitually pursue the most vicious career – drunken, dishonest, filthy and living in the utmost wretchedness, who consequently, altogether neglect their offspring, and leave them to grow up in the midst of pollution and crime.¹³⁵

¹³³ William Rathbone Greg, *The Great Sin of Great Cities* (London: John Chapman, 1853), p. 40.

¹³⁴ Walkowitz, *Prostitution and Victorian Society*, p. 33.

¹³⁵ James Talbot, *The Miseries of Prostitution* (London: J Madden & Co., 1844), p. 34.

Michael Ryan published his *Prostitution in London* in 1839. Relying heavily upon the reports of the London Rescue Society,¹³⁶ Ryan estimated that London had as many as 80,000 working prostitutes. Since much of his source material came from Vigilance Association reports and pamphlets, we may suspect this number may have been greatly exaggerated perhaps to increase patrons' concern and therefore the society's funding. Acton's fears over the impact prostitutes had on the health and morality of men is mirrored in his contemporaries' works. Ryan viewed the prostitute as a source of pollution and a constant source of temptation for the middle-class man. William Tait's *Magdalenism: An Inquiry into the Extent, Causes and Consequences of Prostitution in Edinburgh* (1840) marked a shift to a more scientific investigation into prostitution, yet his work still relied heavily upon supposition. Tait reinforced Acton's and Ryan's demands for the tightening of laws on soliciting, the suppression of brothels and the closure of coffee shops and beer houses. He hoped that by educating the public as to the consequences of prostitution he could encourage support for regulatory reforms, stating that "no relaxation on the part of the public mind will take place till a complete change, both in relation to the suppression of the crime itself and protection of its victims."¹³⁷ Soon after the publication of his book, Tait was appointed Secretary to the Edinburgh Society for the Protection of Young Girls, founded in the early 1840s, and based largely on its sister organisation, the London Society for the Protection of Young Girls, which specialised in rescuing young girls and women from prostitution. The London Society, in conjunction with the Bishop of Exeter, introduced in May 1844 *A Bill for the*

¹³⁶ James Talbot was for a time the secretary for the London Rescue Society. For more on Talbot and his work on prostitution see Fergus Linnane, *London: The Wicked City. A Thousand Years of Vice in the Capital* (London: Robson Books, 2003), p. 379.

¹³⁷ Tait, *Magdalenism*, as cited in Trevor Fisher, *Prostitution and the Victorians* (Stroud: Sutton Publishing Ltd, 2001), p 7.

suppression of Brothels and Trading in Seduction and Prostitution, which demanded tighter restrictions to be placed on prostitutes soliciting and a two-year prison sentence to be placed upon any man caught procuring or soliciting a prostitute. The Bill was presented to an almost empty house but after only one hearing, was thrown out by the House of Lords, its members protesting that it had ‘done much injury by directing the attention of people towards [the subject of prostitution] when they might never otherwise have heard of it.’¹³⁸ The London Society tried again in 1848 with a new bill, the *Bill for the Protection of Females*, which sought to protect women from seduction to prostitution through illegal or immoral means. Although this Bill was also rejected, their efforts were not totally in vain: the Bill helped to create greater recognition by the Government of the need for a law that would protect women from those who sought to profit from their vulnerability.

Acton’s 1846 article tapped into a new social consciousness of prostitution. Acton’s article was not intended to demonise the prostitute. In fact, his article sought to highlight the significance of mortalities arising from venereal disease, which contradicted a commonly-held view that the majority of prostitutes died from venereal disease. On the mortality of prostitutes infected with venereal disease, Acton wrote

I would wish to answer an objection which I have frequently heard urged against the conclusions I have arrived at. It is supposed that females do not perish directly from syphilis, but linger on under other complaints, and die in large numbers in our asylums and workhouses. Those who advance this

¹³⁸ Sally Mitchell, *The Fallen Angel: Chastity, Class and Women's Reading, 1835-1880* (Ohio: Bowling Green University Popular Press, 1981), p 43.

opinion admit now that the fact is established by statistics - that prostitutes do not die from syphilis; and the assumption is perfectly gratuitous that these unfortunate women die in such institutions.¹³⁹

His view on the mortality of prostitutes was discussed further in his 1851 text, *Prostitution: Public Health*. Other prominent writers, meanwhile, warned of the inevitable decline of the prostitute from seduction to the grave. Michael Ryan for instance, produced a rather poetic description “that within the short space of a few weeks, the bloom of health, of beauty, and of innocence, gives place to the sallow hue of disease, of despair, and of death.”¹⁴⁰ Acton reiterated his argument in *Prostitution* that contrary to this common notion, “very few women die of syphilis in the metropolis; only twelve females died in the course of the year 1845.”¹⁴¹ Acton’s tone throughout this text is reminiscent of Parent-Duchâtelet’s: his style is more analytical, more scientific and lacks any moral judgement on the actions of prostitutes. This was quite unlike his British counterparts, who relied on moralistic language to castigate the prostitute as immoral and criminal. Whilst writers such as Tait, Talbot, and Ryan cast the prostitute as an instrument of evil, using imagery that depicted the prostitute as devious and immoral women for whom reclamation from their position would be almost impossible, the rhetoric used by Acton to describe the prostitute is less moralistic, and is constructed to give the impression of being more factual. According to Ryan, prostitutes “propagate fatal diseases and precocious infirmities, more than all the others and they may be

¹³⁹ William Acton, *Observations on Venereal Disease*, p. 372.

¹⁴⁰ Michael Ryan, *Prostitution in London with a Comparative View of that of Paris and New York* (London: H. Balliere, 1839), p. 70.

¹⁴¹ William Acton, *Prostitution, Public Health; Forming the Introductory Chapter to the Second Edition of the Treatise on Syphilis*, (London: John Churchill, 1851), p. 18.

considered to be the most dangerous beings in society.”¹⁴² Tait pointed to the prostitute’s proclivity for lying: “no reliance can be placed on anything they say, especially if the individual to whom they address themselves be a stranger. Dissimulation has become so natural to them, that they fail to speak the truth even when it is for their own advantage.”¹⁴³ William Greg recognised the language used was problematic for those trying to garner support for the reclamation of the prostitute: “No language is too savage for these wretched women. They are outcasts, pariahs, lepers. Their touch, even in the extremity of suffering, is shaken off as if it were pollution and disease.”¹⁴⁴ Walkowitz criticises Acton for adhering to derivative social and sexual stereotypes when discussing prostitutes;¹⁴⁵ yet, as Shannon Bell acknowledges, the prostitute was created by Victorian social science and Victorian legal processes.¹⁴⁶ Acton could only go as far as he thought science would allow him in his analysis of the prostitute and her situation, quite unlike his more effulgent contemporaries.

Some of those writing on prostitution in the 1840s and 1850s works were heavily influenced by the works of Parent-Duchâtelet. Indeed, Michael Ryan’s work on prostitution is in the main a translation of Parent-Duchâtelet with his own commentary added. Parent-Duchâtelet’s work was so highly regarded that it was inevitable that many, including Acton shared his beliefs. Similar in their investigative techniques and conclusions, both Acton and Parent-Duchâtelet concluded that regulation was the only

¹⁴² Michael Ryan, *Prostitution in London*, p. 58.

¹⁴³ William Tait, *Magdalenism: An Inquiry into the Extent, Causes and Consequences of Prostitution in Edinburgh* (Edinburgh: P. Rickard, 1840), p. 38.

¹⁴⁴ William Greg, *The Great Sin of Great Cities* (London: J. Chapman, 1853), p. 3.

¹⁴⁵ Judith Walkowitz, *Prostitution and Victorian Society*, p. 44.

¹⁴⁶ Shannon Bell, *Reading, Writing and Rewriting the Prostitute* (Bloomington: Indiana University Press, 1994), p. 52.

realistic answer to what they saw as an increasing threat to the general population. Acton understood that vice and prostitution could not be irradiated from society altogether: “prostitution we cannot prevent, but we can mitigate the misery entailed by it.”¹⁴⁷ It is difficult at times to discern whether generalisations about the appearance and social lives of British prostitutes were taken from Acton’s own observations or as Walkowitz claims, as an “unthinking transposition to the British scene from Parent- Duchâtelet’s study of Parisian public women.”¹⁴⁸ The influence Parent-Duchâtelet had on Acton’s writings demonstrates the continuity and transfer of knowledge across Western Europe. Acton and Parent-Duchâtelet were both dominant in the study of prostitution and its consequence because both sought to examine every detail of the life of a prostitute. Effective regulation of the prostitute could only occur after the production of detailed investigations of the life of the prostitute they argued, to enable a new understanding of who the prostitutes were, how they became prostitutes, their progress on the streets and what happened to the women once they ‘retired’ and returned to civilised society. Defining the prostitute was part of a new tradition of scientific investigation and part of a Victorian tradition of categorising acceptable and unacceptable patterns of behaviour.

Acton’s work echoed Parent-Duchâtelet’s theory that venereal diseases emanated from the lower classes. This theory was, as Nancy Tomes has discussed, later to be termed ‘syphilophobia’.¹⁴⁹ As with the growing concern over spermatorrhoea in the 1850s and 1860s, syphilis as a public health problem attracted growing attention from

¹⁴⁷ William Acton, *The Contagious Diseases Act. Shall the Contagious Diseases Act be Applied to the Civil Population?* (London: John Churchill and Sons, 1870), p. 4.

¹⁴⁸ Walkowitz, *Prostitution and Victorian Society*, p. 37.

¹⁴⁹ Nancy Tomes, *The Gospel of Germs: Men, Women and the Microbe in American Life* (Cambridge, MA: Harvard University Press, 1999).

the popular medical press in the 1840s and 1850s. Alain Corbin notes that Parent-Duchâtelet was one of the first physicians to stress the threat of ‘biological contagion’ from the lower classes, and saw syphilis as a great plague of society. Anxiety about syphilis replaced fears over cholera and symbolised the risk of contagion from the dangerous lower classes.¹⁵⁰ Similarly, Tomes has recognised that the marked increase in cases of syphilis in America in the 1860s raised public awareness of the dangers of the disease, and also heightened fears over its contagiousness through means other than venereal causes: for instance, from hand rolled cigarettes, dirty cutlery, and soiled linen. This association of venereal disease with casual contact added a more frightening element to syphilophobia.¹⁵¹ Apprehension over levels of disease amongst the working classes reflected current worries over the state of the health of the nation; for the British Empire to continue to be strong, it needed healthy workers, and especially fit military and naval forces.

The definition and classification of the prostitute was essential to determine which women should be targeted for regulation. Through classification, different groups of prostitutes were defined by their potential danger to public health: hence, the separation of the kept mistress and the street woman. Thus, certain women were targeted for reform over others that, in essence, performed the same role – one publically and one privately. The separation of the public prostitute and the courtesan’s behaviour highlights Acton’s intention to target only those women who posed a threat to public

¹⁵⁰ Alain Corbin, *Women for Hire*, p. 5, p. 23.

¹⁵¹ Nancy Tomes, *The Gospel of Germs*, p. 108.

health, as these women, he concluded, were the most likely to spread disease to a larger number of men and subsequently their families.

In order to properly define prostitution Acton wrote “I shall therefore assume, with the divines and moralists, for the purposes of my present enquiry, that the fact of “hiring”, whether openly or secretly, whether by individual or plurality in succession, constitutes prostitution.”¹⁵² Although he classified all women who hire themselves for the sexual enjoyment of others as being prostitutes, it was the common prostitute or street walker whom he intended to regulate through medical and legal intervention. Like Acton, Parent-Duchâtelet made a distinction between the prostitute and the debauched woman. For him, definition was necessary for his regulatory legislation to function effectively, and it could only work if the common prostitute was its target.¹⁵³ Similar to Acton, the *femme gallante*, the kept woman, and the high-class registered prostitute did not worry him as this woman was not he assumed sleeping with numerous men, and it was therefore unlikely that she would be subject to venereal disease.¹⁵⁴ The class bias is clear in his approach. Any prostitute who had a high standing in society, who owned her own home, paid taxes and conducted herself in a ‘decent’ fashion was no concern to Parent-Duchâtelet. His more relaxed attitude towards sexual behaviour allowed him to conclude that the debauched and loose woman was not necessarily a prostitute. Though her behaviour could lead to a life of prostitution, that journey was to lead the woman from an honest life to the “abject condition of a class which is separated from

¹⁵² William Acton, *Prostitution* (1857), p. 8.

¹⁵³ A. J.-B. Parent-Duchâtelet, *Prostitution in the City of Paris. The Second Edition (1837)*, trans. Roger Ridley-Smith, vol 1, (Wellington: unpublished typescript, 2008), p. 12.

¹⁵⁴ Alain Corbain, *Women for Hire: Prostitution and Sexuality in France after 1850* trans. Alan Sheridan, (Cambridge, MA: Harvard University Press, 1990), p. 4.

society.”¹⁵⁵ For Acton, these mistresses and debauched women were to be afforded a certain protection from the state because they maintained self respect, and did not flaunt their profession and wealth in public, and as such the police could have no power or jurisdiction over them.¹⁵⁶ Whilst Acton included the ‘kept mistresses’ or *femmes galante* or *filles clandestines* in his definition of what constituted a prostitute, he was not convinced that their behaviour was harmful to the general population; because again, these women did not pose a significant threat to public health. Instead, he concentrated his attention on the dangerous *femmes debauches* and ‘common street-walkers’. These were the women, with whom he felt the state should be concerned, and it was the state’s duty, he argued, to protect society from these women, as the French regulatory system did, which in effect ignored the mistresses in favour of targeting the common street walkers.¹⁵⁷ Kept women were not seen as a threat; although immoral, they were not seen to spread disease because they did not engage in sexual intercourse with countless men. The common prostitute had rejected the morality and social standards required by society of the mid-nineteenth century western Europe and repudiated its laws by adopting those “*habitudes scandaleuses hardiment et constamment publiques*’ through which she passed into ‘*cet état de brutalité scandaleuse dont l’autorité doit réprimer les excès*’.¹⁵⁸ (By boldly and constantly adopting those scandalous habits in public through which she passes into that state of scandalous savagery, excesses which the authorities have to repress). Those women who chose to practise prostitution on the streets were to

¹⁵⁵ Alexandre Jean Baptiste Parent-Duchatelet, *Prostitution in the City of Paris. From the French of M. Parent Duchatelet* 2nd ed., (London: T. Burgess, 1840), p 2.

¹⁵⁶ William Acton, *Prostitution*, (1870), p. 1.

¹⁵⁷ William Acton, *Prostitution* (1857), p. 7. In Britain, the term ‘common prostitute’ was first used in legislation for the 1824 Vagrants Act. This was the first time that the term was used to separate women and their behaviour.

¹⁵⁸ Alexander Parent-Duchâtelet, *Prostitution dans la ville de Paris*, p 25, as cited in William Acton, *Prostitution* (1870), p. 1.

be most feared; they placed themselves beyond the accepted boundaries of morality. As such, women who chose to use their sexuality for financial gain placed themselves outside the laws of society, and were consequently associated with members of the criminal underworld.

Acton's definition of the prostitute and the act of prostitution was neither new nor innovative, instead, he relied upon the definitions provided by the French authorities to support his own, and here Acton can again be seen to be looking back to France for evidence rather than to traditional British definitions.¹⁵⁹ The result of Acton's definition of prostitution did not help to expand the understanding of prostitution. Rather, the physicians' investigations into the structures of prostitution actively resulted in the construction of a new understanding of prostitution by defining and re-defining the accepted norms of sexual behaviour.

Acton went further to categorise the prostitutes into three distinct groups. First, the kept woman, "who has in truth, or pretends to have, but one paramour whom she in some cases resides"; second, the common prostitute, "who is at the service of vice, with slight reservation, of the first comer and attempts no other means of life", and third, the woman forced to prostitution through necessity, "the woman whose prostitution is a subsidiary calling".¹⁶⁰ His categorisation of the prostitute allows us to determine the moral compass on prostitution in this period, the belief being that women were differently motivated to enter prostitution. Acton's attitude towards and treatment of, the

¹⁵⁹ William Acton, *Prostitution* (1870), p. 1. Acton refers on several occasions to the French authorities' definitions of prostitution.

¹⁶⁰ William Acton, *Prostitution* (1857), p. 54.

prostitute depended upon their categorisation, and Acton concluded that the common prostitute was the most dangerous: “it is from this class that society may be prepared for, if not expect, contempt and danger to public order and decency.”¹⁶¹ Women who chose prostitution over another career, or did not seek to remove themselves from their condition were not to be pitied, and were separated from the ‘fallen woman’, seduced into prostitution. In defining prostitution Acton examined the official view of government reports and enquiries held by Germany, France and Britain. He cited a report from the Board of Public Morals in Berlin (although without specifying the status of this organisation) which found that “all voluntary sexual abandonment should, for a consideration so held to be prostitution.”¹⁶² Acton did not agree with this sentiment, finding it unsatisfactory. Instead he turned his readers’ attention to evidence given to the Select Committee on the Contagious Diseases Acts from 1866, in particular that of Albert Sloggett, visiting surgeon to the Royal Albert Hospital at Devonport. Sloggett had recommended to the Select Committee that the definition of the “common prostitute” had to be stated more clearly to include prostitutes as ‘women who habitually gain their livelihoods, partly or wholly by the proceeds of prostitution.’¹⁶³ Like Parent-Duchâtelet, prostitution to Acton represented a threat that was at the same time moral, social, sanitary and political.¹⁶⁴ Through the definition and compartmentalisation of prostitution, the anxiety over the contagiousness of prostitution was increased making little demarcation between the criminal, the leper and the prostitute.

¹⁶¹ William Acton, *Prostitution* (1857), p. 75.

¹⁶² William Acton, *Prostitution*, (1870), p. 2.

¹⁶³ William Acton, *Prostitution*, (1870), p. 2.

¹⁶⁴ For more on the threats that prostitution posed in mid-nineteenth century Britain and France see Mary Spongberg, *Feminizing Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse* (New York: New York University Press, 1997), p.37, and Corbain, *Women for Hire*, pp. 3-8.

The urbanisation of the major cities in London saw a growth in the number of prostitutes. J. A. D. Blaikie's study of the city of Glasgow has identified a climate of fear at the time that as urbanisation burgeoned, prostitution and venereal disease would grow in proportion.¹⁶⁵ The prostitute was inexorably linked with the degradation and destitution of the city. She was only to be found in the dirtiest, most squalid corners where the respectable elite would not venture.¹⁶⁶ The rapid growth of the urban population created an unprecedented need for housing. However, as Richard Tames has recognised, there was no demand for quality and expensive housing amongst the working classes as there was no will to purchase. The priority for the working classes was to purchase food and drink, and they tended, he claims, to rent the cheapest accommodation to ensure their ability to continue to pay their rent in times of slump and unemployment.¹⁶⁷ The prostitute was therefore to be found in the most basic and destitute accommodation, and Acton's vivid description of their homes and their places of work is unusually reminiscent of his evangelical counterparts. He emphasises the dirt and danger of the places in which they resided, and he explained that prostitutes were "met with, in filthy taps, resorts of crime, and in the squalid lairs of poverty, rarely courting the light, but lurking in covert spots to catch the reckless."¹⁶⁸ The imagery used here by Acton to describe the home of the prostitute is unusual with his oeuvre and is interesting. Whilst one might expect a more sympathetic tone, claiming that such lodgings were all that were available to the destitute prostitute, Acton instead, adhered to

¹⁶⁵ J. A. D. Blaikie, 'The Country and The City: Sexuality and Social Class in Victorian Scotland' in Gerard Kearns and Charles W. J. Withers, (eds.), *Urbanising Britain: Essays on Class and Community in the Nineteenth Century* (Cambridge: Cambridge University Press, 1991), pp. 80-103, p. 90.

¹⁶⁶ For the woman and urban society see Emma Liggins, *George Gissing, the Working Woman, and Urban Culture* (London: Ashgate, 2006).

¹⁶⁷ Richard Tames, *Economy and Society in Nineteenth Century Britain*, (London: Taylor and Francis, 2006), p. 40.

¹⁶⁸ William Acton, *Prostitution* (1870), p. 27.

the traditional notion of prostitution and criminality. By linking the two, Acton in a sense contradicts his own attempts to humanise the prostitute.

His contradictory stance on the homes of the prostitute is continued in his investigation into the haunts of the prostitute. In order to ascertain the state of the homes and lodgings of the prostitute, Acton informs the reader that he had accompanied Captain Harris, the Assistant Commissioner of the Police, to the ‘notorious’ Ratcliffe Highway, in the East End of London, attended by the Superintendent of the Executive Branch of the Metropolitan Police and two Inspectors, to investigate their haunts. What he found was not the low-lodging houses, and public houses filled with drunks and debauched women that were expected, but families: husbands, wives, and children enjoying plays, music and dancing. Whilst Acton questioned the effects for the married woman to witness “the vicious and profligate sisterhood flaunting it gaily, or ‘first rate’, in their language – accepting all the attentions of men freely applied with liquor,”¹⁶⁹ it was precisely those situations which he had not witnessed on his visit to Ratcliffe. The image of the woman of loose morals must therefore be regarded as an invention on Acton’s part, and demonstrates his continuing indebtedness to the wider contemporary discourse by which prostitute were ‘othered’, even in the face of evidence to the contrary. On another investigative journey, this time to Aldershot (a place in which street prostitution was not permitted), Acton was accompanied by the local police inspector and visited a beer-house which he believed to be the haunt of prostitutes, and in which he thought that in return for their lodgings they must seduce the soldiers who frequent the bars to drink. Upon his arrival at one such pub, he was surprised to discover

¹⁶⁹ William Acton, *Prostitution* (1870), p. 23.

that “I saw no instance of drunkenness, no riot or romping, and heard no indecent jests or songs”.¹⁷⁰ Acton accounts for what he perceives to be the unusual behaviour of the customers by supposing that the proprietors had been tipped off that the Police Inspector would be visiting and hence any other night he would be sure to see drunken and bawdy behaviour. It is interesting, then, that Acton adheres to the notion that the prostitute should be found in the most awful conditions, and that he continued to adopt the charged phrase of the “low prostitute, infesting the low neighbourhoods”¹⁷¹ even in the face of his own observations. Acton continues to describe the prostitutes ‘haunt’ in disparaging language despite his apparent lack of evidence of such houses when he went to investigate. He continued to stress the danger that the prostitute presents to the people living and working near her, and the problem of overcrowding in the cities: “This packing of the lower classes is clearly not yet under control, and seems liable to aggravation by every new thoroughfare and airway with which we pierce our denser neighbourhoods. While it prevails, who can impute the defilement of girls, the demoralization of both sexes.”¹⁷²

Gareth Stedman Jones recognised the increasing tendency amongst the writers of this period to associate prostitution, disorder and sedition with poor regions inhabited by the lower working classes,¹⁷³ and that there was a growing tendency to link the urbanisation of the city with disease and moral contamination.¹⁷⁴ Acton’s connection of

¹⁷⁰ William Acton, *Prostitution* (1870), p. 25.

¹⁷¹ William Acton, *Prostitution* (1870), p. 17.

¹⁷² William Acton, *Prostitution* (1870), p. 295.

¹⁷³ Gareth Stedman Jones, *Languages of Class: Studies in English Working Class History, 1832-1982* (Cambridge: Cambridge University Press, 1983), p. 184.

¹⁷⁴ See David Michael Palliser, Peter Clarke and Martin J. Dainton, (eds.), *The Cambridge Urban History of Britain: 1840-1950* (Cambridge: Cambridge University Press, 2000), p. 2.

the prostitute with the criminal is, to an extent, unsurprising: he engaged with contemporary discussion on morality and crime and linked the two because they both could be found in the slum areas of a town and city. The prostitutes not only engaged in criminal activity, but they also mixed with the criminals who resided in the same area. His contemporaries had similar views on the connection between prostitution and crime. James Miller, Professor of Surgery at Edinburgh University, claimed in his 1859 text, *Prostitution Considered in Relation to its Cause and Cure* that “a large proportion of the robberies from the person committed in Glasgow take place in houses of ill fame, or by prostitutes, amounting in 1840 to £2268 18s.”¹⁷⁵ Similarly, William Tait maintained that “robbery is another consequence of prostitution. Near one-third of those who are convicted of robberies and larcenies belong to the class of prostitutes.”¹⁷⁶ The notion that every prostitute had a ‘fancy man’ who was also a thief was explored by James Beard Talbot.¹⁷⁷ He maintained that “[there are] 10,000 unfortunate females in London and three-fourths of them have such an individual connected with them, then the fearful fact is presented, that every day 7,500 thieves are let loose upon the streets of London, to plunder the community.”¹⁷⁸ Frederic Hill, a barrister who also had worked as the Inspector of Prisons claimed in his 1853 work, *Crime: Its Amount, Causes and Remedies* also linked the prostitute with the thief, and stated that invariably the prostitute became a thief herself after only a short time in the profession.¹⁷⁹

¹⁷⁵ James Miller, *Prostitution Considered in Relation to Its Cause and Cure* (Edinburgh: Sutherland and Knox, 1859), p. 7.

¹⁷⁶ William Tait, as cited in Talbot, *The Miseries of Prostitution*, p. 50.

¹⁷⁷ William Tait, as cited in Talbot, *The Miseries of Prostitution*, p. 50.

¹⁷⁸ William Tait, as cited in Talbot, *The Miseries of Prostitution*, p. 50.

¹⁷⁹ Frederic Hill, *Crime: Its Amount, Causes and Remedies* (London: John Murray, 1853), p. 390.

Prostitution itself is not discussed as a criminal activity. Rather it was seen as a precursor to the association with criminal men and involvement in criminal activity. The separation of those persons likely to commit crime into a criminal class has been discussed at length by Lucia Zedner, who observes that the Victorian notion of the ‘criminal classes’ was founded on highly emotive notions of the predatory and dangerous portion of the population who not only committed criminal acts, but were vicious in character.¹⁸⁰ Traditionally, the prostitute’s criminality was regarded as a personality trait, something that she had learned through her practice of prostitution, rather than being a trait with which she had been born with.¹⁸¹ A new tendency towards defining prostitutes with a hereditary criminal tendency became evident. Discussions on prostitution later in the nineteenth century were influenced by a new development of the classification of criminals, and indeed of mental illness. Much like the definitions of madness that were created in the earlier half of the nineteenth century, in the latter half of the century debates centred on the hereditary nature of criminality.

Class, the social backgrounds of prostitutes, and their previous occupations, grew in importance to the commentators on prostitution in the mid-nineteenth century because of the sense of the need to define the prostitute. For Acton, it allowed him to determine to which class the prostitute would return when she married or bought herself out of the profession. The original work on the classes from which the prostitute originate was conducted by Parent-Duchâtelet, who not only separated Parisian and French prostitutes

¹⁸⁰ Lucia Zedner, *Women, Crime and Custody in Victorian England* (Oxford: Clarendon Press, 1991), p. 21.

¹⁸¹ Gareth Stedman Jones recognised the difficulty many nineteenth century commentators had in trying to distinguish between the working classes and dangerous classes. See Stedman Jones, *Languages of Class*, p. 184.

into different classes, but also made extensive enquiries into their past by studying the occupations of their fathers, their professions and the localities in which they were born. He considered a study of this nature to be crucial to inform the “authorities [of] the classes of society which, with regard to prostitution, required special attention.”¹⁸²

Parent-Duchâtelet instructed M. Debelleyme, Prefect of Police in Paris, to obtain all the birth certificates of the registered prostitutes of the city, on which all the professions of their fathers would be listed. After obtaining 5,023 birth certificates, Parent-Duchâtelet constructed the following table of the profession of the fathers of 138 Parisian prostitutes.

Fig.1 TABLE INDICATING THE PROFESSIONS EXERCISED BY THE FATHERS OF THE PROSTITUTES OF PARIS WHO WERE BORN THERE¹⁸³

Starcher	1
Architects and Entrepreneurs	4
Laundrymen	5
Woodworkers, Basket makers, Pin makers, Fan makers and Musical Instrument Makers	8
Sellers of Clothing, Gasfitters, Rope makers, Weavers	19
Butchers and Pork Butchers	7
Bakers and Pastry Cooks	8
Harness makers and Saddlers	3
Sausage skin makers, Knackers yard workers, Sanitation workers	3
Hawkers	12
Tillers, Masons, Chimney sweeps and Powder makers	28

¹⁸² A. J.-B. Parent-Duchâtelet, *Prostitution in the City of Paris. The Second Edition (1837)*, trans. Roger Ridley-Smith, Vol. 1, (Wellington: unpublished typescript, 2008), p. 27.

¹⁸³ A. J.-B. Parent-Duchâtelet, *Prostitution in the City of Paris.*, trans. Roger Ridley-Smith, Vol. 1, p. 28.

Tallow chandlers	2
Hatters	6
Coal Merchants and Water carriers	11
Rag collectors	2
Surgeons, Pharmacist, Barristers and Physicians (one each)	4
Coachmen, Carters, Postilions	35
Shoe repairer and Boot makers	50
Leather workers, Tanners, Leather Goods Makers	6
Market gardeners, Gardeners, Earth movers, Wine growers	31
Domestics and Porters	23
Gold platers, Silver platers and Gold beaters	5
Tinsmiths and Copper workers	8
Founders, embossers and moulders	18
Engravers, Gem Cutters and enamellers	5
School masters	3
Day labourers, Commission agents and unskilled workers	113
Drawer makers, Cabinet makers, Carpenters and Sawyers	31
Lodging house keepers and Upholsterers	5
Marble cutters and Cinder washers	4
Wine merchants, Spirit Sellers and Lemonade Sellers	22
Farriers, Locksmiths and Nail makers	23
Boatmen	6
Mechanics, Gunsmiths, Knife merchants and Armourers	11
Mercers, Grocers and Fruiterers	18
Military invalids	30
Musicians and Dancing masters	9

Livestock Fatteners and Dairymen	2
Army Officers of various ranks	16
Goldsmiths, Clock makers and Jewellers	10
Paper makers, Cardboard makers	6
Wigmakers and Hairdressers	16
Plumbers, Firemen and Water suppliers	3
Potters, Ceramicists, Crystal cutters	6
Solicitors, Bailiffs, Ushers of Courts of Justice and Public letter writers	3
Knife grinders	4
Persons of independent property, or in the reception of salaries	64
Theatrical tumblers	2
Wood Sculptor	2
Cane and Stick vendors, and Cabinet makers	16
Tailors and Old Clothes men	22
Stone masons, Paving workers, Plasterers and Quarry workers	21
Dyers	3
Coopers and Cartwrights	11
Lathe Operators and button makers	6
Glassblowers	2
Glaziers, painters and printers	25
House keepers, cooks and confectioners	9
TOTAL	828

This study of the profession of registered Parisian prostitutes enabled Parent-Duchâtelet's conclusion that it was wrong to assume that the fathers of prostitutes came from the artisan classes. He opposed the error made by other commentators of over-

generalising, which exposed their “airy observations, based only on recollections, and never taken down in methodical manner.”¹⁸⁴ Acton, by contrast, makes no mention of the profession of prostitutes’ fathers. What interested him most instead was the class of people that the prostitute lived with, and worked amongst. Acton made no assumption as to which class the majority of women came from, unlike many of his contemporaries.

The definition of class was greatly important to the social commentator, Henry Mayhew, who was one of the most famous of the social theorists and commentators on prostitution and class. Mayhew (d.1887) sought to define prostitutes by creating various groups or categories to which they might belong. In his 1862 investigation *London Labour and London Poor*, a work which is in many places reminiscent of Acton’s *Prostitution*, Mayhew described the different types of women that were to be found at the Haymarket in London. The first group were the better educated and more genteel women, who, he writes were “dressed in high style, yet are poorly educated, and have sprung from a humble origin. Others, more plainly dressed have a lady’s education.”¹⁸⁵ These women were likely to have been milliners, or seamstresses working in genteel houses. Mayhew continued in his investigation to conclude that the second class of prostitutes came from the lower orders of society, and consisted of “domestic servants of a plainer order, the daughters of labouring people and some of still a lower class.”¹⁸⁶ These women were to be found plying their trade on the streets around the Haymarket, as Mayhew observed; “Some of them walk with a timid look others with effrontery,

¹⁸⁴ A. J.-B. Parent-Duchâtelet, *Prostitution in the City of Paris.*, trans. Roger Ridley-Smith, Vol. 1, p. 29.

¹⁸⁵ Henry Mayhew, *London Labour and the London Poor: Extra Volume*. Vol. 4, (London: Griffen, Bohn and Company, 1851), p. 215

¹⁸⁶ Henry Mayhew, *London Labour and the London Poor*, Vol. 4, p. 355.

some have an artless innocence and ingenuousness, others very pert, callous and artful.”¹⁸⁷ The third class of prostitute, Mayhew claimed, came from the lowest orders of society. They were the most destitute, ‘worn-out’ prostitutes, Mayhew’s description of whom is highly unflattering: “these faded and miserable wretches skulk about the Haymarket . . . cadging from fashionable people in the streets and from the prostitutes passing along.”¹⁸⁸ William Tait suggested that prostitutes separated themselves into different classes and that social mobility in prostitution was difficult.¹⁸⁹ This notion was also shared by Acton, that was clear in his definition of the prostitute as separate classes that did not mix, he made no reference to the social mobility of the prostitute.

Whilst class and parental profession’s were important for the discussions on prostitutes for some commentators, these were not a phenomena which Acton engaged. He, like others, divided the prostitutes into different classes dependent upon their situation whilst working as a prostitute, and he did not investigate their class prior to their entry into the profession in the same way that Parent-Duchâtelet had done and Mayhew would do. The notion that these women belonged to a separate class is demonstrative of the discourses on class and sexuality prevalent during the mid-nineteenth century. Michael Mason’s discussion of sexuality and sexual behaviour in the nineteenth century concludes that expectations of sexual behaviour depended on class.¹⁹⁰ There was an expectation that those belonging to the lower classes had an inferior sense of morality and sexual propriety than their middle- and upper-class counterparts.

¹⁸⁷ Henry Mayhew, *London Labour and the London Poor*, Vol. 4, p. 356.

¹⁸⁸ Henry Mayhew, *London Labour and the London Poor*, Vol. 4, p. 356.

¹⁸⁹ William Tait, *Magdalenism*, p. 34.

¹⁹⁰ Michael Mason, *The Making of Victorian Sexuality* (Oxford: Oxford University Press, 1994), p. 122.

Acton's ideas on the classification of prostitution was influential, the *Westminster Review's* 1870 investigation into prostitution was influenced heavily by Acton's idea of separating the prostitutes from the lower classes, creating their own social group: "There is no question that great sexual and reckless immorality, such as is likely to result in syphilitic contamination, prevails amongst the class whose brutishness generally is most apparent by other signs."¹⁹¹ At a time when a social hierarchy was key to the stability of society, when material possessions demonstrated status and were available only to those who adhered to a Christian work ethic, those women who presented themselves well because of their increased earnings from prostitution, and could therefore afford the clothes and fineries available normally only to members of the class above their own, were viewed with abhorrence by the commentators because these demonstrated that social elevation was possible. Perhaps then, what was of issue to many physicians was the social movement that was available to the prostitutes. The idea that prostitutes could improve their social situation was distasteful for many, but something that Acton concluded was common. This social mobility and inevitability that the prostitute would return to society and marry was for Acton representative of the danger the prostitute posed. This helps to explain why Acton was not concerned, unlike Parent-Duchâtelet, in their fathers, because they would not return to the class from whence they came but would move and they would transport their lower class morality into the higher social levels they joined. The unregulated prostitute who had not

¹⁹¹ Editorial Review, *Westminster Review*, (January 1870) as cited in Editors Comments, 'Prostitution', *Medical Times and Gazette* (15 Jan, 1870), p. 65.

undergone medical checks could, he supposed, bring disease to their husband and their unborn children.¹⁹²

For Acton, clandestine prostitution was the most problematic of all the classes of the profession, not least because of the fluidity of their definition, and the near impossibility of the accurate assessment of their number. The clandestine prostitute was for Acton, the most dangerous. He explained that the “depravation of public health and the national power are more traceable to the young clandestine prostitution [sic].”¹⁹³ Clandestine prostitution by its very nature separated itself from any methods of state control. John Simon (d.1904), the first Medical Officer of Health, appointed in 1848, appreciated the difficulty faced by regulators of accusing a woman of clandestinely practising prostitution. Simon asked, “Would those who propose such things take a woman on the mere ground of her having had sexual relations with more than one man, and put two and two together, and produce their evidence in a police court?”¹⁹⁴ Acton believed that the policing of these women who “make it their calling and live in gangs in brothels or publicly solicit men”¹⁹⁵ would be impossible and yet simultaneously imperative, as these unregulated women suffered from venereal disease in greater numbers than the registered street walkers.¹⁹⁶ Similarly, Parent-Duchâtelet regarded the clandestine prostitute as the most dangerous of all those in the profession because she was able to ply her trade without any medical examinations stating that “it is clandestine prostitution that spreads syphilis unchecked, and in this respect it renders inefficacious of

¹⁹² William Acton, *Practical Treatise*, p. 19.

¹⁹³ William Acton, *Prostitution* (1857), p. 74.

¹⁹⁴ William Acton, *Prostitution* (1870), p. 2.

¹⁹⁵ William Acton, *Prostitution* (1870), p. 2.

¹⁹⁶ William Acton, *Prostitution* (1870), p. 154.

the soundest measures of the administration.”¹⁹⁷ The clandestine prostitute was dangerous because there was no way to measure her existence and more importantly there was no way to ascertain her impact on the health of the population. As she plied her trade secretly, the police had no means with which to license her and subject her to regular venereal examinations. There was a shift in the concept of clandestinity, during the nineteenth century, identified by Jill Harsin, whereby the policing of prostitution became less about policing the dangerous places they were likely to be found to policing dangerous individuals.¹⁹⁸ As it was almost impossible to identify the clandestine, and because she did not reside in the most dangerous and derelict areas of the city, she came to be regarded in this new climate as the most dangerous of all the prostitutes, immune to reform and regulation.

Without identification, the clandestine prostitute could not be regulated, without regulation there could be no medical examination and thus the clandestine prostitute presented herself as one of the most dangerous types of prostitute who could spread disease to the general population without any medical intervention. The problem of the clandestine prostitute was debated at length at the 1866 Select Committee on the Contagious Diseases Acts; John Simon admitted to the panel that the possibility of regulating the clandestine prostitute through the workings of the Contagious Diseases Acts was almost impossible.¹⁹⁹ To prove the significance of disease amongst the

¹⁹⁷ A. J.-B. Parent-Duchâtelet, *Prostitution in the City of Paris.*, trans. Roger Ridley-Smith, Vol. 2, p. 207.

¹⁹⁸ Harsin, *Policing Prostitution*, p. 241.

¹⁹⁹ *Report from the Select Committee on the Contagious Diseases Acts (1866); Together with the Proceedings of the Committee, Minutes of Evidence and Appendix* (1869), p. 70.

clandestine prostitutes however, Acton presented the following table showing the cases of venereal disease amongst unregistered prostitutes from 1857-1866 in Paris.

Fig 2. NUMBER OF UNREGISTERED PROSTITUTES ARRESTED AND FOUND DISEASES IN PARIS DURING TEN YEARS.²⁰⁰

Years	Number of Unregistered Women	Number of Syphilitic Women	Women Affected with Ulcerations or Itch
1857	1405	434	152
1858	1158	314	142
1859	1528	358	144
1860	1650	432	132
1861	2323	542	153
1862	2986	585	214
1863	2124	425	177
1864	2143	380	213
1865	2255	468	204
1866	1988	432	169
TOTAL	19,560	4370	1700

The table presented to his readers showed that over a ten-year period almost twenty-five percent of the clandestine prostitutes that had been arrested in Paris had been found to be

²⁰⁰ William Acton, *Prostitution* (1870), p. 156.

infected with syphilis and almost ten percent suffered from ulcerations or ‘itching’. The *Westminster Review*’s investigative review article ‘Prostitution: Governmental Experiments in Controlling It’ found that it was the most difficult vice to eradicate, yet at the same time produced the most virulent forms of venereal infection.²⁰¹ At a meeting of the Academy of Medicine, M Léon Lefort, a surgeon at the Hôpital du Midi from 1866-1867, presented his paper *The Prostitution of Paris in relation to the Propagation of Venereal Diseases* in which he claimed that clandestine prostitution was the “chief evil to be struggled against”: in that year, of 4070 cases of venereal disease which he had treated, 2302 were unregistered clandestine prostitutes.²⁰² For Acton, clandestine prostitution and its concomitants would invade domesticity itself, through its depravation and “wide diffusion of intense disease”.²⁰³

Although he regarded clandestine prostitutes to be dangerous, Acton was not unsympathetic to their plight. He regarded these women as dangerous only because they could not be regulated and examined regularly for venereal infection. Acton sought to de-stigmatise the clandestine prostitute, to challenge the concept of the clandestine prostitute as a licentious and sexually predatorial woman. Instead he presented her as a desperate character who earned only a few pennies for each act of sexual intercourse, enough to keep herself and her family fed for a day.²⁰⁴ Acton found that the woman who

²⁰¹ ‘Prostitution: Governmental Experiments in Controlling It’, *The Westminster Review* (January and April 1870), pp. 119-179, at p. 134.

²⁰² ‘Editorial – The Week’, *Medical Times and Gazette* (15 May 1869), pp. 522-526., at p. 525.

²⁰³ William Acton, *Prostitution* (1857), p. 184.

²⁰⁴ An excellent study of clandestine prostitution in Italy in the latter half of the nineteenth century has been made by Mary Gibson who discusses the problem of clandestine prostitution as being problematic for the Italian authorities for the same reasons as Acton identified, namely the greater risk of disease amongst the women due to the difficulty for the authorities to identify and register them. See Mary Gibson, *Prostitution and the State in Italy, 1860-1915* (Columbus: Ohio State University Press, 1999).

practiced clandestine prostitution was the woman who used prostitution to supplement her income: and whom, he assumed, was invariably ashamed of her involvement in the trade. As such, Acton's attitude towards the clandestine prostitute was compassionate. Havelock Ellis recognised in his *Studies in the Psychology of Sex* the difficulty for Acton's contemporaries to accept his statement that prostitution was "a transitory stage, through which an untold number of British women are ever on their passage."²⁰⁵ Havelock Ellis suggested it was impossible for contemporary moral reformers to admit those women could drop down to a deep level of degradation to prostitute themselves and then climb out again when it suited them.²⁰⁶ Therefore, clandestine prostitutes would prove to be impossible to impose any regulatory legislation upon. The only women who could realistically be targeted for reforms were those who had separated themselves from society. By defining prostitutes as a 'class' of people set apart from society, and marginalising and dehumanising the prostitutes, supporters of regulation could gain more support for their investigations into the viability of regulation and reform.

Just as definition was crucial to the understanding of prostitution, so was the awareness of the causes of prostitution. Without an accurate comprehension of the cause of the 'fall' of women, regulation would be ineffective as the regulators had to determine what forced women into the profession, and a distinction had to be made as to whether women were forced into working on the streets or whether they were forced through economic necessity. The study of the causes of prostitution allowed Acton to demystify the entry of the woman into prostitution.

²⁰⁵ William Acton, *Prostitution* (1870), p. 39.

²⁰⁶ William Acton, *Prostitution* (1870), p. 73, as cited by Havelock Ellis, *Psychology of Sex* (London: Pan Books Ltd., 1959), p 49.

Acton discussed at length the factors that could induce a virtuous woman to engage in prostitution. His interpretation of the supply and demand chain for prostitution makes his work unique. Whilst his contemporaries Tait and Ryan proposed seduction by men promising marriage, fine clothing and alcohol as the cause, Acton argued that the ease with which prostitutes were procured by men was one of the major reasons for the sustained demand and therefore their continuous supply. This was central to Acton's appreciation of the transitional nature of prostitution. Acton did not consider his contemporaries' accounts of the inevitable decline of the prostitute to be accurate, instead predicting that the large majority of prostitutes would marry out of the profession within a few years. His theories as to the causes of prostitution were again influenced by the work of Parent-Duchâtelet and his experiences in France. His conclusions exposed his attitude toward class differences and expectations and highlighted a double standard in contemporary discourse: not only the double standard of expectations of sexual behaviour for women, but also the double standard of expectations of sexual behaviour for the working classes.

Acton maintained that prostitution existed and flourished because there was a demand for it, that it was the "desire of the male [which] is the want that produces the demand, of which prostitution is a result, and which is, in fact the artificial supply through the failure of the latter, or the vitiated character of the demand".²⁰⁷ Deborah Logan has criticised Acton's economic metaphor for the cause of prostitution, and argues that rather than this analogy being a new and innovative way to understand the

²⁰⁷ Acton, *Prostitution* (1870), p. 162.

cause of prostitution, it actually reinforces the double standard underpinning prostitution discourse.²⁰⁸ This view however, fails to appreciate Acton's attempt to move away from the trend in contemporary discourse which laid the blame of the fall of women squarely at their feet. Acton, in fact, sought to gather a full picture of the causes of prostitution, and by concluding that male sexual desire was one of the chief causes, can be seen to be moving away from notions of the double standard, to an understanding of shared responsibility. Sheila Jeffrey, in her most recent study of prostitution identifies the mid-twentieth century as the time when the causes of demand, rather than supply started to receive attention. This transition, however, can be located a century earlier, and associated with the figure of Acton.²⁰⁹ Acton reasoned that the male desire for sexual intercourse was strongly felt from puberty. Men were in need of prostitutes, Acton maintained, because of the unnatural state of marriage: rates of which, as Michael Mason has discovered, reached an all-time low in the 1850s.²¹⁰ The delay in marriage, a consequence of financial and cultural expectations, depended on occupation and class. Whilst there was little impact on the working classes, middle class men would marry on average four years later than their working class counterparts by this point.²¹¹ Acton recognised the need for male sexual outlets as sexual desire amongst men was strong after puberty and needed to be satiated; and this he argued, was one reason why

²⁰⁸ Deborah Logan, *Fallenness in Victorian Women's Writing: Marry, Stitch, Die or Do Worse*, (Missouri: University of Missouri Press, 1998), p. 65.

²⁰⁹ Sheila Jeffrey, *The Idea of Prostitution* (Melbourne: Spinifex Press, 2009), p. 27. See also, Belinda J Carpenter, *Rethinking Prostitution: Feminism and the Self* (New York: Peter Lang, 2009), p. 6.

²¹⁰ Michael Mason, *The Making of Victorian Sexuality* (Oxford: Oxford University Press, 1994) p. 51.

²¹¹ An excellent study on class and marriage in the nineteenth century is Steven Ruggles, *Prolonged Connections: The Rise of the Extended Family in Nineteenth Century England and America* (Wisconsin: University of Wisconsin Press, 1987). From studying census records Ruggles has discovered that in the mid-nineteenth century the average age at marriage for working class men and women was 24 and 22 respectively, whilst for the middle classes it was found to be 28 and 24, p. 209. See also, J. A. Banks, *Prosperity and Parenthood: A Study of Family Planning among the Victorian Middle Classes* (London: Routledge and Kegan Paul Ltd., 1954).

marriage for men should not be unnaturally delayed. William Greg argued quite by contrast that the education of young boys encouraged sexual propensity to be awakened unnaturally early, and thus even if the young male did not at first engage in vice, he would soon be drawn into it through bad association.²¹² Acton's acceptance of male sexual desire was thus unusual. He was alone not only in recognising this, but also in citing it as one of the chief causes of prostitution. However, he did not condone men choosing to turn to prostitutes for sexual gratification, but merely admitted that men at times found it necessary; that "the desire for sexual intercourse is strongly felt in the male on attaining puberty, and continues through his life an ever present, sensible want."²¹³ Prostitution, he believed, was the artificial supply to natural demand, and stated – continuing his economic metaphor - that "the want of prostitutes grows with the use of them."²¹⁴ As Mason and Sigel have recognised, increased demand was created in part by the increase in availability of pornographic publications and images and writings perceived to be of a sexual nature.²¹⁵ He supposed the five main causes for the demand for prostitution on the part of the male were:

1. The natural instinct of man.
2. His sinful nature.
3. The artificial state of society rendering early marriages difficult if not impossible.
4. The unwillingness of many, who can afford marriage to submit to its restraint and incur its obligations.

²¹² William Greg, *The Great Sin of Great Cities*, p. 27.

²¹³ William Acton, *Prostitution*, (1870) p. 163.

²¹⁴ William Acton, *Prostitution*, (1870) p. 163.

²¹⁵ Lisa Z. Sigel, *Governing Pleasures: Pornography and Social Change in England, 1815–1914* (New Brunswick: Rutgers University Press, 2002), Stephen Marcus, *The Other Victorians: A Study of Sexuality and Pornography in Mid-Nineteenth Century England* (London: Weidenfeld and Nicolson, 1996).

5. To a man's calling preventing him from marrying, or debarring him when married in conjugal intercourse.²¹⁶

Acton warned that 'men forget that they are not placed in this world merely to gratify their appetites. Life has its lawful pleasures; it has also its duties and obligations.'²¹⁷

This, need for sexual gratification was regarded by Acton as a major fault in gendered relationships. Men, he believed, should be taught to control their desires. He acknowledged that there was a demand for prostitution, but believed prostitution to be the 'artificial supply', taking the place of the natural supply of conjugal relationships.

Acton assumed that these factors were not alone in causing prostitution, but were strong provoking causes. He maintained that prostitution was a cause of its own existence

because the possibility of indulgence wakens the force of self-restraint, by creating the idea in the mind of unlawfully and basely gratifying the natural instinct, to which indulgence adds force and intensity, and thus in a measure creates the want, producing from a desire capable of restraint, a habit impossible to shake off.²¹⁸

Even still, the language Acton chose to use was more emotive in terms of accusation and blame toward the woman. The nature of supply, he continued, was caused by:

1. Natural desire.
2. Natural sinfulness.
3. The preferment of indolent ease to labour.

²¹⁶ William Acton, *Prostitution*, (1870), p. 165.

²¹⁷ William Acton, *Prostitution* (1870), p 164.

²¹⁸ William Acton, *Prostitution* (1870), p. 167.

4. Vicious inclinations strengthened and ingrained by early neglect, or evil training, bad associates and an indecent mode of life.
5. Necessity imbibed by the inability to obtain a living by honest means consequent on a fall from virtue.
6. Extreme poverty.²¹⁹

Acton further sub-categorised the causes of prostitution by separating them into two headings – Primary or Universal and Secondary or Special. The primary instincts, he argued were comprised mainly of the natural instinct, to which could be added idleness, vanity and the love of pleasure. Acton then added three subcategories to the Secondary causes – namely Artificial, Local and Individual, which allowed for the understanding of external factors in the cause of prostitution. Artificial causes, arose from the habits and laws of society, and included special circumstances when men might be brought together by the state: for instance, the large numbers of men living in garrison and naval towns. Acton recognised the local causes to be the particular locations and haunts in which the prostitute resided, and the individual causes were, he argued, those specific to individuals like the love of finery, vanity, idleness and drunkenness.²²⁰

Acton's notion of the natural sexual instinct cannot be found in the early editions of *Prostitution*. Yet in the 1870 edition, the natural instinct of man is recognised as one of the primary causes of prostitution. In fact, not only is the instinct of the male discussed, but the female sexual instinct. This shift in Acton's appreciation of the influence of the natural instinct is indicative of the development of Acton's ideas on

²¹⁹ William Acton, *Prostitution* (1870), p. 165.

²²⁰ Acton, *Prostitution* (1870), p. 168.

sexual behaviour across his career. The gratification of sexual desire was part of human nature; the man desires gratification; but because of the difficulties in procuring marriage until later into the male adult life the male turns to prostitutes to satisfy his desire. The desire or instinct expressed by the male was, according to Acton, “a natural want, and is simply the perversion of the natural desire of every male for female companionship.”²²¹ Whilst the notion of the natural sexual instinct was by the late nineteenth century, growing in support,²²² Acton is unique in his interpretation of the natural sexual desire of the male and the increase in demand for prostitution. Acton’s discussion of the causes of prostitution allows him to explore the implication of male sexual instinct. This separates his work from that of his contemporaries, by engaging in a more sophisticated study of the causes of prostitution which did not lay the blame solely on the head of the woman.

Although he held male desire to be the chief cause for prostitution, Acton’s language demonstrates his bias. When writing about prostitutes, his language is disparaging and at times unsympathetic. For example, he claimed that “Such women, ministers of evil passions, not only gratify desire, but also arouse it . . . they throng our streets and public places and suggest evil thoughts which might otherwise remain

²²¹ Acton, *Prostitution* (1870), p. 163. Ed Cohen’s discussion of the confused nature of Acton’s interpretation of male sexual desire and the double standard of sexuality of prostitution is although brief, interesting nonetheless. See Ed Cohen, *Talk on the Wilde Side: Toward a Genealogy of a Discourse on Male Sexualities* (London: Routledge, 1993), p. 77.

²²² See for instance, Richard Krafft-Ebing, *Psychopathia Sexualis - With Especial Reference to Antipathic Sexual Instinct - A Medico-Forensic Study* (New York: Arcade Publishing, 2010), James Foster Scott, *The Sexual Instinct: Its Use and Dangers as Affecting Heredity and Morals : Essentials to the Welfare of the Individual and the Future of the Race* (London: E. B. Treat & Co., 1898), and Auguste Forel, *The Sexual Question: A Scientific, Psychological, Hygienic and Sociological Study for the Cultured Classes* (Wisconsin: Redman, 1908). For more on the sexual instinct see Margaret Jackson, *The Real Facts of Life: Feminism and the Politics of Sexuality c1850-1940* (Abingdon: Taylor and Francis, 1994), and Jill L. Matus, *Unstable bodies: Victorian representations of sexuality and maternity* (Manchester: Manchester University Press, 1995).

undeveloped.”²²³ Acton assumed that the women were naturally inclined towards their licentious behaviour – that the prostitute is satisfying a base instinct in her engagement in the profession. This discussion on the sexual instinct, which Acton largely leaves to his other 1857 work *Functions and Disorders*, hints at his engagement with the newest ideas on sex and instinct being developed by William Carpenter and Claude François Lallemand.

The notion that deviancy was an hereditary trait was not yet common. In the mid-nineteenth century women were believed to share certain characteristics irrespective of their class, race or age.²²⁴ Physicians seemed to struggle especially with the notion that some women chose to become prostitutes through their own desire. If women did choose to enter the profession, they were presumed to do so because of greed, love of finery, and laziness. The cause of a woman’s entry into prostitution was not just investigated by Acton, but also by his contemporaries. William Tait’s work is what one might expect from a study from this period. He identified twenty-one possible causes for prostitution and presented them under two headings of ‘natural causes’ and ‘accidental causes’:

I. Natural Causes

1. Licentiousness of inclination.
2. Irritability of temper.
3. Pride and love of dress.
4. Dishonesty and desire of property.
5. Indolence.

²²³ Acton, *Prostitution* (1870), p 166.

²²⁴ Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Wisconsin: University of Wisconsin Press, 1989), p. 8.

II. Accidental Causes

1. Seduction.
2. Inconsiderate and ill-sorted marriages.
3. Inadequate remuneration for female work.
4. Want of employment.
5. Intemperance.
6. Poverty.
7. Want of proper surveillance of their servants on the part of masters and mistresses.
8. Ignorance, or defective education and religious instruction.
9. Bad example of parents.
10. Harsh and unkind treatment by parents and other relations.
11. Attendance on evening dancing schools.
12. Theatre going.
13. Desecration of the Sabbath.
14. The publication of improper works, and obscene prints.
15. The countenance and reward given to vice.
16. The small encouragement given to virtue.²²⁵

Although Tait recognised poverty to be a cause of women entering the profession, he considered ‘natural’ causes, their temperament and their personality to be the cause of their downfall. Tait suggested that the prostitute was a lazy, greedy and irritable woman; that prostitutes were easily tempted into the profession because they were unable to resist the temptation of what he considered to be an easy and luxurious life. The idea that women chose prostitution because they were too lazy to work was a common one.

Parent-Duchâtelet for one, agreed with the idea: “laziness comes out at the top of the determining causes of prostitution. It is the desire to have enjoyment without working

²²⁵ William Tait, *Magdalenism*, pp. 81-153.

for it, and it is why so many young women do not stay in their jobs, or cannot be bothered finding one.”²²⁶ Michael Ryan largely shared Parent-Duchâtelet’s assumption that prostitutes chose a life on the streets because of their lazy attitude, and it was the desire to procure enjoyments without working which he identified as the primary cause of prostitution.²²⁷ Parent-Duchâtelet also cited “vanity and the desire to show oneself off in fine garments”²²⁸ as another principal cause of prostitution. Laziness, intemperance and greed were listed by most of the commentators as the main causes of prostitutes entering the profession. In 1835, the London Society for the Protection of Young Females and the Prevention of Juvenile Prostitution stated that its main aim was to protect and to rescue unfortunate girls who fell prey to the “machinations of licentiousness”.²²⁹ It becomes apparent that the commentators’ discussion on the cause of prostitution rely less on specific evidence and more on the accepted views on prostitutes in the present day. Their views were largely influenced by a Protestant morality which painted the prostitute as a lazy woman who would rather prostitute herself than work for a living.

This tension between Christian morality and social science, evident in Acton’s works demonstrates the difficulty he had to relate his writings on prostitution with contemporary works. Whilst his intention was to create a more sympathetic attitude towards the prostitute, one which considered the desperate state in which a woman would have to be to choose prostitution we can see that he has struggled with, and failed

²²⁶ A. J.-B. Parent-Duchâtelet, *Prostitution in the City of Paris.*, trans. Roger Ridley-Smith, Vol. 1, p. 47.

²²⁷ Ryan, Michael, *Prostitution in London*, p. 45.

²²⁸ A. J.-B. Parent-Duchâtelet, *Prostitution in the City of Paris.*, trans. Roger Ridley-Smith, Vol. 1, p. 47.

²²⁹ Ralph Wardlaw, *Lectures on Female Prostitution: Its Nature, Extent, Causes and Remedy* (Glasgow: James Macelhose, 1849), p. 147.

to move fully away from, the more conventional positions. His conformity with the traditional view can be seen by his use of disparaging language in his conviction that “the prostitute is a sad burlesque of a woman . . . a source of base gratification”.²³⁰ Acton’s description of the causes or, to use his metaphore ‘supply’ of prostitution can be seen as reminiscent of his evangelical predecessors adhering to the double standard of sexuality and their failure to recognise the influence of male desire. His statement is reminiscent of Talbot’s view that the prostitute was the cause of her own downfall:

The great majority who become prostitutes do not become such from what may be called necessity – that is, by being, in the first instance, reduced to such privations as to oblige them to seek their sustenance in this way. No doubt, necessity may be said to be the cause in very many instances, but it is a necessity brought on by themselves, through misconduct.²³¹

Both Ludmilla Jordanova and Londa Schiebinger²³² indicate the publication of Rousseau’s *Emile* (1782) as a point at which ideas on sexual instinct and sexuality were linked, which had a huge impact on discourses of the proper status of woman and the proper character and education of the sexes.²³³ The place of women in society in the eighteenth century had been questioned by feminists such as Mary Wollstonecraft, who, had called for full social equality for women. Increasingly, however in the late eighteenth and early nineteenth century the role of women came to be defined by

²³⁰ Ibid., p 166.

²³¹ Talbot, *The Miseries of Prostitution*, p. 34.

²³² Ludmilla Jordnaova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Wisconsin: University of Wisconsin Press, 1989).

²³³ Jordanova, *Sexual Visions* p 52, Thomas Laqueur, and Catherine Gallagher, eds., *The Making of the Modern Body, Sexuality and Society in the Nineteenth Century* (London: University of California Press, 1987), p 67, Londa Schiebinger, *Nature’s Body: Gender in the Making of Modern Science* (New Jersey, Rutgers University Press, 2004), p. 88.

motherhood. Women represented stability and strength for society and the empire. Defined as a caring, nurturing sex, the expectation of women was that their role in society revolved around motherhood and domesticity, exemplified perhaps by Queen Victoria's adherence to accepted expectations of gendered held by giving birth to nine children. Unlike their virtuous sisters, prostitutes were exempt from the belief that women had little sexual inclination. Instead, physicians believed that prostitutes were naturally inclined to engage in sexual activities, thus demonstrating their deviant character. James Miller, thought that women became prostitutes through natural desire and an inability to resist seduction: "in most cases of seduction, the yielding of the woman is not so much, if at all to the force of animal desire in herself, as to the gratifying of this in her lover".²³⁴

The idea that prostitutes were naturally inclined towards sexual intercourse placed these women outside accepted notions of acceptable female behaviour, thus segregating them further into a class of their own. Acton explained:

[it is not possible to say] whether the morals of the female population are worse or better than formerly; the fact remains, and can be testified to by all, that I have not over coloured the present condition of this case in this and other towns in England where prostitutes form one of the dangerous classes of society.²³⁵

²³⁴ James Miller, *The Practice of Surgery* (Philadelphia: Blanchard and Lea, 1853), Miller, *Prostitution Considered in Relation to Its Cause and Cure*, p. 6.

²³⁵ Acton, *Prostitution, Public Health*, p. 20.

According to Talbot, ‘a predisposition to sexual intercourse, love of dress and other causes are in no doubt prolific in producing this unhappy state of things.’²³⁶ Acton explained that every unchaste woman was liable to become a prostitute. Indeed, any woman who

gives for money that which she ought to give only for love; who ministers to passion and lust alone, to the exclusion of higher qualities, and nobler sources of enjoyment which combine with desire, to produce the happiness derived from the intercourses of the sexes . . . she has become a mere instrument of impurity; degraded and fallen she extracts from the sin of others the means of living, corrupt and dependant upon corruption . . . a social pest, carrying contamination and foulness to every quarter to which she has access.²³⁷

By giving into her desires she risked her character, job and self respect; when she had lost these she would be forced to turn to the streets for financial support. These women would not only gratify male desire, Acton explained, but they would also maintain and increase it by seeking out and suggesting ‘evil thoughts’ and desires that young and foolish men of the middle and upper classes would be unable to resist. He gave his readers a stark warning that “intercourse with depraved women debases the mind, and gradually hardens the heart and each act of gratification stimulates desire and necessitates fresh indulgence.”²³⁸ Acton sought here again to convey his primary concern over prostitution, namely the impact that they had on the morality and health of British men.

²³⁶ Talbot, *The Miseries of Prostitution*, p. 33.

²³⁷ Acton, *Prostitution*, (1870), p. 118.

²³⁸ Acton, *Prostitution*, (1870), p. 119.

The common understanding of the life of a prostitute at this time was one of regret, leading to a downward spiral of misery. Talbot echoed these sentiments by describing the ultimate fall of the prostitute:

The woman, is but the victim of this horrid vice; placed beyond the sympathy of her own sex, she is the prey of hopeless misery, drags on a lingering life for a few years, and then sinks down to the grave.²³⁹

The common conception of the career of the prostitute can be exemplified by William Hogarth's series of paintings *The Harlot's Progress*: the idea that the woman would have a short career on the streets and succumb within two or three years of her fall into vice to disease and death. Talbot highlighted the case brought to his attention of a young Devonian girl, who, was seduced by a Member of Parliament and kept in private apartments for six months. When he deserted her, the prostitute's fate was sealed. He describes the terrible ordeal the young girl went through after she had been seduced:

When he deserted her, she rapidly passed through all the stages of prostitution. At length her career was arrested by disease. When brought under my notice, she was ragged, dirty, and debased – a living mass of corruption and suffering. I obtained admission for her into an hospital, where she was cured. I placed her in one of the penitentiaries and afterwards reconciled her to her friends, but all of no avail; she absconded from the asylum, followed her evil courses for a few months, and again became diseased. She made application to me, and I once more befriended her; but

²³⁹ Talbot, *The Miseries of Prostitution*, p. 38.

all that I did for her proved unavailing, and she returned like the sow, to her wallowing in the mire. She is now (if alive) a blighted wreck of a once finely-formed and handsome woman.²⁴⁰

Unlike Talbot, Acton was keen to communicate the transitional nature of prostitution. He attempted to dispel the notion that once a woman entered into the profession, she would then inevitably enter a spiral of declining health, modesty and temporal prosperity. He identified the three common misconceptions about the career of prostitutes:

1. That once a harlot, always a harlot.
2. That there is no possible advance, moral or physical in the condition of the actual prostitute.
3. That the harlot's progress is short and rapid.²⁴¹

The idea that the prostitute's career was transitional would have been hard to accept for many middle-class Christian moralists because the idea that these women could be re-admitted into respectable society would have been unthinkable. And Acton, indeed, as we have seen earlier, went even further, and showed that prostitution could even finance the transition up the social ladder. By challenging the belief that all prostitutes died from illnesses resultant from their profession, Acton challenged accepted notions of social respectability, challenging therefore, at the same time accepted notions of prostitutes, who came to be seen more as victims of circumstances rather than of their deviant characters.

²⁴⁰Talbot, *The Miseries of Prostitution*, p. 45.

²⁴¹ Acton, *Prostitution* (1870), p. 26.

Of the accidental causes of prostitution put forward by Tait, Ryan, Acton and other physicians concerned with prostitution from the period, poverty and female unemployment were held to be the most likely causes for women having to resort to prostitution. This was in fact a real issue: Walkowitz has shown that, for example, in Edinburgh during the 1840s, there was not enough employment for almost two-thirds of the female workforce, and those jobs which did exist were limited to domestic work or the sewing trades.²⁴² There was a glut of milliners, dressmakers and bonnet makers, who could, at best, only eke out a decent living for six weeks a year. Thus some working-class women were forced to supplement their wages. Mayhew argued that prostitutes were forced onto the streets because of “the low rate of wages that the female industrial classes of this great city receive, in return for their most arduous and wearisome labour.”²⁴³ Gareth Stedman-Jones highlights the problem of seasonal unemployment, in particular cities such as London, until the 1870s; relief charities had little comprehension of seasonal unemployment and the impact it had upon the lives of casual tradesmen and women. Stedman-Jones argues that this stemmed from a lack of an appreciation of the relationship between poverty and economic structures of poor relief.²⁴⁴ The understanding of unemployment was overshadowed by the misinterpretation by Victorian commentators that if poor relief were to be given freely, the numbers of unemployed people would swell around the districts providing poor relief. It was widely held that a demoralisation of the urban poor would be induced symptomatic of the social and economic degradation that widespread urbanisation was held to have caused.

²⁴² Walkowitz, *Prostitution and Victorian Society*, p. 38.

²⁴³ Mayhew, *London Labour and the London Poor*, p. 219

²⁴⁴ Gareth Stedman-Jones, *Outcast London*, p. 265.

Both James Miller and James Talbot suggested that children of negligent working-class parents were more likely to become prostitutes and join the criminal classes.²⁴⁵

Miller claimed that:

In the lower ranks . . . children are born to unchastity. Their parents are the offscourings of the earth: the first words a daughter hears are those of cursing and blasphemy; the only example of her childhood is that of obscenity and vice . . . and at the age of ten or twelve she may be both a prostitute and a thief.²⁴⁶

Similarly, Talbot was of the opinion that “in the great metropolis, there are hundreds and thousands of parents who have no right sense of the moral obligations resting on them to train their children in nurture and admonition of the Lord.”²⁴⁷ This demonstrates the continued adherence by many commentators to the idea that prostitutes and criminals were of the same social group; that they were interchangeable. The consequences of prostitution were thought to pass into the blood of generations: the sin of the father was passed on to his children and grandchildren. Although the physicians such as Acton, Parent-Duchâtelet and Miller were trying to present an accurate medical study of prostitutes, they continually adhered to misguided social perceptions of a class that they seemed to know very little about. Acton was a little more realistic in the expectations of his subjects of study. Although he shared the view of Miller and Talbot, he laid less blame on the actions of the parents, and more on their circumstances. He provided his

²⁴⁵ Talbot, *The Miseries of Prostitution*, p. 32.

²⁴⁶ Miller, *The Practice of Surgery*, p. 6.

²⁴⁷ Talbot, *The Miseries of Prostitution*, p. 33.

readers with examples of the difficulties for working-class families to find privacy at night time when one and perhaps more than one family was forced to share one room, even though he claimed that in general an effort could still be made to preserve decency. The upkeep of a high moral standard of the family was of great concern to the physicians and social commentators alike. Zedner argues that this should not be viewed principally as an example of middle-class repression, but that many of the poorer classes were keen to maintain a high level of morality because such standards could serve to protect the working girl from sexual exploitation.²⁴⁸

This fear over the decline of the family unit and the lack of religious education and morality was echoed by James Miller, speaking of Glasgow:

There are hundreds of parents within the city, and many of them with large families who habitually pursue the most vicious career – drunken, dishonest, filthy and living in the utmost wretchedness, who consequently, altogether neglect their offspring, and leave them to grow up in the midst of pollution and crime. The children of such miserable parents are inevitably, in early life, vagrants and in more advanced life, thieves and pests of society.²⁴⁹

Acton informed his readers that he had known of circumstances where uncles had slept in the same room as their grown-up nieces, and newly married couples with those of marriageable age, the consequence being that “in illicit intercourse to which such a position frequently gives rise, it is not always the tie of blood that is respected.”²⁵⁰

²⁴⁸ Zedner, *Women, Crime and Custody*, p. 18.

²⁴⁹ James Miller as cited in Talbot, *The Miseries of Prostitution*, p. 34.

²⁵⁰ Acton, *Prostitution* (1870), p. 182.

Through this, Acton attempted to educate his readers as to the state of accommodation and the consequences of living in such accommodation that could lead to “people in other spheres of life [who] are but little aware of the extent to which this precocious demoralisation of the female amongst the lower orders of the country has proceeded.”²⁵¹ Acton recounted the story of a bricklayer’s daughter turned prostitute, who had no religious education because “no parson ever came near us. The place where we lived was too dirty for nicely-shod gentlemen.”²⁵² Acton wrote that a ‘want of paternal control, religious education, the promiscuous herding of the sexes in the dwellings of the poor, the little value set on chastity in the lower walks of life’ was amongst one of the most common causes of prostitution in Britain.²⁵³ Increased urbanisation was presented as a new and great danger for the stability of society, and Parent-Duchâtelet’s work was held to have demonstrated through statistical analysis that increased urbanisation led to increased immorality. The consequence of this increased immorality was increased disease. Disease was seen to be an inevitable consequence of prostitution and one of the greatest threats to public health. Prostitutes represented a threat because they were perceived to carry not only a bodily disease, but also because they possessed a diseased mind.

Acton’s work on prostitution sought to challenge the moralizing consensus on the problem of prostitution in Britain. His work on prostitution was innovative; his recognition of the transitional nature of prostitution was key to the development of new debates on the life of the prostitute in British medical and social discourse. Drawing

²⁵¹ Acton, *Prostitution* (1870), p. 182.

²⁵² Acton, *Prostitution* (1870), p. 185.

²⁵³ Acton, *Prostitution, Public Health*, p. 20.

upon his experiences in Paris, Acton identified the prostitute not as a haggard, immoral, licentious drunk, but as a victim of the moral degradation of the working classes, and of economic hardship. Acton defined new categories of British prostitution. Whilst similar to those already used on the continent, he went further in his studies to identify the clandestine prostitute as the most dangerous to society, because she was hidden from public gaze and therefore immune to regulatory legislation. His classification of the different classes of prostitute demonstrates his ability to sympathise with the plight of women who had 'fallen' into prostitution. The prostitute entered the profession, in this view, because of external influences such as poverty, rather than through licentious sexuality or greed. This approach to the understanding of the decline of women in prostitution was, at the time, a unique perspective. Yet whilst Acton's views were liberal in this regard, he nonetheless presented the prostitute as one of the greatest threats to the health of the general population. By highlighting the transitional nature of the prostitute's career, Acton demonstrated her ability to spread disease to her family once she had left her profession. Acton's work on prostitution brought the problem of prostitution out of the medical journals; from discussions of the threat to public health into public discourse. His work was a social-scientific study of the problem of prostitution, which paved the way for the introduction of regulatory legislation.

Chapter Three

The Necessity of Regulation

The prostitute was regarded by Acton as an instrument of venereal disease. She presented a threat to the health of the public that was so great that it could no longer be ignored by either the medical profession or the general public. The effect of prostitution was widespread and not limited to the prostitute, and as such, according to Acton, the prostitute did far more damage than simply infect her client with a venereal disease. By infecting her client with a venereal disease, the prostitute not only injured him, but also his wife, who would have to take extra work to cover his loss of earnings: his child, who would lose the respect for his father on learning of his betrayal and be at risk of contracting a congenital disease: and also his employer, who would be forced to employ extra staff to cover the missed work. The economic impact of prostitution was as harmful as the physical impact of disease. The solution then, was the regulation of the prostitute. Like his contemporaries, Acton looked to the continent for solutions to the problem of prostitution and evidence of effective regulation in action. He made extensive investigations into the existing provisions for the treatment not only of the diseased prostitute but for all members of the public infected with venereal disease. He discovered that many hospitals were woefully underequipped to cope with the numbers of venereal cases that sought assistance. He discovered prostitutes too afraid to seek help from lock hospitals and other charitable institutions for fear of chastisement and loss of earnings whilst under professional care, and hospitals unwilling to accept venereal patients because of the moral implications of their disease. Acton sought to distance himself from the moralistic evangelical reformers who objected to any increase in

provisions for the treatment of venereal disease. Instead, Acton demonstrated that venereal disease was a national public health problem that required state intervention. The diseased prostitute came to be regarded as a symptom of the urbanised city and town she inhabited. Just as social scientists such as Parent-Duchâtelet, Farr and Chadwick looked to the sewers as a symptom of the diseased city which needed regulation, Acton regarded the prostitute as a source of pollution that required sanitisation.²⁵⁴

Acton's study of the diseased prostitute was more scientific than moralistic. From his statistical investigations, he concluded that it was inevitable that the prostitute would, at some point, contract a venereal disease during her career on the streets. In order to prevent the spread of the disease either to one of her clients and their families, or to her own children, it was imperative that they were placed under a system of medical regulation. Acton used *Prostitution* to promote his arguments for the medical regulation and examination of prostitutes with a view to prevent the spread of venereal disease amongst the general population. Prostitution would never be eradicated from society, Acton argued, so their regulation was necessary to curb their impact on the health of the British people.²⁵⁵ Acton explained his insistence on the necessity of the regulation of prostitutes as being a benefit for the national well-being in his introduction:

I propose, in the following pages, to inquire whether, in the interest of society and civilization, on what are commonly called sanitary and social

²⁵⁴ Shannon Bell, *Reading, Writing and Rewriting the Prostitute Body* (Indiana: Indiana University Press, 1994), p. 47, Charles Bernheimer, *Figures of Ill Repute: Representing Prostitution in Nineteenth Century Paris* (Durham, NC: Duke University Press, 1997), p.15.

²⁵⁵ William Acton, *Prostitution* (1857), p.15.

grounds, some compromise which I should term "RECOGNITION," may not be effected between sanction and pretended ignorance of vice, and whether some useful mean may not exist between unbridled licence and despotism, which for want of a better name might be called "REGULATION." I intend to advance, that a large class of our women should not be ignored or excommunicated, and to show why they should be as worthy of improvement, regulation, and even special legislation, as murderers, thieves, gamblers, and other male members of the dangerous classes.²⁵⁶

Acton's early discussions in the 1840s of the need for a new legislative policy toward prostitutes in Britain helped pave the way for discussions on the morality of regulation in the medical press and government committees. As the 1850s progressed, the notion of the regulation of prostitutes went from something that was perceived to be morally abhorrent, to a necessity to protect the economy and the health of the nation.

Opposition to Acton's proposals came from all quarters: not only from the religious commentators, convinced that any regulation of prostitution would lead to legalisation of the profession, effectively licensing prostitutes to trade, but also from the medical press, concerned over the implication of regulation on the moral health of the nations young adults. Acton was quick to answer any criticism of his work found in medical journals and was insistent that his proposed regulatory plan was a viable medical solution to a public health problem. Through his involvement in professional societies like the Harveian Medical Society's Venereal Committee, the Statistical Society of which he was elected a fellow in 1857, and the Royal Medical and

²⁵⁶ William Acton, *Prostitution* (1857), p. 4.

Chirurgical Society, Acton continued to defend his support for the regulation of prostitutes against criticism from his contemporaries, and to argue that the regulation of prostitution was a necessary public health reform substantiated by statistical evidence.

Central to Acton's proposals for the regulation of prostitutes was his aim to eradicate venereal disease in the general population and armed forces. Acton was able to prove that the effects of venereal disease in the armed forces were devastating to the efficiency and economy of the service, and he hoped that eventually a nationwide plan of medical legislation would be enforced. Throughout his work on prostitution Acton continued to maintain that the greatest danger that the prostitute posed to the public was not their immoral influence, but the diseases that they carried.

The real concern for Acton was not to generate a discussion about the morality of how the prostitute caught a venereal disease, but rather how it would affect those to whom she transmitted it. Discourses on prostitution and disease in the mid-nineteenth century demonstrate a struggle between morality and science that is not apparent to the same extent in Acton's writing. Whilst other commentators expected the prostitute not only to be diseased, but also to be the principal transmitter of disease on each occasion, they could not prove (although many attempted to infer) in their investigations that the female propagated disease. Acton's work was, in many ways, more scientific in approach than that of his contemporaries. He did not offer a moral judgement on the behaviour of the women, nor did he consider the diseases that they suffered to be punishment sent from God. Instead he attempted to produce for his readers a medical justification for the regulation of the prostitute. Whilst he did not, like his

contemporaries, discuss the effects of disease on the prostitute, he did describe the affect of venereal diseases on the health of women in general. Acton considered that the women most at risk from disease associated with the prostitute would be the unsuspecting wife and unborn child who contracted the disease from their husband who had consorted with a prostitute. His writing shifted the terms of the discourse on prostitution, making a substantial point with moral force by moving from the ‘impure’ prostitute to the ‘pure’ and innocent woman, the threat that the prostitute posed to the innocent woman was too great to ignore. Acton’s primary concern was the calculation of the diseases with which the prostitute was most commonly affected, and how many prostitutes were diseased and seeking treatment from British hospitals. His investigation into the diseases resultant of prostitution highlighted the severe lack of sanitary treatment available to diseased women in Britain in the 1840s and 1850s and the problems resulting from the reluctance of hospital boards to provide medical assistance for women labouring under venereal infections. This, in turn, he presented with supporting statistical evidence as having an effect on the health of men in Britain.

In his chapter ‘Diseases the Result of Prostitution’,²⁵⁷ Acton investigated the diseases most likely to be contracted by men, and the subsequent affect of infection. Unlike some of his contemporaries, such as John Cruise Egan (1822-1890) and Auguste Théodore Vidal (1803-1856),²⁵⁸ Acton did not adhere to the still prevalent Hunterian notion that venereal disease could develop spontaneously in the womb, nor to

²⁵⁷ Acton, *Prostitution* (1870), pp. 50-72.

²⁵⁸ John Cruise Egan, *Syphilitic Diseases: Their Pathology, Diagnosis, and Treatment, Including Experimental Researches On Inoculation as a Differential Agent in Testing the Character of These Affections* (London: John Churchill, 1853), pp. 21 and 20; Auguste Théodore Vidal, *A Treatise on Venereal Diseases* (New York: S. S & W. Wood, 1854), p. 24.

the view that that the prostitute could infect a client without herself being infected.²⁵⁹

This view had been discussed by Acton's mentor Ricord in 1842:

It is beyond all doubt, that women who have had connection with diseased individuals, have afterwards communicated the disease to other men, without becoming infected themselves. I have often met with such cases, and were they not so common, they might lead to the supposition of the spontaneous generation of syphilis between healthy individuals.²⁶⁰

Acton's position on the transmission of disease, by contrast, that there was no evidence to prove that disease and in particular syphilis could arise spontaneously and that the experiments made to produce it *de novo* had completely failed. The only way that disease could be transmitted, he claimed was "that it had been contracted from a person who has himself contracted it from another individual, and it is in this way *only* that disease is propagated."²⁶¹ Acton challenged the preconception of the diseased prostitute as a woman who would automatically infect the man with whom that she slept whilst maintaining her own resistance to the disease. His intention was to prove that the man who contracted a venereal disease must only have caught it from a woman also suffering from the same disease who was either unaware of her condition, or unable or even unwilling to seek medical assistance.

²⁵⁹ William Acton, *The Contagious Diseases Act. Shall the Contagious Diseases Act be Applied to the Civil Population?* (London: John Churchill and Sons, 1870), p. 9.

²⁶⁰ Phillippe Ricord, *A Practical Treatise on Venereal Diseases; or Clinical and Experimental Researches on Inoculation, Applied to the Study of These Affections, with a Therapeutical Summary and Special Formulary* trans. M. D Henry Pilkington Drummond (London: Longman, Brown, Green and Longman, 1842), p. 7.

²⁶¹ William Acton, *A Practical Treatise on Diseases of the Urinary and Generative Organs (In Both Sexes)* (London: John Churchill, 1860), p. xxiv.

For Acton, the accurate diagnosis of diseases under which the prostitute laboured required a medical inspection with the speculum. Acton had observed the use of the instrument and indeed used the speculum, on female venereal patients whilst working in Paris, where all registered prostitutes were subjected to a medical examination by speculum. On his return to Britain, Acton, along with other British physicians who had studied on the continent such as Henry Bennet (1816-1891), physician-accoucheur to the Royal Free Hospital,²⁶² and William Jones, founder of the Gynepathic Institute Free Hospital²⁶³ began to use the instrument in their examinations.²⁶⁴ Having used the speculum on his patients in Paris, Acton was convinced that the speculum was the most effective way to accurately diagnose the patient. He described its importance to the physician in his *Practical Treatise*:

We must also bear in mind that however careful and minute the examination made with the finger may be, it can only enable us to form a surmise as to the precise nature and extent of the disease; and that, consequently when symptoms indicating disease are present, unless we bring the speculum to our assistance, we must treat our patient, in a great measure, in the dark. Moreover, when once the speculum has been employed for the purpose of diagnosis, its further use, as a means of treatment, is not likely to meet with any obstacle on the part of the patient, and still less on that of her friends.²⁶⁵

²⁶² See for instance J. Henry Bennet, *A Practical Treatise on Inflammation of the Uterus and its Appendages, and on Ulceration and Induration of the Neck of the Uterus* (London: John Churchill, 1845) Incidentally, Bennet who was a cousin of Sarah, Acton's wife, was a witness at their wedding.

²⁶³ William Jones, *Practical Observations on the Diseases of Women* (London: H. Ballière, 1839).

²⁶⁴ Ornella Moscucci, *The Science of Women: Gynaecology and Gender in England 1800-1929* (Cambridge: University of Cambridge Press, 1990), p. 112.

²⁶⁵ William Acton, *Practical Treatise* (1860), pp. 196-7.

Acton's argument for the use of the speculum was that it was the most effective and modern method of diagnosis and should eventually replace the 'common touch' or 'blindfold' method in Britain. Henry Bennett argued that there was an unavoidable necessity for the use of the speculum for the accurate diagnosis of venereal disease.²⁶⁶

The intention of Bennett, Jones and Acton (amongst others) was to introduce into the British medical system a new more scientific method of examining women. This would challenge the existing methods, which placed modesty over accuracy. In an editorial article in a November 1845 edition of the *British Medical Journal*, the editor claimed that the speculum was an instrument as indispensable in the treatment of diseases of the sexual organs as the stethoscope was in the case of the heart and the lungs.²⁶⁷

Their insistence on the use of the instrument inevitably led to an outcry amongst the medical community over the effects which the instrument would have on the patient. In particular, William Tyler Smith (1815-1873), the first President of the Obstetrical Society worried about the effects that the speculum would have on the modesty of women, and insisted that it should not be used on a virgin.²⁶⁸ The physiologist Marshall Hall (1790-1857) (whose legitimacy Acton questioned, highlighting that Hall, to his knowledge, had never been employed in obstetrics)²⁶⁹ argued that the use of the speculum on young women would lead to the dulling of her modesty, such that "the

²⁶⁶ J. Henry Bennet, 'On the Diagnosis of Inflammatory Disease of the Cervix Uteri, and on the Use of Potasa Fusa or Potasa Cum Calce in Their Treatment' *London Journal of Medicine* 2 (12 May 1845) pp. 445-456, p. 451.

²⁶⁷ Editorial, 'British and American Medical Journals "On the Pathology of Leucorrhoea"' *British Medical Journal*, (22 Nov, 1845) pp. 470-473, p. 470.

²⁶⁸ William Tyler Smith, 'Presumed Frequency of Ulceration of the Os and Cervix Uteri' *London Journal of Medicine* (2, 18 June, 1850) pp. 582-608, p. 587; John Cormack, 'Contributions to Pathology, Therapeutics, and Forensic Medicine', *Lancet* (12 July 1845), pp. 46-50.

²⁶⁹ William Acton, *Practical Treatise* (1860), p. 204.

female who is subjected to such treatment is not the same person in delicacy and purity as she was before.”²⁷⁰ Samuel Ashwell, an obstetric physician at Guys’ Hospital, claimed that although the speculum was a useful instrument, there needed to be restrictions placed on its use by physicians, and that it should under no circumstances be used on the young woman.²⁷¹ Melissa Hope Ditmore has argued that the criticism of the introduction of the speculum to Britain in the late 1850s was directed at Acton and Bennet, as those who opposed the introduction of the speculum for the examination of female patients regarded its use as both a voyeuristic and painful practice.²⁷² Acton was placing himself at the forefront of medical developments in examining women, borrowed from the most advanced hospitals in Paris and considered the introduction of the instrument into venereological investigations in Britain to be crucial to the better diagnosis of disease. Acton did not consider the examination with the speculum to be an affront to the moral decency of the women he examined, but the best tool for the accurate diagnosis of the disease they carried.

For Acton, the use of the speculum was for the benefit of the women it was intended to be used upon, “every venereal prostitute” he wrote “should be examined with the speculum for her own sake and that of her medical attendant. To attempt her

²⁷⁰ Marshall Hall, ‘On a New and Lamentable form of Hysteria’ *Lancet* 1 (1850) pp. 660-1, p. 661, as cited in Ornella Moscucci, *The Science of Woman*, p.115. See also Ann Daly, *Women Under the Knife: A History of Surgery* (London: Routledge, 1992), p. 127 and Hanne Blanke, *Virgin: The Untouched History* (New York: Macmillan, 2006), p. 61.

²⁷¹ Samuel Ashwell, *On Diseases Peculiar to Women* (London: S. Highly, 1848). See also, Editorial, ‘Dr Ashwell on Organic Diseases of the Uterus’, *The Edinburgh Medical and Surgical Journal* (78 1852), pp.165-200.

²⁷² Melissa Hope Ditmore, *Encyclopaedia of Prostitution and Sex Work* Vol. 2, (Westport: Greenwood Press, 2006), p. 457. See also Margaraete Sandelowski, “‘This Most Dangerous Instrument’: Propriety, Power, and the Vaginal Speculum’ *JOGNN* (January/February 2000), pp. 73-81.

cure without it is to waste the time of both parties.”²⁷³ Criticism of the use of the speculum was indeed directed at Acton, but the man who bore the brunt of objections was Henry Bennet. The use of the speculum was linked by some members of the medical community to hysteria in women; Mary Poovey recognised that Robert Brudenell Carter, (1828-1918) a specialist on hysteria, objected to its use because he thought that it might be sought out by women seeking sexual gratification.²⁷⁴ Robert Lee (1793-1877), Professor of Midwifery at St George’s Hospital, was vehement in his objection to the use of the speculum in his *Treatise on the Employment of the Use of the Speculum in the Diagnosis and Treatment of Uterine Diseases*. Lee recalled over three hundred cases in which the speculum had, he believed, been misused and which in general, the women examined with a speculum were found to be in worse health as a consequence of examination.²⁷⁵ Acton was stoic in his reaction to the criticism of his and Bennet’s theories on the benefits to be gained by the use of the speculum. For them, the benefits were clear: the use of the speculum had allowed the physician to understand different symptoms and variations of disease that without such an investigation would have remained unknown. Indeed, Acton claimed that the coloured plates produced in the first edition of his *A Complete Practical Treatise* in 1841, which demonstrated the speculum in situ on patients whom he had treated at the Ourcine Hospital in Paris²⁷⁶, were unique in their importance to the understanding of disease: they were “the only

²⁷³ William Acton, *Prostitution* (1857), p. 145.

²⁷⁴ Mary Poovey, ‘Scenes of an Indelicate Character; The Medical “Treatment” of Victorian Women’, *Representations* 14 (1986), pp. 137-168, p. 155. See also, J. B. Bullen, *The Pre-Raphaelite Body: Fear and Desire in Painting, Poetry and Criticism* (Oxford: Oxford University Press, 1998), p. 145, and A. Kane and E. T. Carson, ‘A Different Drummer: Robert Brudenell Carter and Nineteenth Century Hysteria’, *Bulletin of the New York Academy of Medicine* 58, 6 (1982), pp. 519-534.

²⁷⁵ Robert Lee, *Treatise on the Employment of the Use of the Speculum in the Diagnosis and Treatment of Uterine Diseases: With Three Hundred Cases* (London: John Churchill, 1858).

²⁷⁶ William Acton, *Practical Treatise* (1860), p. 198.

plates of the kind extant, as delineations of diseases which are becoming every day more and more known, particularly since the public attention has especially been called to the subject by my friend, Dr. Bennet.²⁷⁷ He recounted that on his return to London in 1840, many of his contemporaries thought that such diseases shown in the plates could only be found in the impure woman and regarded at him with a piteous countenance when he suggested that examinations should be made with the speculum on diseased women. Acton argued that the disease did not affect the prostitute any more severely than any other woman, and that the same diseases could be found in the faithful wife infected by her husband as the common street walker. He expressed astonishment that his colleagues, in order to avoid shocking the delicacy of their patients, would rather allow their patients to undergo months of unnecessary treatments for diseases which they were unable to accurately diagnose.

For Acton, the Scottish physician Robert Lee, whom he had once held in high regard, was the driving force behind the antipathy felt toward this mode of investigation.²⁷⁸ Acton held that Lee denied the existence of certain forms of ulceration of the vagina, which Acton and other supporters were able to prove to exist with the aid of the speculum. His response to Lee's criticism was to state that the supporters of the medical prejudices were small in number, and that many of his profession acknowledged the usefulness of the instrument in alleviating and remedying pain and discomfort for the woman suffering from venereal disease. The speculum, for Acton, was an instrument of the modern age which enabled accurate diagnosis of disease. His use and advocacy of

²⁷⁷ William Acton, *Practical Treatise* (1860), p. 203.

²⁷⁸ William Acton, *Practical Treatise* (1860), p. 203.

the tool demonstrates his desire to engage with the most modern and scientific techniques. The prejudice against its use was a double standard of approach: namely to save a woman's delicacy the physician was not prepared to perform all investigations necessary:

as long as there are *boná fide* women in this sublunary sphere, those organs which constitute them women must be assisted in their functions and ministered to in their diseases, and unless the medical attendant is himself indelicate-minded, there is, as Dr Locock tersely remarked, no more indelicacy in doing so than in curing a sore throat by cauterizing the tonsils.²⁷⁹

The speculum was an instrument that Acton intended to use to further knowledge and understanding of diseases in women. Acton recognised that some critics would regard his use of the speculum as indecent and immoral, but he argued that the improvement in the treatment of the diseased female far outweighed any feeling of indelicacy felt by her physician.

The use of the speculum allowed the physician to access and study a part of the female anatomy which had been, up to that point, difficult to examine. The introduction of the speculum enabled physicians such as Acton and Bennet to challenge previously held misconceptions on the health and state of the genitalia of the prostitute who had been long in the career. Many physicians supposed that they could determine by examining the genitalia whether their patient was a prostitute. The theory ran that the

²⁷⁹ William Acton, *Practical Treatise*, p. 205.

state and health of the genitalia would be marked on the prostitute and be significantly different in appearance to that of a chaste woman. This rested on the assumption that if a woman engaged in extremely frequent sexual intercourse her genitalia would become disfigured as a result of her promiscuous behaviour. Parent-Duchâtelet was one such physician who supported the theory that the prostitute must be physically affected by ‘over-use’, and that her genitalia as a result would alter in appearance:

It is a general opinion, and as yet un-contradicted, that the genital parts in prostitutes *must* alter, and assume a particular disposition, as the inevitable, *consequence* of their avocation; the youngest and the oldest libertines, of the highest and the lowest classes, are unanimous in this opinion, and their jokes are endless on those of their companions who marry, or take for concubines, former prostitutes.²⁸⁰

The belief that prostitutes’ genitalia would be altered because of their profession demonstrates the constraint of even an advanced French specialist like Parent-Duchâtelet’s ability to examine women’s genitalia effectively. The physicians of this period had to battle against the sense that the examination of female genitalia was improper. Michael Ryan sought to refute the opinion that the genitalia of the prostitute assumed a particular disposition, and criticised professionals who continued to assert the view: “medical men even believe more firmly in this vulgar opinion, than the vulgar themselves.”²⁸¹ Acton criticised those physicians who claimed to have seen a mutation

²⁸⁰ Alexandre Parent-Duchâtelet, *Prostitution in the City of Paris*, p. 42.

²⁸¹ Michael Ryan, *Prostitution in London, with a Comparative View of That of Paris and New York* (London: H. Ballière, 1839), p. 61. An excellent study of Ryan’s works is [Howard Brody, Zahra Meghani, Kimberly Greenwald, Michael Ryan's Writings on Medical Ethics](#) (London: Springer, 2009), which appeared too late to consider in this present thesis; for Ryan on prostitution see pp. 47-128.

of the female genitalia. These men were misguided, he wrote, and inaccurate in their diagnoses; they highlighted the difference in their approach to disease from those men who regularly treated and examined women from their own making of wild and unsupported assumptions. Acton admitted that when he first arrived in Paris he had a similar misguided belief that there must be some alteration to the genitalia of the prostitute who had long walked the streets of the city. He was surprised, then, when using the Parisian method of examination to discover that many of the prostitutes did not have a visible sign of their career on their genitalia:

On this occasion I was astonished to see a large number of prostitutes whose generative organs were in a natural condition, and as healthy or more so, than those of any equal number of modest women... There was little or no redness of the sexual organs, and no discharge.²⁸²

Although Acton, nonetheless recognised that prolonged and regular sexual intercourse did not cause any physical damage to the prostitute's genitalia, and that there were no physical signs to discern the profession of the woman being examined.

Sigsworth and Wyke have shown that there was a sense in the 1840s and 1850s amongst contemporary medical writers that prostitution and venereal disease were on the increase.²⁸³ Acton was one of a collection of physicians and commentators which questioned the impact of the rise of prostitution, or at least the sustained levels of prostitution, on the health of the population. He considered the hospital facilities

²⁸² Acton, *Practical Treatise* (1860), p. 220.

²⁸³ E. M. Sigsworth and T. J. Wyke, 'A Study of Victorian Prostitution and Venereal Disease' in Martha Vicinus, *Suffer and Be Still* (Indiana: Indiana University Press, 1973), pp. 77-100, p. 80.

available to treat venereal patients to be inadequate, and through statistical analysis identified a requirement for a new method of controlling and treating venereal disease in Britain. What needs to be considered is whether Acton over-emphasised the need for improved facilities for treating venereal patients in order to justify his plans for the regulation of prostitutes. He stated in *Prostitution* that there had been little diminution of the levels of venereal disease in the seventeen years of his practicing in London:

“whatever progress modern surgery may have made against the intensity of venereal complaints it has made none against their frequency.”²⁸⁴ When studying the levels of venereal disease amongst the prostitute population and its subsequent effects on the health of the general population, Acton used statistics to legitimise his theory that prostitution and prostitutes were dangerous to the health of the public. Statistics, as Michael Donnelly points out, were used in the mid-nineteenth century as a technique to validate observations in experimental and non-experimental science.²⁸⁵ The use of statistics for observational studies into health were used by French physicians such as Adolphe Quetelet (1807-1883), whose 1835 publication *Sur l'homme et le développement de ses facultés, ou Essai de physique sociale* attempted to categorize the normal male through the use of statistics, and Pierre Louis (1787-1872), under whom the British statistician William Farr studied whilst training in Paris.²⁸⁶ Anne La Berge

²⁸⁴ William Acton, *Prostitution* (1857), p. 35. Michael Ryan also expressed concern over the numbers of prostitutes working in London. Michael Ryan, *Prostitution in London*, p.120. An excellent study of Ryan’s works is [Howard Brody](#), [Zahra Meghani](#), [Kimberly Greenwald](#), *Michael Ryan's Writings on Medical Ethics* (London: Springer, 2009), pp. 47-48.

²⁸⁵ Michael Donnelly, ‘William Farr and Quantification in Nineteenth Century English Public Health’ in Gérard Forland, Annick Opinel and George Weisz (eds.), *Medical Quantification in Historical and Sociological Perspectives* (Kingston: McGill-Queens University Press, 2003), pp. 251-266, at p. 252.

²⁸⁶ Theodore H. Tulchinsky and Elena Varavikova, *The New Public Health* (Burlington: Elsevier Academic Press, 2009), p. 10, Eileen Magnello, ‘The Introduction of Mathematical Statistics into Medical Research: The Roles of Karl Pearson, Major Greenwood and Austin Bradford Hill’ in Eileen Magnello and Anne Hardy, (eds.), *The Road to Medical Statistics* (Amsterdam: Editions Rodopi, 2002), p. 99; Christopher Hamlin, ‘Could You Starve to Death in England in 1839? The Chadwick-

identifies the growing use of statistics in Britain, influenced by physicians who had studied in France, as a growing trend of sanitary investigations carried out by physicians, accompanied by recommendations for reform.²⁸⁷ Acton's use of statistics fits into this category of physicians versed in the use of statistics in Paris, who utilised the technique to demonstrate the effects of venereal disease on various populations and push for reforms in Britain; and in this he shows himself to be very much a man of his time.

Acton's study of venereal disease amongst the general population and armed forces relied on statistics gathered from hospital reports (by commissioning surgeons in several of the London hospitals to keep records of venereal patients), from reports from the Army, the Navy and the Merchant Navy as well as from discussions with colleagues as to their experiences. Estimates of prostitutes living in England and Wales were varied and sometimes outlandish. It is difficult to discern an accurate figure for the number of prostitutes working in both London and Britain based on the statistics these physicians published. Each writer appears to have chosen a number that best suited their arguments for their reform. Patrick Colquhoun, for instance, a magistrate at the Thames Police Court, claimed in his *Treatise on the Police of the Metropolis* that in 1800 there were an estimated 50,000 prostitutes working in London alone.²⁸⁸ The Bishop of Exeter estimated in an introduction to the second reading of "A Bill for the More Effectual Suppression of Brothels and Trading in Seduction and Prostitution" that by the 1840s the figure was much higher at around 80,000 prostitutes. Given that the

Farr Controversy and the Loss of the "Social" in Public Health', *American Journal of Public Health* (1995), pp. 856-866.

²⁸⁷ Anne F. La Berge, *Mission and Method: The Early Nineteenth-Century French Public Health Movement* (Cambridge: Cambridge University Press, 1992), p. 300.

²⁸⁸ Mason, *The Making of Victorian Sexuality*, p. 77.

population of London in 1840 was approximately 2 million, his figures would equate to one in every twenty five inhabitants practicing prostitution. The police figures may possibly offer a more accurate estimate, and these were the figures on which both Acton and Ryan relied to calculate the numbers of practicing prostitutes in London, contrasted with the figures for England and Wales. They reveal that from the late 1830s the number of women relying solely on prostitution was a more conservative 9,000, reducing to 5,000 in 1866 after the introduction of reforms.

FIG. 8 POLICE ESTIMATES OF KNOWN PROSTITUTES: LONDON V ENGLAND & WALES²⁸⁹

	London	England and Wales
1839	6,371	-----
1841	9,409	-----
1857	8,600	-----
1858	7, 194	27, 113
1859	6,649	28,743
1860	6,940	28, 927
1861	7,124	29,572
1862	5,795	28,499
1863	5,581	27,411
1864	5,689	26,802
1865	5,911	26,213
1866	5,554	24,717
1867	5,628	24,299
1868	5,678	24,311

²⁸⁹ Cited in T. J. Wyke and E. M. Sigsworth, 'A Study of Victorian Prostitution and Venereal Disease', in Martha Vinicus, (ed.), *Suffer and Be Still: Women in the Victorian Age* (London: Bloomington, 1973), pp. 77-99, at p. 79.

Official figures showed that the national total of prostitutes reached almost 30,000. Those included in the police figures were only those who were known to them; and they did not take into account prostitutes that had escaped detection or practised ‘clandestine’ prostitution. If the physicians took into account their contemporaries’ estimates of the number of practising prostitutes, it would place prostitution as the fourth largest female occupation.²⁹⁰ Acton, however, was concerned that the police estimates were too conservative, because he thought that the police were reluctant to recognise all but the most abandoned women as prostitutes; that “it also shows that there are certain women, whose number is far from inconsiderable, whose profligate mode of life is open and undisguised, and admits of no reasonable doubt.”²⁹¹ By questioning the official figures and by highlighting the absence of the ‘clandestine’ prostitute in the estimate Acton cast doubt upon the estimates for the number of practicing prostitutes.

In addition, he was determined to demonstrate that the prostitute may have a long career on the streets. “Prostitutes are recruited from the healthiest and best proportioned class of females; they [are] best fitted to resist the excesses or trials which attend their pursuit.”²⁹² The general opinion before Acton wrote *Prostitution* was that prostitutes would live a short life, ultimately succumbing to diseases resultant from their careers. Talbot explained that “it must, however, be apparent, that a great number of diseases are engendered by a life of prostitution, and that the concurrent opinion of those who have directed their attention to the subject is, that the average of life is very short

²⁹⁰ Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality since 1800* (London: Pearson Education, 1989), p. 85.

²⁹¹ Acton, *The Contagious Diseases Act: Shall the Contagious Diseases Act be Applied to the Civil Population?* (London: John Churchill and Sons, 1870) p. 13.

²⁹² Acton, *Prostitution, Public Health* p 21.

amongst prostitutes.”²⁹³ Acton also highlighted the burden which unknown or ‘clandestine’ prostitutes would have on the state, as there was no way to control or license them. Contrary to previous assumption, Acton argued that the majority of prostitutes would not die of the diseases which they contracted. By using figures obtained from the Registrar General, he showed that only the females who contracted congenital syphilis were in danger of dying from the disease.

FIG. 4 DEATHS FROM SYPHILIS OF FEMALES AT DIFFERENT AGES IN ENGLAND AND WALES, AND IN LONDON, IN THE YEARS 1855, 1866 AND 1867.²⁹⁴

Age	England and Wales	London	England and Wales	London	England and Wales	London
	1855	1855	1866	1866	1867	1867
> 1 year	269	54	556	166	582	170
1 year	28	4	43	4	38	9
2 years	11	---	9	3	6	1
3 years	7	---	4	3	3	---
4 years	3	1	3	---	2	---
Total Under 5 years	318	59	615	176	631	180
5 – under 10	5	---	4	1	1	---
10 – under 15	4	1	1	---	1	---
15 – under 20	16	2	13	7	7	2
25 – under 30	18	3	39	10	42	6
30 – under 35	25	2	{75	12	68	13
35 – under 40	25	3				
40 – under 45	11	3	{42	6	51	7
45 – under 50	13	1				

²⁹³ Talbot, *The Miseries of Prostitution* p. 59.

²⁹⁴ William Acton, *Prostitution* (1870), p. 35.

50 – under 55	5	--- ---	{20	5	26	2
55 – under 60	4	1				
60 – under 65	3	--- ---	{9	1	10	1
65 and upwards	1	--- ---				
Total all ages	468	78	827	219	840	212

Acton's approach to the study of diseases resulting from prostitution was reminiscent of Parent-Duchâtelet's, in Britain, Acton was one of the first commentators on venereal disease to use statistics to demonstrate the inadequate provisions for the medical treatment of patients suffering from venereal disease in Britain. Acton was concerned over the inadequate provision of lock hospital beds for female patients in the metropolis. He made a survey of the number of beds available in his old hospital, St Bartholomew's and found that they were only able to provide 75 venereal beds; 25 for male cases and the remaining 50 for females. At his request, Mr. Callender, the Assistant Surgeon to the hospital, provided Acton with numbers of out-patients seen by him on July 21st 1869. From this information, Acton discovered that on just one day Mr. Callender treated 95 patients for venereal disease at the hospital.

FIG. 5 TABLE SHOWING THE NUMBER OF PATIENTS TREATED BY MR. CALLENDER, ASSISTANT SURGEON TO ST BARTHOLOMEW'S HOSPITAL ON JULY 21, 1869.²⁹⁵

Gonorrhoea	33
Swelled Testis	5
Simple Chancres	15
Indurated Sore	10
Secondary Symptoms	19
Tertiary Symptoms	8
Infantile Syphilis	3
Stricture	2
Total Venereal Cases	95

Acton claimed that prior to his investigation into the numbers of patients treated for venereal disease, “neither the profession nor the public recognised the fact that one-half the out-patients at our leading public hospitals came there in consequence of being affected with venereal diseases.”²⁹⁶ Acton was not aware, perhaps, of the survey that Dr. Thomas Holland of Cork had conducted in 1854 in which he sent the following series of questions to every House-Surgeon of every hospital in Britain and Ireland to ascertain an accurate number of beds available.²⁹⁷

²⁹⁵ William Acton, *Prostitution* (1870), p. 52.

²⁹⁶ William Acton, *Prostitution* (1870), p. 52.

²⁹⁷ Although, Acton was aware of Holland's two articles which he had submitted to the *Medical Press and Circular* in 1854, and cited his work twice in *Prostitution* on pages 19 and 81.

FIG. 6 DR. HOLLAND'S QUESTIONNAIRE ON THE PROVISION OF VENEREAL BEDS IN BRITAIN AND IRELAND.²⁹⁸

Are there Separate Wards for Syphilitic Females?				
Number of Beds available for Syphilitic Patients	For Males		For Females	
Number of Cases of Primary Syphilis in 1853	Admitted		Outpatients	
	Males	Females	Males	Females
Secondary				
Tertiary				
Gonorrhoea				
Blenorrhagia and other specific discharges				
Is the general character of Syphilis becoming more or less virulent?				
Is Syphilis and Gonorrhoea increasing or decreasing?				
What is the probable number of Prostitutes in.....?			Public Prostitutes	Sly Prostitutes
Is the general condition of Prostitutes judging from their dress and deportment, improving or the contrary?				
Number of Cases of Syphilis treated from 1844 to '53 inclusive	In Hospital		Out of Hospital	
Number of Cases of Gonorrhoea treated from 1844 to '53 inclusive				

Holland's questionnaire served both a medical and social purpose. It was intended not only to ascertain the numbers of beds and the range of diseases, but also asked the house Surgeon to determine the class and behaviour of the prostitutes they treated. Holland

²⁹⁸ Holland's Questionnaire can be found in 'The Control of Prostitution', *Medical Times and Gazette* (6 January 1855), p. 13. An obituary for Thomas Holland can be found in 'Medical News-Births, Marriages and Deaths', *The Lancet* (5 July 1856), p. 29.

was also concerned with the status and behaviour of the prostitute, and considered it important to record the physician's judgement of the women they treated. The results of Holland's questionnaire are unfortunately unknown; having died at the age of 29 in 1856, there is no record of his findings. Had Holland lived, his contribution may have been similar to Acton's; he advocated the regulation of prostitutes in Britain and Ireland in a system similar to that which he had witnessed in Berlin.²⁹⁹

The lack of provision of beds for venereal patients in Britain was also an issue discussed by the members of the Harveian Medical Societies Venereal Committee at a meeting in 1867, which Acton attended as a member of the Committee. One of the members, Mr Moore, the registrar, reported that at St Mary's Hospital the daily average number of venereal patients was 14; but that as the hospital was not a venereal hospital, there were no beds provided for venereal patients. Another member, Dr Steele, of Guys Hospital estimated that they treated over 25,000 venereal patients in the out-patient surgery in one year.³⁰⁰ *The Lancet* remarked in 1858 that the total number of beds available for venereal cases for women in London was just 184, with five hospitals not able to provide any at all. The only lock hospital that served the city was on the outskirts, and according to *The Lancet*, and was only able to provide 33 beds.³⁰¹

²⁹⁹ Joseph Sampson Gamgee, *Researches in Pathological Anatomy and Clinical Surgery* (London: H. Bailliére, 1856), p. 112.

³⁰⁰ Meeting of the Harveian Medical Society, 'The Prevention of Venereal Disease', *Medical Press and Circular* (29 May 1867), pp. 517-519, p. 518.

³⁰¹ 'Medical Annotations', *The Lancet* (13 February 1858), pp. 173-174, p. 174. Acton noted that there were only 30 beds in the hospital for lock patients, and that four of the beds in this ward were reserved for special cases which would bring the total number of beds available to 26. William Acton, *Prostitution* (1870), p. 78.

The financial structure of funding for hospitals, especially lock hospitals which relied on charitable donations, placed a great restriction on the provisions which they could make available. In 1861 the Royal Albert Hospital, Devonport, Plymouth opened its first lock ward, which only allowed twenty-five beds. Christopher Bulteel, the Life Governor of the Hospital, remarked in the annual report for 1861 that “members soon began to increase and several patients were necessarily rejected from for want of room.”³⁰² The number of patients treated for venereal disease at the hospital from December 1st 1861- September 30th 1861 was 206. Acton calculated that the average stay at hospital for someone infected with venereal disease was 31 days. Using statistical data, Acton demonstrated that the provision of hospital beds in London and across Britain was woefully inadequate to serve the number of cases of infected men and women. The information obtained from Callendar at St Bartholomew’s was also used to construct the following table. This highlighted the high number of patients being treated in a hospital which only had 75 beds, 25 of which were reserved for male patients. Given that the average stay of a patient was calculated at 30 days, the numbers shown would have put considerable strain on hospital resources.

³⁰² Royal Albert Hospital, *Annual Report for 1861*, p. 5.

FIG. 7 PATIENTS TREATED FOR VENEREAL DISEASE, ST BARTHOLOMEW HOSPITAL, FOR 1868³⁰³

General Diseases	Total Patients under Treatment	Discharged Cured and Relieved	Discharged for reasons other than medical	Died
Syphilis . Primary	151	133	17	1
Secondary	204	180	20	3
Inherited	4	4		
Gonorrhoea, incl. Bubo and Phymosis	238	206	30	2
TOTAL	597	523	67	6

Having demonstrated that almost six hundred patients required treatment for venereal disease at a hospital that only had provision for 75 patients, Acton considered that his concern over the lack of available beds for patients, especially in the metropolis was justified. He saw the problem as one of the funding of hospitals, and provided as an example the London Lock hospital which received no funding from Metropolitan or Parliamentary grants, and had to rely on charitable donations.³⁰⁴ Because the hospital was funded by charitable donations, it was likely, he thought, that the religious members of the hospital boards would condone the creation of lock wards for patients suffering from sexual diseases. Acton viewed religious arguments against sanitary measures designed to reduce the level of venereal disease skeptically, and he determined “to combat arguments, based upon religious grounds, against any movement on the part of English society towards offering a determined resistance to the spread of venereal diseases.”³⁰⁵ This was a point he drove home repeatedly: those who sought to improve the sanitary provisions for the treatment of venereal disease constantly faced the cry of

³⁰³ William Acton, *Prostitution* (1870), p. 51.

³⁰⁴ William Acton, *Prostitution* (1857), p. 135.

³⁰⁵ William Acton, *Prostitution* (1857), p. 3.

the religious moralists who decreed that “disease is a punishment for sin” and that “syphilis [is] the penalty paid for society for the indulgence in fornication.”³⁰⁶ The churchman, Acton claimed, guided by old-fashioned principles, was impelled to oppose many views held by statesmen and projects proposed by sanitarians. In order for civilisation to advance, Acton fulminated in the most stentorian tones, these objectors, who clung to their intolerant views needed to be challenged, and the state needed to curb their “more elevated religious theories by liberal Christian charity, guiding and counselling where they may not command, and not as of old ignoring expediency.”³⁰⁷ Acton regarded Ralph Wardlaw as a prime example of the religious objector to the sanitary regulation which he hoped would be introduced through state regulation. Wardlaw was opposed to the registration and licensing of prostitutes, an act which he regarded as the legal sanctioning of prostitution: “to take vice under legal regulation, is to give it, in the public eye, a species of legal sanction. It can never be right to regulate, what it is wrong to do, and wrong to tolerate. To license immorality, is to protect and encourage it.”³⁰⁸ Michael Mason recognises the importance of Acton’s challenge Christian moralists and the emergence of the Evangelical Christian approach to the regulation of prostitution as paving the way for an emergent liberal medical discourse on prostitution³⁰⁹. This high-toned moral view was shared by members of Hospital Boards and benefactors across the country. In her study of the motivations of hospital benefactors Sandra Cavallo’s has noted that the religious objections to the

³⁰⁶ William Acton, *Prostitution* (1857), p. 9.

³⁰⁷ William Acton, *Prostitution* (1857), p. 14..

³⁰⁸ Ralph Wardlaw, *Lectures on Female Prostitution* (Glasgow: James Maclehose, 1842), p. 19.

³⁰⁹ See Michael Mason, *The Making of Victorian Sexual Attitudes* (Oxford: Oxford University Press, 1994), p. 84-85

treatment of prostitutes and immoral persons infected with venereal disease prevented its effective treatment.³¹⁰

Acton's plans for the introduction of state sanitary legislation and the regulation of prostitution not only had to contend with opposition from the ecclesiastical establishment, but also from his medical contemporaries. Acton faced heavy criticism from some members of the medical press, especially the *Medical Times and Gazette*, as to the morality of regulating prostitution. In an editorial piece entitled 'Prostitution' the author objected to any state interference with prostitution. Whilst the author recognised the effectiveness of regulation in other European countries, he believed that the British sense of liberty would not allow such regulatory policies to be introduced: "state interference with prostitution is not applicable to Britain, the free spirit of the people, their unborn love of personal liberty, and the moral sense of the country are entirely opposed to such interference."³¹¹ *The Lancet* also echoed the opinion that the British people would object to the regulation of prostitution, even though its editors wrote about the threat of prostitution and the proliferation of brothels in the capital,³¹² and the dangers of syphilis to the general population.³¹³ Whilst in principle the author of the 'Medical Annotations' section agreed that there was a problem with prostitution, and that the current legislation and reformatories did nothing to prevent women from

³¹⁰ For a study of the charitable motivations of hospital benefactors see Sandra Cavallo, 'The Motivations of Benefactors: An Overview of Approaches to the Study of Charity' in Jonathan Barry & Colin Jones, *Medicine and Charity Before the Welfare State* (London: Routledge, 1991), pp. 46-63.

³¹¹ Editorial, 'Prostitution', *Medical Times and Gazette* (23 January 1858), pp. 90-91.

³¹² Editorial, 'Medical Annotations: Prostitution: The Means for its Reform', *The Lancet* (7 November 1857) p. 478. The writer estimated that one house in sixty was a brothel in London.

³¹³ On the danger of congenital syphilis the writer claimed "for every return of the Registrar General, as well as statistics of children's hospitals, shows more and more the frequency of death from syphilis amongst infants, who, infected by their parents 'the moment of their breath receive lingering the principle of their death'." in Editorial, 'Medical Annotations', *The Lancet* (8 August 1857), p. 147.

continuing their trade or allowing the recruitment of new prostitutes, they objected to regulation. The author contended that “we need hardly allude to the compulsory regulation of prostitutes on the continental plane as totally inapplicable to this country, being opposed to all out notions of personal freedom.”³¹⁴ Further, the author of the article feared that the regulation of prostitutes would lead to abuses of the system, which could potentially make the problem of prostitution worse rather than better. The *Medical Times and Gazette* criticised Acton’s proposal for the state introduction of regulations based on sanitary principles and accused Acton of attacking the free spirit of the British legal system, stating that he would regulate prostitution by a system of “bullying and trickery”. “One author has” its journalists wrote, “got rid of some of the more respectable of our insular prejudices – a love for liberty of the subject for example – whilst imbibing a knowledge of his speciality as a Parisian Externe.”³¹⁵ Acton’s particular significance in the contemporary debate on the regulation of prostitution is thus made clear by the way in which he was so specifically targeted by the medical press. His relatively unusual foreign training was further highlighted and implicitly regarded as responsible for his falling prey to ‘alien’ ideas of legislative regulation, which could be thus be stigmatised as ‘un-British’, removing the need to challenge them on a more intellectual level. Acton responded to this criticism, and defended his plans for regulation. “I propose to legalise the registration and right of entry into disorderly houses in the interests of public liberty.”³¹⁶

³¹⁴ Editorial, ‘Medical Annotations: Prostitution: The Means for its Reform’, *The Lancet* (14 November 1857), pp. 503-505.

³¹⁵ Editorial, ‘Prostitution: The Visions of Philanthropy’, *Medical Times and Gazette* (16 March 1858), pp. 248-250, p. 249.

³¹⁶ William Acton, ‘Prostitution and Visionary Philanthropists’, *Medical Times and Gazette* (18 March 1858), pp. 279-280.

There was even an apprehension that the interference with prostitution could worsen the situation, and possibly increase the number of women in the profession. A correspondent to *The British Medical Journal*, an anonymous ‘F.R.C.S’ claimed “prostitution meddled with is very liable to be worse than prostitution left alone. Patriarchal regulations and Acts of Parliament will not alter man-nature”.³¹⁷ Acton’s heated response to this fellow’s criticism of his proposed regulatory policies demonstrates his belief in the necessity of state intervention, and, of the provision of support for prostitutes who have been induced to leave the trade: “you will probably agree with me, that it is incumbent on our profession, now that the streets are about to be cleared, that we attempt the establishment of some industrial occupation, or reformatory, for the assistance of those who will be thrown out of an employment which they have been hitherto allowed to exercise without any impediment.”³¹⁸ The editor of this edition of the *British Medical Journal* was not convinced by Acton’s argument, stating in an editorial note preceding Acton’s rebuff that “we see little chance of the present movement against prostitution coming to anything.”³¹⁹ The concern amongst many physicians critical of regulation was that the regulated prostitute would benefit from legislation; that the prostitute may, as ‘Philo-Magdalen’ suggested, “be induced to prefer comfortable vice to virtuous poverty; as the poor man now sometimes chooses to be a lunatic or a criminal.”³²⁰ To these objectors, the licensing of prostitution was thought to entice lazy women to enter the profession as an easy means for earning money. Acton’s opponents were as much other medical professionals as they were churchmen. But he

³¹⁷ F.R.C.S, ‘Public Prostitution’, *British Medical Journal* (16 January 1858), p. 56.

³¹⁸ William Acton, ‘Public Prostitution’, *British Medical Journal* (30 January 1858), p. 96.

³¹⁹ Editor, ‘Editors Letter Box: Public Prostitution’, *British Medical Journal* (30 January 1858), p. 96.

³²⁰ Philo-Magdalen, ‘Our Great Sin’, *The Lancet* (22 August 1857), p. 207.

was not alone in his calls for a new system of regulation to be introduced into Britain which would be based on European examples. Despite the labelling of his plans for regulation as ‘un-British’, Acton seems to have been unaffected in his continued and explicit attribution of his policies to experience acquired overseas. To represent a similar constituency of opinion, Acton identified, amongst others, the aforementioned Thomas Holland “who, had also trained in Paris, and had conducted studies of prostitutes and venereal disease in Berlin), and foreign physicians such as M. Jeannel from Bordeaux, and H. Van Oordt, from Rotterdam; all of whom have trained on the continent, and all of whom had used statistical methods to demonstrate the levels of venereal disease in their respective countries.

Acton’s utopian plan was that hospital boards should be staffed by medical men: “the new sanitary movement must, to have a chance of success, be under the direction, or least the sponsorship of medical men.”³²¹ In practice, this vision may well have been impossible to realise; Acton was thinking not only of medics, but of medical men who thought like him (which most did not) and who were convinced of the sanitary need for regulation. Acton proposed that a new female venereal institution should be created in the capital, to be called the ‘London Female Sanitary Society’. The prostitute, Acton explained, would pay to belong to the society, and could, when she found herself in need, attend upon a qualified and approved physician for treatment. Whilst under the physician’s care, she would be paid an allowance to cover her loss of earnings.³²² This rather plan, which never came to fruition, demonstrates Acton’s overriding concern for

³²¹ William Acton, *Prostitution* (1857), p. 154.

³²² William Acton, *Prostitution* (1857), p. 155.

the health of the prostitute over any moral implication of tacitly supporting prostitution. Acton was fully aware that the prostitute would be reluctant to seek help from a hospital or Magdalen institution if she feared loss of earnings or incarceration. His solution was that in order to prevent the spread of venereal disease, the prostitute should be supported financially throughout her illness. Acton admitted that the one weakness in his proposed plan was the subscription made by the prostitutes towards their subscription for care. Whilst he was uncomfortable with the idea that the “wages of sin” would fund a physical recovery that would then encourage the prostitute to take to the streets once more, he could see no alternative. Although he regarded the support of institutions such as these to be properly the responsibility of the state, such support, which would remove the need for personal contributions, would not be forthcoming.³²³

Acton criticised the lack of understanding of the importance of statistics as a tool for the physician and reformer. Whilst their use was becoming widespread in the investigation of public health problems, they were not commonly used to highlight levels of disease. Acton wrote on his colleagues’ acceptance of the use of statistics:

I cannot help expressing my regret at the very limited acquaintance with the importance of medical statistics which would appear to prevail among governors of hospitals and others concerned in their administration. Thus the medical officers - whose legitimate duties can hardly be said to include the compilation of statistics, however favourably they may look upon such

³²³ William Acton, *Prostitution* (1857), p. 156.

inquiries - are precluded from all chance of accurately investigating either the spread or the decrease of disease.³²⁴

Of primary concern to Acton was the effect which venereal disease had on the efficiency of the armed forces. The health of the armed forces, and in particular the Army, was a national concern in the late 1850s after the narrow victory in Crimea. The unhygienic and dirty conditions in which the soldiers were forced to live whilst serving, and the lack of medical provisions for men suffering from diseases such as malaria and dysentery were blamed more than deaths and injuries in the course of combat. Many men were immobilised by diseases contracted as a result of the conditions, including venereal diseases. There was an outcry in the medical press over the sanitary conditions which the soldiers were made to endure,³²⁵ and plans for the better regulation of health provisions and the establishment of Officers of Health were debated both in the press and in Parliament.

This is a familiar story, linked inextricably with the figure of Florence Nightingale. Much less familiar, and directly relevant here, is the way in which Acton utilized these pressing concerns over army health to advance his own cause in promoting the regulation of prostitution by legitimate means. Acton's discussion of the effect of disease on the armed forces was conveniently pertinent in its timing, and he exploited existing fears over the effectiveness of the force.

³²⁴ William Acton, *Prostitution* (1857), p. 142.

³²⁵ See for instance, Editorial, 'An Officer of Health for the Army', *British Medical Journal* (7 March 1857), pp. 63-64, and William Aitkin 'On the Effects of the Bulgarian Campaign on the Subsequent Health of the British Troops in the Crimea', *The Lancet* (18 July 1857), pp.58-60.

Again, using statistical evidence, he sought to demonstrate the devastating effect which venereal disease had on the health of the serving men. Acton first addressed the issue in a paper presented to the Royal Medical and Chirurgical Society in 1846. At this time, there were very few other physicians who were producing reports on the health of the forces based on statistical evidence to prove the existence of a health problem. By consulting the Army medical reports returned for over seven years between 1838-1845, Acton was able to demonstrate that from a total aggregate force of 44,611 men, 8,072 were treated for a venereal disease: which meant that in that time approximately 1 in 5 men had suffered from some form of venereal infection.

FIG. 8 CASES ADMITTED INTO HOSPITAL IN SEVEN YEARS AND A QUARTER IN THE UK, 1838-1845.³²⁶

Venereal affections -	
Syphilis primitiva	1,415
Syphilis consecutive	355
Ulcus penis non syphiliticum	2,144
Bubo simplex	844
Cachexia syphilitica	4
Gonorrhoea	2,449
Hernia humoralis	714
Strictura urethrae	100
Phymosis et paraphymosis	27
TOTAL	8,072
Annual ratio per 1000 men	181
Total aggregate strength for whole period	44,611

³²⁶ William Acton, 'Observations on Venereal Diseases in the United Kingdom from Statistical Reports in the Army, Navy and Merchant Service with Remarks on the Mortality from Syphilis in the Metropolis; Compiled from the Official Returns of the Registrar General', *The Lancet* (3 October 1846), pp. 369-372, p. 369.

Acton considered the most dangerous form of venereal disease to the soldiers to be syphilis, as “it follows according to this arrangement, that one man out of thirty-one is attacked with true syphilis, one in twenty with *ulcus penis non syphiliticum*, and one in eighteen with *gonorrhoea*.”³²⁷ Using returns submitted for the Army Medical Department Report for 1866, Acton again demonstrated the prevalence of venereal disease amongst the men. Of 1,209 men in the Household Cavalry, 177 men were admitted into hospital suffering from venereal disease, and of those, 98 were found to be suffering from syphilis. The Infantry caused even greater concern. Of a total aggregate strength of 19,545, 4,679 men were treated for venereal infection; and of those 1,993 were treated for syphilitic infection. That equated roughly to ten percent of the Infantry.³²⁸ For the total force of the Army, Acton estimated that just under one in three soldiers suffered from some form of venereal complaint in 1869, as demonstrated by the table below.

FIG. 9 ARMY MEDICAL REPORT SHOWING THE NUMBER OF CASES OF VENEREAL DISEASE FOR THE YEARS 1860-66.³²⁹

Average Strength	Admitted into Hospital	Died			Ratio per 1,000 of Mean Strength			
		With the Regiment	Absent from the Regiment	Total	1866		1860-5	
					Admitted	Died	Admitted	Died
70, 292								
Venereal Diseases	18,170	11	-	11	258.5	.16	325.6	.11

³²⁷ William Acton, ‘Observations on Venereal Diseases’, p. 369.

³²⁸ William Acton, *Prostitution* (1870), p. 58. Similarly, levels of men infected with venereal disease in the Navy were also high. Of 21,493 sailors employed on ‘home service’ in British ports, over 2,880 were admitted to hospital with venereal conditions; in total, one in every seven men in the home service was attacked with some form of venereal disease.

³²⁹ William Acton, *Prostitution* (1870), p. 58.

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By comparing the levels of venereal disease in foreign armed forces, Acton was able to demonstrate that the levels in Britain were by far the highest, estimating that the cases of venereal cases were over two and a half times higher in the British Army than in the French. The consequence of such high incidences of venereal disease was potentially crippling financially. Estimating that the diseased soldier would average between twenty-two days and a six weeks in hospital for treatment, the costs of the treatment for the soldier would have been considerable. The financial implication of the high levels of venereal disease in the armed forces formed a further weapon in Acton's arsenal to pursue his policies and communicate his message. Whilst there may have been financial implications, Acton's attention to these is nonetheless a strategy of communication.

Concerns about the state of the health of the armed forces had initially been raised in a statistical report for the Navy in 1856. In that report, it emerged that for the fourteen previous years the average incidence of venereal disease amongst every 1000 men was 76, yet in 1856 the number of cases per 1000 had risen to 168, more than doubled from the year before. The report shows the authors' concern that "a disease so destructive of health and happiness ... may be transmitted to generations yet unborn ... should be allowed to go on, increasing in our sea ports to an extent unknown ... is to be greatly deplored".³³⁰ In the same year, the Army Medical Department released figures which revealed that almost half of the men in all sections of the Military, with the

³³⁰Curry, 'Copy of the Statistical Report of the Health of the Royal Navy, for the Year 1856' (1858), p. 5

exception of the Household Cavalry, were struck with huge numbers of disease, as illustrated below.

FIG. 10 AVERAGE RATIO OF VENEREAL DISEASE IN THE ARMY COMPARING LEVELS IN 1859 WITH THE AVERAGE BETWEEN 1837 – 1846.³³¹

	Annual Ratio per 1,000.	
	1859	1837 - 1846
Household Cavalry	120.4	--- ---
Dragoon Guards	402.5	206.1
Royal Artillery	571.4	302.9
Royal Engineers	458.2	--- ---
Military Train	580.3	--- ---
Foot Guards	337.9	250.2
Infantry Regiments	399.4	277.5
Depot Battalions	399.8	--- ---

The duration of cases of this class was found to average 23.22 days. The report continues to convey the huge impact this number of cases would have. For instance, if the mean strength of troops in the United Kingdom was 90,000, the inefficiency, its authors concluded, would be equal to the loss of service for a whole year of 2,417 men, or nearly three regiments.³³² Acton assumed the reason that incidents of disease were more common in the Army than the Navy was simply because whilst sailors were confined to their ship, soldiers ‘when off duty, have every facility for associating with women of the town in which they are quartered.’³³³ He claimed that the medical man was unable to prevent disease by hygienic means and thus there was a need for effective police regulation or government legislation.³³⁴ Perhaps for the first time in his

³³¹ ‘Statistical, Sanitary, and Medical Reports for the Years 1859’, (1861), p.14.

³³² ‘Statistical, Sanitary, and Medical Reports for the Years 1859’, p. 15.

³³³ ‘Statistical Report of the Health of the Navy for the Year 1865’, p. 369.

³³⁴ ‘Statistical Report of the Health of the Navy for the Year 1865’, p. 370.

publications Acton warned of the consequence venereal disease would have on the decline of the British economy:

These are considerations of an economic character, which must not be lost sight of in a question affecting the health and efficiency of a large proportion of our population in the prime of life; and though the disease does not often prove fatal at the present day, or maim the men permanently, still, as I shall proceed to show, the affection has not altogether lost its virulence, but principally exerts its fatal influence not on the parents, as is usually believed, but on the offspring of those who have been affected with venereal disease.³³⁵

Using the reports from the 1865 *Statistical Report of the Health of the Navy*, Acton demonstrated that over 4313 sailors were treated for syphilis. This, Acton calculated, meant that the daily loss of service occasioned by the infection was equal to 468 men; the total days sickness on board ship and in hospital gave an average duration for each case of 39.6 days. It is possible to appreciate Acton's concern over the health of the men serving in the armed forces when examining the statistics that he presented to his readers. In the table below Acton demonstrated the prevalence of venereal diseases in the Navy both at home and abroad:

³³⁵ *Statistical Report of the Health of the Navy for the Year 1865*, p. 370.

FIG. 11 TABLE SHOWING COMPARATIVE PREVALENCE OF VENEREAL DISEASE ON THE DIFFERENT STATIONS IN 1864 AND 1865, PER 1000 MEN³³⁶

Stations	Syphilis		Gonorrhoea	
	1864	1865	1864	1865
Home	96.6	97.1	25.7	30.3
Mediterranean	35.5	35.2	10.2	17.1
North America and West Indies	52.4	53.4	15.8	15.2
Brazils	45.2	36.1	22.6	16.1
Pacific	48.7	61.2	19.4	18.2
West Coast of Africa	22.9	42.3	22.3	40
Cape of Good Hope and East Indies	63.7	65.5	23.2	23.8
China	177.7	165.3	37.2	35.3
Australia	17.2	16	6.8	9.8
Irregular Force	127.6	130.9	20.1	45.7

The problem of venereal disease amongst the armed forces did not only affect those stationed in Britain, but the force across the Empire. Acton used statistical evidence, with its cachet of scientific accuracy, to advance a range of arguments – political, military, economic - to prove the need for the regulation of prostitution: to prevent the possibility that “a woman who knows herself to be diseased, is free to invite all comers to the enjoyment of her person, and to spread among them deadly contagion.”³³⁷

³³⁶ *Statistical Report of the Health of the Navy for the Year 1865*, p 377, as cited in Acton, *Prostitution* (1870), p. 63.

³³⁷ Acton, *Prostitution*

Whilst the soldier in the rank and file was subjected to a medical examination once a week from their medical examiner,³³⁸ known prostitutes were exempt from any such examinations until 1864. Acton demonstrated that in those countries which already had a system of regulation of prostitutes in place, the levels of venereal disease were much lower than in Britain. The system in place in Brussels, Acton argued, was effective because of its swift action to detain both the diseased soldier and the woman from whom he was suspected to have caught the disease. On a regular weekly examination, if the Belgian soldier was found to be labouring under a disease, he was required to tell the examining officer the name of the woman with whom he had consorted, and the house in which the act happened.³³⁹ The effective eradication of venereal disease in the armed forces required the regulation not of the conduct of the soldiery, but of the main transmitting agent of the disease – the prostitute. Acton argued that the low level of venereal disease in the Belgian Army (estimated to affect just 1 in 10 men) was due to their sanitary regulation of prostitutes. The prostitute, cast as the villain and propagator of venereal disease, was thus to be the object of regulation in Britain.

The Contagious Diseases Act was passed in 1864. The Act reflects Acton's conjecture that the prostitute needed to be medically regulated in order to control venereal disease in the population. Initially the Act was introduced into eighteen garrison and naval towns, and was amended in 1866 and 1869 to include more towns under its remit. Acton's theories on the regulation of prostitution are demonstrative of

³³⁸ William Acton, *Prostitution* (1870), p. 68.

³³⁹ William Acton, 'On the Rarity and Mildness of Syphilis amongst the Belgian Troops as Compared with its Prevalence and Severity Amongst the Foot Guards in London', *The Lancet* (25 February 1860), pp. 196-198, p. 196.

the mid-nineteenth century sanitary movement, which sought to regulate and control agents of contagion in the population. The Act allowed for the voluntary and involuntary medical inspection of all women suspected to be a prostitute, living and working within one of the eighteen garrison and naval towns under their jurisdiction. Funded and enforced by the Admiralty, these Acts are indicative of the fears over venereal disease and their consequences for the health of the nation's armed forces.

Acton's concern over the sanitary conditions of the Army barracks reflected the national legislation for the improvement of the sanitary conditions of housing for the British public, which had been of primary concern for medical and social reformers throughout the 19th century. Public health policies increased and improved as a result of a massive growth of the economy from industrialisation, increased democratisation and increases in tax revenue.³⁴⁰ With widespread migration into the new industrial centres of Britain and increased urbanisation, the British government sought to focus upon its cities as a target for hygiene, health and social reform. Industrialisation had created a new threat to the health of the population: the growth of the cities resulted in mass overcrowding, inadequate housing, and an accumulation of waste products without satisfactory disposal, and with sanitary systems that were unable to cope with the vast influx of the immigrant workers. Acton's approach to public health was part of a pragmatic interventionist reaction to the problem of squalor and destitution in the cities.³⁴¹ By creating an interventionist bureaucratic system of health administration,

³⁴⁰ Dorothy Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999), p. 111.

³⁴¹ Oliver MacDonagh, 'The Nineteenth Century Revolution in Government: A Reappraisal', *The Historical Journal* 1 (1958), pp.52-67.

local authorities were able to intervene to protect the people under their jurisdiction - and more importantly, sustain a healthy population essential for the growth of the economy.³⁴²

Nineteenth-century health statisticians such as Edwin Chadwick and William Farr enabled public health legislation to be accepted by a Victorian population, suspicious of Government intervention, which saw the measures as an example of an increasingly authoritarian and paternalistic Government. Similar to Acton and Parent-Duchâtelet, Chadwick and Farr recognised the impact that poverty had upon the increasing incidence of disease amongst the working classes, and emphasised the damaging effects of inadequate sewerage, drainage, housing and water supplies. Like Acton, they utilised statistics, which were at this time regarded by the public as near-irrefutable fact. They presented a convincing argument in this way for the necessity of intervention and regulation to the influential elite and to government circles in which the cause was taken up with evangelical fervour typical of the mid nineteenth century.³⁴³ In 1842, Chadwick had published his *Report on the Sanitary Condition of the Labouring Population of Great Britain*, which sold over 100,000 thousand copies, and was followed a year later with the appointment of a Royal Commission on the Health of Towns.³⁴⁴ In 1846 the first of a series of Nuisances Removal Acts was introduced, which

³⁴² Porter, *Health, Civilization and the State*, p. 112.

³⁴³ Anthony Wohl, *Endangered Lives, Public Health in Victorian Britain* (London: Methuen & Co Ltd, 1984), p. 144.

³⁴⁴ Asa Briggs, *The Age of Improvement* (London: Longmans, 1962), C. Fraser Brokington, *Public Health in the Nineteenth Century* (London: E. & S. Livingstone, 1965), Valerie Cromwell, 'Interpretations of Nineteenth Century Administration: An Analysis', *Victorian Studies*, (1966), 245-55; Carlo M. Cipolla, *Miasmas and Disease: Public Health and the Environment in the Pre-Industrial Age* trans. Elizabeth Potter (New Haven: Yale University Press, 1992), M. Jeanne Peterson, 'Dr.

gave jurisdiction to remove those responsible for unwholesome houses, accumulations of filth and the existence of cesspools.³⁴⁵ The Works Clauses Act, the Towns Improvement Clauses Act, the Towns Police Clauses Act, the Cemeteries Act and the Public Baths and Washhouses Act followed this in quick succession in 1847. In 1848, with the arrival of a new cholera epidemic, public interest in public health grew; especially with the introduction of the 1848 Public Health Act. This created a central board of health, with the power to set up local boards, on the petition of ten percent of the population calling for such a board.³⁴⁶ Dorothy Porter has recognised that the creation of the public health system was founded upon an understanding of political economy, which intended to use regulation to the benefit of the economy.³⁴⁷ The Contagious Diseases Acts can be seen to be a direct result of this philosophy on public health being introduced for principally economic reasons and it is Acton's use of statistical methodology to construct an argument couched in essentially economic terms which both formed part of that discourse, and formed a strategy designed to ensure a successful and positive response to its underlying ideas. Chadwick was one of many sanitary reformers who proposed new public health measures based on the knowledge that disease caused by poor sanitary conditions could be easily remedied through the construction of civil engineering works to provide clean water and adequate sewerage facilities. This new theoretical discourse on state medicine came to dominate all public health measures thereafter.

Acton's Enemy: Medicine, Sex and Society in Victorian England', *Victorian Studies*, 29, (1986), 569-90.

³⁴⁵ Wohl, *Endangered Lives*, p. 148.

³⁴⁶ John Woodward, and David Richards, (eds.), *Health Care and Popular Medicine in Nineteenth Century England* (London: Croom Helm, 1977), p. 464.

³⁴⁷ Porter, *Health, Civilization and the State*, p. 121.

Like Chadwick, Acton thought that regulation of the health system was the key: in his case as the only way to effectively control venereal disease amongst the population. He sought to deal with prostitutes in a manner that escaped the stringency of Christian morality which had hampered previous efforts at regulating prostitution in Britain. Acton explained “experience teaches us that every facility for cure should be afforded to men who contract venereal diseases, instead of punishing them when they become affected.”³⁴⁸ The Contagious Diseases Acts were a pragmatic response to a public health problem. They were not intended to discriminate through gendered differences, even if they did so indirectly. The medical profession did not lay sole blame on the prostitute for the spread of venereal disease, but it is apparent that they are acutely aware of the problems that would be caused if the Acts were to be enforced on the male population, in particular, the armed forces. Introduced to a quiet House of Commons at 2 o’clock in the morning of 29th July 1864, the Act was introduced by the Admiralty to prevent the further spread of venereal disease.

Acton assumed that the “depravation of public health and the national power are more traceable to the young clandestine prostitute, and the promiscuous class.”³⁴⁹ He supposed that a prostitute, even though she knew herself to be diseased, would continue to pursue her trade in spite of her own pain, so that she might live and avoid debt until she was too ill to seek medical treatment. Acton was convinced that the introduction and continuation of the Contagious Diseases Acts would “ultimately stamp out one of the greatest evils that can affect the health of the military and naval as well as that of the

³⁴⁸ William Acton, *Prostitution, Public Health*, p. 25.

³⁴⁹ William Acton, *Prostitution, Public Health*, p. 35.

civil population in all large cities.”³⁵⁰ Acton supported the Acts, providing evidence of regulation from other Western European countries:

We have seen that, to confer any permanent benefit on society and on sanitary grounds, when a woman is diseased, an early detection of her complaint is necessary, and that when discovered she should at once be placed in confinement, so as to prevent her disseminating the plague.³⁵¹

Under the Acts, a woman could be identified by a plainclothes policeman as being a prostitute. An admiralty or army - appointed surgeon would then subject her to an examination for disease, and if found to be diseased, she would be interred in the local lock hospital for a period not to exceed nine months. If the woman protested her innocence, she would be allowed to go before a magistrate, and would be expected to prove her innocence and virtue, but this was an option which proved to be a too embarrassing experience for many women to choose to take. Those women found to be diseased would have to submit to regular medical examinations.

Although the Acts in Britain did not amount to the official regulation of prostitution, as it was still not illegal to solicit. All prostitutes were required to carry a certificate of cleanliness with them at all times. Acton himself had supported the Acts from their conception. He had voiced his support in medical papers, and learned journals, and also by reprinting his 1857 edition of *Prostitution* in 1870 to consolidate medical opinion on the Acts. He was called before the Government Commission in 1864

³⁵⁰ William Acton, ‘French Testimony to the Beneficial Working of the Contagious Diseases Acts’, *The Lancet* (17 January 1874), p. 108.

³⁵¹ Acton, *The Contagious Diseases Act*, p. 16.

to provide medical evidence for the justification of the Acts. Acton believed that the Contagious Diseases Acts were a sanitary measure which could improve the health of the workforce of Britain: “Are not armies and navies invalidated – is not labour enfeebled – is not even population deteriorated by the evils against which I propose we should contend?”³⁵² Writing in 1870, he argued that “we have seen that its results, from a sanitary point of view, have proved most beneficial and I earnestly advocate that every place with soldiers and all sea port towns should be brought within its healing influence.”³⁵³

The Acts were introduced as a pragmatic approach to the problem of venereal disease amongst the Army and Navy in Britain in the mid-nineteenth century, brought to the forefront of public attention after the Crimean War. Concerns over the health of Britain’s soldiers and sailors were primary throughout the medical support for the Acts. The Acts were a development of public health legislation, and part of a tradition of medical intervention into the health of the British public after the introduction of the Public Health Acts (1848). With such a large loss of members of the rank and file a viable solution had to be found. But to Acton ,the Contagious Diseases Acts to Acton were not only a legislative measure to curb the spread of venereal disease amongst the armed forces. They were in addition an opportunity to ameliorate the prostitute community: to stem what he saw as an increase in the numbers of prostitutes. He could not see a justification for standing by and allowing the increasing numbers of women entering into the profession:

³⁵² Acton, *Prostitution*, p. xii.

³⁵³ William Acton, *Prostitution*, p. 203.

We cannot do all we wish: is that a reason for doing nothing? Let us do what we can. A mischief that must always exist will have more or less intensity according as we regulate it or leave it to itself, the women will become more or less depraved according as good and healing influences are brought to bear upon or withheld from them.³⁵⁴

Acton justified his insistence on the regulation of prostitutes, and defended himself against his opponents who believed that he was countenancing sin. He did so because he considered that his proposals for, and support of the existing regulation, would diminish the injurious consequences of prostitution not only to the prostitute, but to her clients as well. Acton's use of statistics demonstrates his attempt to present prostitution as a *medical* problem. He relied on the medical testimonies of fellow physicians, as well as select committee reports. The statistics provided Acton with 'proof' that prostitutes presented a real danger both to the health of the armed forces, and to the population at large. His approach to the problem of prostitution was similar to that of his contemporaries, but his work is separated from theirs by his approach to understanding the causes of prostitution. Acton's view of the prostitute as someone forced into the profession by economic necessity rather than immoral attitude, indicates that his aim in writing about prostitutes was not to denigrate them, but rather to put in place state regulation and support. His contribution to discourses on prostitution in the mid-nineteenth century was significant. Acton's work on prostitution can be seen to both fit neatly within the genre of medical writing on prostitution and sexual promiscuity, whilst also demonstrating a sensitivity to the female, a greater understanding of the transitional

³⁵⁴ Acton, *The Contagious Diseases Act*, p. 4.

nature of prostitutes' careers and the causes underlying the choice of this profession. In so doing, he highlighted the economic necessity for many women on account of the insufficient remuneration for their legitimate work. Acton's writings on prostitution were central to the debates in the mid-nineteenth century, as he can be seen to have bridged the gap between his evangelical predecessors, and the more rigorously scientific psychological investigations on prostitution which developed in the latter half of the period. His work is also key because of his sympathetic treatment and understanding of prostitutes, his honest assessment of their entry into the profession, and his recognition of their often short-lived course through it. This is evidence that Acton's primary concern was for the health of men; that he was not as concerned with criticizing and controlling prostitution on its own account as previous accounts of Acton's contribution have asserted. Rather, Acton understood that contemporary thinking on prostitution needed to offer an accurate assessment of prostitution and its causes, in order for a system of regulation to be effective.

Acton introduced new scientific methods into the study of prostitution in Britain with his use of statistics to prove the existence of a public health problem. He borrowed methods from social scientists to bring the debate on the extent to which venereal disease was threatening public health out from medical textbooks and journals to a public platform, confronting his readers with mathematical data rather than moralizing argument. He considered that the danger which the prostitute and the diseases resultant from her profession presented was too grave to remain hidden from the social consciousness. His intention in writing *Prostitution* was to challenge the existing medical provisions for the treatment of venereal disease patients, which through the use

of statistics and anecdotal evidence from medical professionals, he could prove to be woefully inadequate. In order to gain support for his plans for a radical overhaul of the current system, Acton highlighted the impact venereal disease had on the economy. Using the armed forces as an example, he demonstrated the enormity of the impact which venereal disease had on the effect running of the forces. Not only that, he also emphasised the impact which venereal disease had on the domestic population, establishing from hospital reports that the mortality rate for children under the age of five suffering from syphilis was much greater than that for the adult population.

Acton's new approach to the problem of prostitution and his insistence on the necessity of their regulation did not allow for religious or moral sentiment. This was a problem: he held that prostitutes could only be 'cured' by medical men, and as such, he proposed new lock-hospital boards. These would remove all members with strong religious and moral agendas and replace them with physicians, who understood the complexities of disease, and whose primary motive was the cure of the prostitute from her disease, not from her profession: an important distinction to understand the novelty of Acton's approach. Against a background of heavy opposition to his plans for regulation, Acton outlined his plans for a nationwide system of regulation of prostitutes. He justified these plans to his readers with a barrage of medical, statistical, and anecdotal evidence of the threat that they posed to the general health of the population. He highlighted the social responsibility of the government for the sexual health of the general public, and his work led the way for the legislation brought in by the Government in the 1860s which was contemporaneous with pressure placed on the government by social campaigners to be responsible for health in other areas, such as the movement to improve the sanitation provision in London led by John Snow. Acton

belonged to a new generation of physicians who highlighted the social impact of disease, and as such, he must be regarded as important a social reformer as Chadwick, Snow, or Farr.

Chapter Four

The Regulation of Personal Behaviour

Spermatorrhoea was not a public health problem in the same way that syphilis was: it was not transmitted contagiously as an infectious disease through a mechanism susceptible to policed regulation, namely prostitution. It was, however, still a problem that Acton regarded as having an effect on the health of the male population. As syphilis was contagious in terms of germs and germ theory, so spermatorrhoea was contagious in terms of its transmission of acquired behaviour. Spermatorrhoea, actually a blanket term to cover a range of different symptoms associated with the male genital region and held to be caused principally by masturbation, was an illness caused by a behaviour that was learned in the playground, from novels and books, or passed congenitally from a spermatorrhoeic father to his son. The symptoms of spermatorrhoea often included nocturnal emissions, the loss of sperm during urination, lethargy, impotence, a stooped frame, blindness and general debilitation.³⁵⁵ The exact definition depends on the physician writing on the subject, but most definitions are based upon Lallemand's *Des Pertes séminales involontaires*: it was he who coined the term spermatorrhoea, and was the first physician to use new technical vocabulary to identify and diagnose the condition.³⁵⁶ In short, spermatorrhoea can be seen as an uncontrolled physical release by a weakened mind, whereas masturbation was seen as a wilful act of self abuse. However, even this definition is problematic, because Acton considered masturbation to be both a

³⁵⁵For a general definition of spermatorrhoea see Graham Hart and Kaye Wellings, 'Sexual Behaviour and its Medicalisation: In Sickness and in Health' *British Medical Journal* 327: 7324 (2002) 896-898, at p. 896.

³⁵⁶For the emergent discussions on spermatorrhoea in the mid-nineteenth century see Elizabeth Stephens, 'Coining Spermatorrhoea: Medicine and Male Body Fluids 1836-1866', *Sexualities* 12 (2009), 467-485.

symptom of spermatorrhoea, and a cause of the disease. Both Ellen Rosenman and Elizabeth Stephens have recognised the difficulty in defining the disorder, because it is essentially fictitious; as a result, physicians' interpretations of the symptoms of spermatorrhoea varied widely.³⁵⁷ The invention of the disease, according to Rosenman, was partly a continuation of the anti-masturbatory rhetoric of the eighteenth century, and partly development of the new discourses on sexuality and the constraints placed on sexual pleasure in the nineteenth century, which were themselves reactions to the perceived eighteenth century sexual excesses.³⁵⁸ What the emergent discussion of spermatorrhoea reveals, as Stephens argues, is not an epidemic of seminal incontinence, but rather an aspect of a new construction of masculinity at this time.³⁵⁹ The pathologisation of sexual behaviour signalled a transformation in the way that male sexuality was understood. Sally Shuttleworth likewise identified spermatorrhoea as an 'invention of Victorian economic and sexual imaginary'.³⁶⁰ It was, she argued, symptomatic of the changing labour market in the nineteenth century, which focused on the male need to retain his vital force and expend capital only in a productive fashion. The male was threatened by the rise of the female influence in the labour market; fears were raised about the feminisation of the male; and as a result, a new awareness and discourse on masculinity arose to identify challenges to the male, amongst which we find the physical consequences of spermatorrhoea.

³⁵⁷ Ellen Bayuk Rosenman, 'Body Doubles: The Spermatorrhea Panic' *Journal of the History of Sexuality* 12 (2003), 365–99, Elizabeth Stephens, 'Pathologizing Leaky Male Bodies: Spermatorrhea in Nineteenth-Century British Medicine and Popular Anatomical Museums' *Journal of the History of Sexuality* 17 (2008), 421–438.

³⁵⁸ Rosenman, 'Body Doubles', p. 366.

³⁵⁹ Stephens, 'Pathologizing Leaky Male Bodies', p. 422.

³⁶⁰ Sally Shuttleworth, 'Medical Discourse and Popular Advertising in the Mid-Victorian Era', in Mary Jacobus, Elvelyn Fox Keller and Sally Shuttleworth (eds.), *Body/Politics: Women and the Discourses of Science* (London: Routledge, 1990), 47–68, at p. 57.

Spermatorrhoea was identified by Acton as a disease which produced an abnormal state of male sexual behaviour. It was an illness that was to prove deadly without adequate education to prevent its occurrence. For Acton, the greatest source of transmission was a familial one. Habits inherited or learned from a father or older brother could result in the fatal consequence of the development of spermatorrhoea in the young male. The debilitating effects of the disease were easily preventable, Acton argued, with proper education about the causes of the transmission and development of the disease. His discussion of spermatorrhoea allowed him to develop his theory on the normal and abnormal state of sexual behaviour in the young male, which will be examined further in the next two chapters. His treatise on sexual behaviour in the male allows us a unique insight into the mid-nineteenth century concept of male sexual behaviour, which was heavily influenced by contemporary cultural constructions of masculinity.

The social mechanisms of transmission identified by Acton meant that spermatorrhoea and its consequences could then be considered as matters which, much like syphilis, required medical intervention in the public realm. It was not legislation or policing that were required, but education and moral improvement. Acton saw these as the way to tackle spermatorrhoea; the prescription of medication was not the primary solution for either syphilis or spermatorrhoea. Acton published his seminal work on spermatorrhoea in the same year (1857) that he published his seminal work on prostitution. The contemporaneous production of these two works indicates that his treatment of the issues occurred at the same stage of his career, and from a common

viewpoint. Just as the prostitute needed to be regulated through medical intervention, so did the spermatorrhoeic sufferer. Acton's assumption that both problems could be solved through the actions of the physician, rather than the evangelical reformer or moral commentator, demonstrates his adherence to the notion of medical superiority.

Spermatorrhoea was a disease which was as debilitating to its sufferer as syphilis.

Acton's approach to writing about the disease is similar to his approach to writing about prostitution: his open and frank discussion of the causes and consequences of the disease was at the time radically different to that of many of his contemporaries. Acton was not embarrassed to discuss topics that were deemed morally abhorrent. For him, the benefit of opening a debate on topics considered difficult, embarrassing or unfitting in polite discourse, such as sexual intercourse, masturbation and venereal diseases – a debate which would forestall the perpetuation of ignorance of the dangers which these diseases and actions caused – outweighed the damage to the civility of public discourse, and potential embarrassment, which would be caused by their discussion. As Acton had contended that prostitution and venereal disease could be diminished and controlled through open recognition of the problem, so spermatorrhoea could be tackled through the education of the nation's young men, and the recognition of the problem of spermatorrhoea and the dangers it posed to their health.

Acton's intention in publishing *Functions and Disorders* was to debate spermatorrhoea and the expectations of male sexual behaviour in the medical sphere. He understood the embarrassment many would experience upon realising their problem and their preference to consult a quack for swift and anonymous treatment rather than consulting their physician. By breaking down the embarrassment felt by men, and by

medically legitimising their problems, Acton hoped to encourage British men to be more confident to seek medical help and advice from professionals. Acton thought that many men had no understanding of what normal behaviour was, and that they, through their ignorance, were justifiably concerned that their behaviour might lead to the onset of a debilitating disease. Acton thus sought to describe not only dysfunctional behaviour and its consequences, but also his expectations and understandings of normal behaviours from childhood to old age. Any variations or divergences from the prescribed normal behaviour were identified as dysfunctional. Recognition of dysfunctional behaviour at an early stage of development could prevent the development of spermatorrhoea. Therefore, recognition of sexual behaviour in the male was crucial to prevent dysfunctional behaviour causing disease. Recognition, Acton argued, would be encouraged through the education of the male at an early age, and the education of parents as to what to expect in normal and dysfunctional behaviours.

Acton's definition of expectations of normal sexual behaviour in the male separates his work from his contemporaries. His approach to the problem as the teacher is unique. His intention was to educate the general public in lay terms, about the causes, and problems that had long plagued them, but which they had been too embarrassed to discuss. *Functions and Disorders* was one of the first works on male sexual behaviour to argue that sexual dysfunction in the adult originated from the sexual behaviour of the child. Acton's monograph was an examination of the sexual, physical and moral development of the male from childhood to old age, in which Acton investigated both the normal and dysfunctional behaviour displayed by the male at the various stages of growth, and the causes of, and cures for, dysfunctional behaviour. His theories on

sexuality during childhood and youth were influenced greatly by contemporary physiology: in particular the works of the British physiologist William Carpenter (1813-1885) and the French physicians Claude François Lallemand (1790-1854) and Leopold Deslandes (1797-1852). Yet, unlike his French counterparts, Acton not only focused on the male who displayed sexually dysfunctional behaviour. Instead he produced a study of all male sexual experiences, both normal and dysfunctional, in order to enable his reader to engage with a comprehensive study of male sexual function. His approach is reminiscent of his approach to *A Complete Practical Treatise* in which Acton had contended that in order to properly understand venereal disease, all venereal diseases needed to be studied. For *Functions and Disorders* to be a successful and useful text on sexual behaviour, Acton needed to examine and identify all male sexual behaviours. Acton's text, like *Prostitution*, is neither overly technical, overflowing with complicated case studies, nor an evangelical warning of the potential dangers to the soul threatened by sexual deviancy. Instead, Acton's approach is both liberal in nature and well-balanced in tactic. It is this attempt to comprehend the normal and to compare both normal behaviour and deviant behaviour that makes Acton's study unique for this period.

The purpose of this chapter is to highlight Acton's approach to writing about normal sexual function and sexual dysfunction. It will demonstrate that Acton's approach could be perceived to be distinctive because of his conception first of the relationship between nature and physical development, and second, his understanding of the abnormal being reliant on the normal: that abnormality was created through a subversion of the normal. In particular, this chapter will concentrate on the third, greatly

changed and developed edition of *Functions and Disorders*, published in 1862. This edition incorporated new, more sophisticated theories on nature, normalcy, and the physical effects of sexual deviancy. Acton attempted to accommodate new and existing ideas on nature throughout the text. The result was a unique interpretation of the relationship between nature and human development, which was both innovative and inherently contradictory from the outset. This chapter will finally assess Acton's construction of the relationship between nature and the male and the dependency of males on consistent continent behaviour.

Similar works from the 1850s highlight the distinctiveness of Acton's attempt to engage the reader with the concept of normal behaviour as something that needed to be regulated. Works by contemporary physicians such as Isaac Palmer Hall's *An Essay Proving Spermatorrhoea and the Varied Forms of Nervous Debility to be a Disease of the Blood* (1858), Richard Dawson's *An Essay on Spermatorrhoea and Urinary Deposits* (1851) and Francis Burdett Courtney's *On Spermatorrhoea* (1858)³⁶¹ dealt specifically with the reported symptoms of spermatorrhoea, the experiences of affected patients and their comments which speculated on the various possible causes of the disease. They did not engage in discussions of expected normal behaviour, and instead concentrated only on dysfunctional behaviour. To inform his work Acton not only relied on his experiences of treating patients who were suffering from spermatorrhoea and other diseases resultant from dysfunctional behaviour, but also engaged with a variety of

³⁶¹ Isaac Palmer Hall, *An Essay Proving Spermatorrhoea and the Varied Forms of Nervous Debility to be a Disease of the Blood* (John Churchill: 1858), Richard Dawson, *An Essay on Spermatorrhoea and Urinary Deposits: With Observations on the Nature, Causes and Treatment of the Various Disorders of the Generative System* (London: Aylott and Jones, 1851), Francis Burdett Courtenay, *On Spermatorrhoea and Certain Functional Derangements and Debilities of the Generative System: Their Nature, Treatment, and Cure* (London: Baillière, Tindall, and Cox, 1885).

medical and physiological texts to produce a well-researched and unbiased examination of male sexual behaviour which gave the appearance of being without bias. Acton regularly cited the works of William Carpenter, especially his texts *Principles of Human Physiology* (1843) and *Principles of General and Comparative Surgery* (1838). Carpenter's approach, as a physiologist, was more scientific than Acton's. He produced several studies on the normal function of the sexual organs, as well as studies on reproduction and a technical examination of the symptoms associated with masturbation. What distinguished Acton's *Functions and Disorders* from contemporary works was thus not its rigorous scientific approach, but his balance of medical advice informed by current British and French physiological and medical theories combined with his interpretation of moral-philosophical advice.

Acton's intention to define normality is indicative of the influence of the work of scientists and statisticians from the Continent on his theories; writers like Albert Fourier (1772-1837), August Comte (1798-1857) and especially Adolphe Quetelet (1796-1894). Quetelet's attempt to apply statistics to social philosophy resulted in his 1835 publication *Sur L'homme et le Développement de Ses Facultés, ou Essai de Physique Sociale* in which he described his concept of the 'l'homme moyen.'³⁶² Acton's conception of the 'average man' was, he claimed, "guided by true physiological principles, and supported by the enlarged views which comparative anatomy now gives

³⁶² Adolphe Quetelet, *Sur L'homme Et Le Développement De Ses Facultes Ou, Essai De Physique Sociale* (Paris: Bachelier, 1835) L'homme moyen was Quetelet's construction of the average man which he conceptualised through statistical analysis.

us of the generative functions.”³⁶³ Dysfunctional behaviour was defined by Acton as an ‘aberration’ of the normal functions. In order to understand Acton’s justification for the necessity of medical intervention in male sexual development we must understand his interpretation of normal and dysfunctional behaviour. This strategy to eradicate spermatorrhoea was similar to his approach to the problem of venereal disease – to tackle it at the source. Just as the prostitute had to be regulated to improve the public health, so did the British male. Through the monitoring of behaviour, Acton claimed that any sexual dysfunction could be identified and treated before it had a chance to affect the male physically.

Acton’s intention for *Functions and Disorders* was that it could be used primarily by the medical community, although he recognised that it would attract a wider readership of laymen, keen to understand more about their own sexual functions. One might assume that the publication was an attempt by Acton to capitalise financially on the growing “spermatorrhoea panic” that had apparently gripped the imagination of the middle-class British male in the mid-nineteenth century.³⁶⁴ The notion of the spermatorrhoea panic, that diseases could be imagined into existence, has been discussed extensively by historians such as Ellen Bayuk Rosenman, Elizabeth Stephens and Sally

³⁶³ William Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life Considered in Their Physiological, Social and Moral Relations* (London: John Churchill and Sons, 1862), p. ix.

³⁶⁴ See Rosenman, ‘Body Doubles’, for an excellent study of the spermatorrhoea panic and its effects on the middle-class male; cf. M. Jeanne Peterson, ‘Dr. Acton’s Enemy: Medicine, Sex and Society in Victorian England’, *Victorian Studies* 29 (1986), 569-90, in which Peterson questions Acton’s intentions for his publication, and suggests that Acton’s intentions for publication and his specialisation in venereology were motivated by money and fame.

Shuttleworth.³⁶⁵ The speculation that spermatorrhoea was an invention of mid-nineteenth century medical constructions of dysfunctional sexual behaviour would be a hasty one, as Robert Darby has argued, physicians did not invent spermatorrhoea with a purpose of selling more books: the production of a quantity of books on such a specific topic was part of a growing medical and cultural trend on the part of the physicians to specialise in a particular field of study.³⁶⁶

The format of *Functions and Disorders* was a deliberate attempt by Acton to demonstrate his theory that sexual dysfunction was an anomaly of the normal functions. It was thus imperative that the normal sexual functions of the male throughout the various stages of development should first be understood before an abnormality or dysfunctional behaviour could be assessed. With this approach Acton categorised both normal and dysfunctional behaviour, His categorisation affords the historian the opportunity to examine his perception of the normal physical and mental development of the male child, and to identify the possible dangers he believed to be associated with this process. Acton explained his intention for this format:

The reader will in the first place find that I have described the normal functions of the sexual organs at the various periods of life, drawing from illustrations from the most recent writings of Owen, Carpenter and Rymer Jones. Thus guided by true physiological principals, and supported by enlarged views which comparative anatomy now gives us of the generative

³⁶⁵ Elizabeth Stephens, 'Redefining Sexual Excess as a Medical Disorder: Fin-de-siècle Representations of Hysteria and Spermatorrhoea' in David Evans and Kate Griffiths (eds.), *Pleasure and Pain in Nineteenth Century French Literature and Culture* (Amsterdam: Rodopi, 2008), pp.201-215, at p. 201; Sally Shuttleworth, *The Mind of the Child: Child Development in Literature, Science and Medicine, 1830-1900* (Oxford: Oxford University Press, 2010), p. 140.

³⁶⁶ Robert Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (Chicago: University of Chicago Press, 2005), p. 107.

functions, I have treated at length of the aberrations to which they are liable.³⁶⁷

The focus of *Functions and Disorders* was predominantly on the middle-class English child. The development of the middle-class child was presumed to be different to that of his working-class counterpart. The concentration on the middle-classes is unusual, as it contradicts, as Rosenmann points out, the traditional Foucauldian notion of the middle-classes objectifying their inferiors.³⁶⁸ Spermatorrhoea was a disease which was thought to affect the middle-classes because of the pressures placed upon their adherence to celibacy until marriage; a marriage which was made difficult because of the financial constraints placed upon marriage for the middle-classes, and which resulted in men and women from these backgrounds marrying much later than their working-class counterparts.

There was also an expectation of middle-class behaviour that was not placed upon the working-classes. For Acton, the middle-class child enjoyed freedom and education that were not afforded to working-class children. He expected that the middle-class child would have the opportunity to play and exercise in the English countryside, which would help develop their strength and vitality. Although Acton does not explicitly mention class, the child he describes can only be one that has been raised in a middle-class family. There is no mention of the urban working-class child and, no reference to the impact of employment at a young age, to industrial and urban pollution, or to the

³⁶⁷ William Acton, *Functions and Disorders* (1862), p. ix.

³⁶⁸ Ellen Bayuk Rosenmann, *Unauthorised Pleasures: Accounts of Victorian Erotic Experience* (Ithaca: Cornell University Press, 2003), p.17.

effects of confined living conditions of the working-class family which he had acknowledged in *Prostitution* had a significant effect on the health of the working-class child. The child that was of most concern in *Functions and Disorders* was the middle-class boy who had the benefit of public school education, and would have the guidance and instruction not only of his parents but also his teachers. The public school was, for Acton, one of the principal hot-spots for the development of sexually dysfunctional behaviour. Because of the close living arrangements of boys and the lack of parental supervision, young boys in school were in danger of being coerced by older boys into trying masturbation, Acton explained that “every now and then, facts leak out, which show that, even into these establishments evil influences sometimes find their way, and the destructive habit may take root and become common.”³⁶⁹ The working-class child, who worked in manual labouring professions, was not susceptible to such coercion; particularly because, as he informed his readers, the “vigorous and healthy boy would not be likely to debase himself.” The working-class boy employed as a mill-worker, miner or farm labourer would not be afflicted with the same disorders as the sedentary school boy, intellectual or clerk, his physical strength afforded them resistance to sexual dysfunctions. This set of attitudes was not typical; indeed Rosenman claimed that during her research into various physicians’ case studies, she discovered only one who could be considered working-class, the rest being identified as members of the middle-classes working in the professions – as lawyers, military officers, bank clerks and students.³⁷⁰

³⁶⁹ William Acton, *Functions and Disorders* (1862), p. 8.

³⁷⁰ Ellen Bayuk Rosenman, *Unauthorised Pleasures*, p. 17.

Acton's concentration on the middle-classes can be explained simply: it was the custom of the middle-class man whom he desired to attract through his publication and his private practice. Because of the delay in marriage for so many middle-class men, it was assumed by Acton that they would be much more inclined to masturbation than their working-class counter-parts. Whilst *Prostitution* focused predominantly upon the relationship between the working-class male and working-class female it is apparent from *Functions and Disorders*, as Frank Mort has demonstrated, Acton's middle-class male was expected to have a greater control over his behaviour.³⁷¹ What was at the heart of *Functions and Disorders* is Acton's apparent need to understand the forces controlling sexual instinct, which he termed as 'nature'. His definition of nature acting upon the middle-class male's sexual behaviour demonstrates Acton's attempts to engage with theories outside the medical realm.

Acton's construction of the normal was dependent upon his understanding of nature, and its influence on human physical, mental, and moral development. His explanation for the growth of the male was continuously attributed to the effects of nature. Thus Acton's conception of nature is crucial to our assessment of *Functions and Disorders*. His understanding of nature as a force was influenced by contemporary theory of nature and development, and we can see that nature as a force for change in behavioural and physical development increased in importance for Acton during the 1850s. In *A Complete Practical Treatise on Venereal Disease* Acton does not engage with the concept of nature as an explanation for change and growth to anywhere near the

³⁷¹ Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England Since 1830* (London: Routledge & Kegan Paul, 1987), p. 77-79.

same extent that he does in *Functions and Disorders*. This is perhaps because *A Complete Practical Treatise on Venereal Disease* was intended as a purely technical exploration of the physiological effects of venereal disease. Acton, thus, did not find it necessary to include a more philosophical investigation of the causes and consequences of venereal disease until his 1853 re-worked edition of the same text in which he conducted an investigation into the impact of prostitution upon incidence of venereal disease.

Nature in *Functions and Disorders* was considered to be crucial to the development of the male. Therefore it was essential that the relationship between nature and the male was understood to ensure that the medical profession could predict and facilitate the unhindered development of the male throughout his reproductive life. As nature was not a concept that Acton discussed in his 1841 and 1853 editions of *Practical Treatise* the shift in his approach can clearly be seen as the result of the intellectual climate in which he was writing. He was influenced by the theories on nature and science discussed during the 1850s by, most notably, Charles Darwin, Alfred Russell Wallace, and John Stuart Mill. The theories of earlier philosophers were of great importance to the educated community. In the mid-nineteenth century, interest in concepts and constructs of nature increased, and there was an influx of reprints of late seventeenth-and-eighteenth century philosophical works: selected editions and reprints of the writings on the relationship between man and nature of Francis Bacon, Immanuel Kant and Alexander Pope. For example, Jesse Torrey Junior's (1787-1834) *The Moral Instructor and Guide to Virtue, being a compendium of Moral Philosophy*, was published in 1830 with the intention of making moral philosophies available to a wider

audience through the reprinting of selections from Alexander Pope's *Essay on Man*, Paley's *Moral Philosophy*, and Penn's *Reflections and Maxims relating to the conduct of Human Nature* as well as abridgements of classics such as Seneca's *Morals*, the *Life and Moral Discourses* of Socrates, and selections from the Old and New Testaments.³⁷²

Works on nature and its relationship with the animal kingdom were especially popular after the publication of studies by the natural philosophers such as Charles Darwin and Alfred Wallace-Russell, which offered new theories on natural selection and the action of nature on the individual.

Acton's use of nature in his narrative of development is an interesting one. He engaged with current theories on nature and human development, and produced his own construct of nature as a force which interacted with all creatures, a force which would determine all aspects of growth, and which had influence over reproduction in all animals. Acton's construct also allowed for human interaction with nature's force. He determined that nature needed to be facilitated by man in order to maintain correct reproductive development, and thus Acton identified the need for scientific intervention into nature's force. Thus nature for Acton was much more than the plants, animals, and trees that were outside of human culture: nature, was instead a bizarre force that affected everything and everyone, not a divine force, but one which required human interference in order for it to act correctly on the development of the human.³⁷³ Acton's

³⁷² Jesse Torrey-Jnr, *The Moral Instructor and Guide to Virtue, Being a Compendium of Moral Philosophy* (Philadelphia: John Grigg, 1830) See also, amongst others Robert Carruthers, ed., *The Poetical Works of Alexander Pope* (London: Nathaniel Cook, 1853); James Spending, Robert Leslie Ellis, and Douglas Denon Heath, (eds.), *The Works of Francis Bacon* (London: Longman and Co., 1858); Immanuel Kant, *Critique of Pure Reason*, trans. J. M. D Meiklejohn, (London: Henry J. Bohn, 1855).

³⁷³ For a discussion on nature and science see Sylvia Bowerbank, *Speaking for Nature: Women and Ecologies of Early Modern England* (Baltimore: Hopkins University Press, 2004); Gregory Claeys, "The

contemporary, the American essayist Ralph Waldo Emerson (1803-1882) published *Nature* in 1848, and claimed that science's one aim was to find a true theory of nature:

all that is separate from us, all which Philosophy distinguishes as the NOT ME, that is, both nature and art, all other men and my own body, must be ranked under this name, NATURE.... *Nature* in the common sense refers to essences unchanged by man; space, the air, the river the leaf. *Art* is applied to the mixture of his will with the same things, as in a house, a canal, a statue, a picture. But his operations taken together are so insignificant, a little chipping, baking, patching and washing, that in an impression so grand as that of the world on the human mind, they do not vary the result.³⁷⁴

Similar to Acton, Emerson's conception of nature is one which is deemed to have an effect upon all human experience. Not only, he argues, does nature affect the physical being, but also the future or potential of the individual, his career, his likes and dislikes. Nature determines all aspects of human life. Sylvester Graham (1810-1879), the American dietary reformer, assumed that man was governed by his own constitutional nature, particular to the individual, which could be changed if the man acted outside the accepted behavioural guidelines. These were set out in his *Lecture to Young Men* (1838): that man had power over his own nature, and that nature was different for each individual: "The constitutional nature of man is established upon principles which, when strictly obeyed, will always secure his highest good and happiness; and every disease and every suffering which human nature bears, results from the violation of the

"Survival of the Fittest" and the Origins of Social Darwinism', *Journal of the History of Ideas* 61 (2000), 223-40; Carolyn Merchant, *The Death of Nature: Women, Ecology and the Scientific Revolution* (San Francisco: Harper San Francisco, 1983), Colin A. Russell, *Science and Social Change 1700-1900* (London: Macmillan, 1983).

³⁷⁴ R. W. Emerson, *Nature* (Cambridge: James Munroe & Co., 1848), p. 3.

constitutional laws of nature.”³⁷⁵ The physician Richard Dawson’s conception of nature was also one that would be individual to each man, and that man’s physical behaviour would have an effect on his nature and constitution: “such is the heavy penalty often paid by man for gross indulgence in sensuality – a degraded nature and a ruined constitution.”³⁷⁶ Acton’s understanding of nature and its effects on the child was one which relied on a delicate balance of the child’s home and physical environment, requiring his parents’ ability to protect him from immoral influences. He suggested that nature would allow the child to develop normally only if the child was protected from any suggestive behaviour from those around him, thus indicating the need for regulation of the child from an early age.

Nature’s dictate for the development of the child was one which Acton interpreted would, or rather should, be free from all immoral influences. He thought that the normal child should have no sexual desire, and that if any such feelings were demonstrated, this would be unnatural and undesirable. Whilst it was important that the child knew nothing of the struggle which he faced, it was imperative that the youth should be well informed to equip him mentally for the struggle that he faced with the natural instinct that would tempt him to masturbate. Acton predicted that a normal child in a state of good health would not be troubled with any sexual ideas. In order for this to occur, it was vital that no such sexual thoughts or inferences should trouble the young male, as a child, he reasoned, would need all his vital energy to “be employed in

³⁷⁵ Sylvester Graham, *A Lecture to Young Men on Chastity. Intended Also for the Serious Consideration of Parents and Guardians* (Boston: George W. Light, 1838), p. 34.

³⁷⁶ Richard Dawson, *An Essay on Spermatorrhoea, and Urinary Deposits; with Observations on the Nature, Causes and Treatment of the Various Disorders of the Generative System* (London: Aylott and Jones, 1852), p. 35.

building up the growing body, and in storing up external impressions and educating the brain to receive them.”³⁷⁷ Nature in a state of normality would, according to Acton, allow the child to develop physically unhindered by sexual interests as long as the correct provisions were in place to prevent any interference. Thus, the normal development of the child required the intervention of the parent, teacher or physician. His expectation for the normal boy allowed Acton to develop and explore his theories as to the conditions for dysfunctional behaviour if the child’s development was left unregulated. To maintain the normal development of the child regulation of the body needed to be introduced. Acton stated that “during a well-regulated childhood, and in the case of ordinary temperaments, there is no temptation to infringe this primary law of nature.”³⁷⁸ Acton foresaw that nature alone would not keep the child from dysfunctional behaviour, and thus, like the prostitute, the child had to be regulated and guarded to ensure his safety and purity. The conditions which needed to be in place in order to ensure nature would allow the child to grow properly and unhindered included environment, parental control, and the guidance of teachers and their control of friendships with other boys.

It was vital to Acton that the child had access to “the pure air, amid the simple amusements of the country, perfect freedom from, and indeed total ignorance of, any sexual affection is, as it always should be, the rule.”³⁷⁹ The correct environment was necessary for the successful natural development of the child, who needed to have access to clean air and open spaces in which to exercise and grow in order to allow

³⁷⁷ William Acton, *Functions and Disorders*, p 1.

³⁷⁸ William Acton, *Functions and Disorders*, p 1.

³⁷⁹ William Acton, *Functions and Disorders*, p 1.

nature to influence his development. This recognised that there were certain pre-requisites to natural development. Acton's interest in environment is also influential in his work on prostitution in which he concludes that the urbanised overcrowded environment in which the women were brought up in and continued to live played a major role in influencing their career on the streets. He expressed his belief that the child should be free to develop without the distress of having to understand or exhibit any sexual interest. Acton thought it was natural for children to seek the company of their own sex at a very early age, whilst girls would prefer quieter games, it was expected that boys would take up more boisterous, traditionally masculine games and activities. Acton realised parents might perceive this change in their child's behaviour as worrying, and could regard their son's disinterest in keeping the company of girls as a negative development in their behaviour. The only feelings that should be exhibited between girls and boys during childhood should be, Acton claimed, sisterly and fraternal, which would be cultivated by the "glory and blessing of our simple English home-life to create and foster with all its softening influences on the afterlife."³⁸⁰ It was necessary, therefore, for the child to be ignorant of sexual behaviour. If the child was "healthy and well brought up" – he would display "no sexual notion or feeling ... even in the way of speculation ... that healthy children's curiosity is hardly ever excited on sexual subjects".³⁸¹ Acton warned his readers not to consider "this purity and ignorant innocence in children in any way *unnatural*."³⁸² In this way, Acton clearly defined two strands of behaviour: one natural and normal, and one unnatural and dysfunctional.

³⁸⁰ William Acton, *Functions and Disorders*, p 1.

³⁸¹ William Acton, *Functions and Disorders*, p 2.

³⁸² William Acton, *Functions and Disorders*, p 2.

Not only did Acton consider nature to affect the behaviour of the child, but he also held that nature would determine his physical development. It was imperative that the child did not disrupt or inhibit the influence of nature by either unwittingly or wittingly interfering with himself, or thus disrupting his development. Acton predicted that nature would act in much the same way that it would with animals in the human child's sexual development. According to nature's dictate the lower the animal in a material sense, the quicker its sexual development: "in many species of insects no sooner is the perfect insect produced than it proceeds at once to the exercise of the function of procreation, which completed, his own existence ceases."³⁸³ Hence apes were considered to be nearest to man in the scheme of life. Lallemand attributed some of their behaviour as being similar to that of humans', he stated "it is well known with what fury apes are addicted to masturbation; the ape being, of all the lower animals, the nearest to man in form."³⁸⁴ For Acton, the sexual behaviour and development of young rams proved a valuable comparison to the development of young males. The ram, Acton explained, displayed a sexual propensity or natural instinct at a young age. He considered their sexual precocity to be entirely intuitive, as it did not depend on the force of example. "The animals life is generally much shorter than that of man – its growth is more rapid, its office in the world is lower and more material, its maturity is sooner reached, and sexual propensities are therefore naturally exhibited at an earlier age."³⁸⁵

³⁸³ William Acton, *Functions and Disorders*, p. 2.

³⁸⁴ Claude Françoise Lallemand, *A Practical Treatise on the Causes, Symptoms and Treatment of Spermatorrhoea* trans. Henry J. McDougall, (Philadelphia: Henry C. Lea, 1866), p. 143.

³⁸⁵ William Acton, *Functions and Disorders*, p. 2.

William Carpenter's surmised in his *Elements of Physiology* (1851), in which he examined the generative functions of the plant and animal kingdom, that

It may be stated as a general law, prevailing equally in the Vegetable and Animal kingdoms, - that the development of the individual and the reproduction of the species, stand in an inverse ratio to each other. We have seen that, in many organized beings, the death of the parent is necessary to the production of a new generation; and even in numerous species of Insects it follows very speedily upon the sexual intercourse ... and there can be no doubt that, in the Human race, early death is by no means an unfrequent result of the excessive or premature employment of the genital organs; and where this does not produce an immediately fatal result, it lays the foundation of future debility, that contributes to produce any forms of disease to which there may be a constitutional predisposition.³⁸⁶

Similarly, Lallemand identified the difference between man and animal, and held that the reason for the problem of sexual precocity amongst male children was caused by the organisation of human society; namely the close living arrangements of males and females and their social interaction as well as the lack of a mating 'season' for humans

Of the first class of causes the most important it is undoubtedly due to the human organisation. The lower animals the male and female live together, as if there were no difference of sex, except during the short rutting season, this period passed, perfect calm is restored. In the human species, the secretion of semen constantly goes on, from the time of maturity until extreme old age; the secretion may indeed be increased or diminished by excitement or repose

³⁸⁶ William Carpenter, *Elements of Physiology, Including Physiological Anatomy* (Philadelphia: Blanchard and Lea, 1851), p. 444.

of the organs but, during this period, it is never entirely suspended as long as the secreting tissues are healthy.³⁸⁷

Nature allowed the human to procreate throughout the year, and did not tie him to a 'season'. This supposes that the human would be endowed with control over his sexual urges, thus separating human behaviour from animal behaviour. The human, as the 'highest' form of life (which was determined because it was not their sole purpose to procreate), would take the longest time to attain sexual maturity. The human male required all his strength and nutrition in his childhood for his development, nourishment and consolidation of the muscular and osseous systems rather than for sexual development.³⁸⁸

Acton made a distinction between sexual ability in the physical and mental sense. He acknowledged that the youth, whom he described as a man who was growing but who had not yet attained his maximum of physical stature, would have the ability to engage in sexual intercourse, but did not possess the power of control over his desires once they had been exercised and would not be able to resist further temptation.³⁸⁹ Acton argued that although the young male possessed the power and the ability to practice sexual intercourse, he was not yet mature to engage in a fulfilling sexual relationship without bearing the consequences of ill health for himself and any unfortunate offspring begotten during this period. Acton's notion of the age at which the male attains sexual maturity contradicts Carpenters, who claimed that "the power of

³⁸⁷ Claude Françoise Lallemand, *A Practical Treatise*, p. 144.

³⁸⁸ William Acton, *The Functions and Disorders*, p. 2.

³⁸⁹ William Acton, *The Functions and Disorders*, p. 25.

procreation does not exist in the Human Male (except in rare cases) until the age of from 14 to 16 years; at which epoch, the sexual organs undergo a much-increased development; and the instinctive desire, which leads to the use of them, is awakened in the mind.”³⁹⁰ What distinguished Acton’s work from Carpenter’s *Elements of Physiology* was that Acton considered that sexual maturity required not only physical, but also mental development. By considering both the physiological and psychological effects of sexual activity at a young age, he assumed that the normal period in which the male would achieve sexual maturity would be between twenty five to thirty years of age. At this age, he wrote,

when the general growth of the body was complete and the soft bones of childhood are hardened into the firm and elastic frame of man, the mental powers to be at their highest [and] the will and judgement should command and yet be enlivened by the remains of youthful energy and enthusiasm. And, which is more to our present purpose, the virile powers, whose existence commenced at puberty, now at last matured, should be fit and ready to be exercised in obedience to the Creator’s command to be fruitful and multiply.³⁹¹

Acton’s *Functions and Disorders* shares many similarities with another contemporary work, Michael Ryan’s *The Philosophy of Marriage*: Ryan also claimed that twenty-five was the natural age in which a male should explore his sexuality. According to Ryan, “sexual indulgence, or unnatural excitement of the virile organ, before the age of twenty-one according to our laws, but before the age of twenty-five according to the laws of

³⁹⁰ Carpenter, *Elements of Physiology, Including Physiological Anatomy*, p. 444.

³⁹¹ William Acton, *Functions and Disorders*, p. 71.

nature, not only retards the development of the genital organs but the whole body.”³⁹² An understanding of nature was necessary to recognise patterns of behaviour in the male in order to separate the normal behaviour from the dysfunctional. What was considered to be a natural instinct for sexual activity inherent in the male was perceived by Acton to be nature’s influence as an external force upon the developing male. What is interesting about Acton’s interpretation of the natural instinct is that he did not consider all sexual urges to be natural. He considered some to be false instincts which were brought on as the youth became aware of their genitalia, their sexuality and their potential virility. Whilst the male youth was physically able to engage in sexual intercourse, he was not mentally ready for the consequent feelings that the act would induce. The period of youth and its relationship with nature was considered then to be the most dangerous: a young man may think that he was exercising his natural urges but he would discover that those urges were false, and brought about by his own curiosity and not by nature.

Acton reinforced his theory that the development of the young male needed to be closely watched by his physician and parents. He considered the period of youth to be especially difficult, as the male would have to battle his own desires to remain chaste and continent, whilst resisting the ever growing sensation that he needed to engage in sexual activity.

A natural instinct, a great longing, has arisen in a boy’s heart, together with the appearance of the powers requisite to gratify it. Everything, the habits of the world, the keen appetite of youth for all that is new – the example of

³⁹² Michael Ryan, *The Philosophy of Marriage in Its Social, Moral and Physical Relations* (London: John Churchill, 1837), p. 133.

companions – the pride of health and strength – opportunity – all combine to urge him to give the rein to what seems a *natural* propensity.³⁹³

Nature, according to Acton, would ‘persuade’ the male to engage in premature sexual activity, by increasing his instinct to indulge in sexual intercourse. Under this theory, Acton supposed that nature, for the youth, becomes a force to be resisted. Instead of endowing the young male with a natural instinct, nature proved itself to be a force to be resisted until the male had reached sexual maturity. In his 1847 publication, *Faithful Monitor*, a consulting surgeon at Bristol Royal Hospital named P. B. Lloyd also highlighted the dangerous and irresistible force that the natural instinct represented to the young male:

the laws which concern the healthy and natural condition of the sexual organs, and the direction given to their use by the incitements of the natural instincts ... The possession of this power is a matter of interest in more respects than one; and to give everyone who enters the marriage state desire to give it the effect intended by nature, both as to immediate enjoyment and its ulterior object in reproduction, is very strong.³⁹⁴

Lallemand also recognised the powerful nature of the sexual instinct. He predicted that were the young male left to exercise these new found desires brought on by an awareness of his sexual instinct, he actions would lead to continued sexual dysfunction:

³⁹³ William Acton, *Functions and Disorders*, p. 26.

³⁹⁴ P. B. Lloyd, *The Faithful Monitor: A Medical Work on the Morbid Affections and Distressing Maladies Consequent of Early Indiscretions: Being a Physiological Exposition of the Formidable Evils Arising from Certain Solitary Habits and the Perversion of the Procreative Functions with Practical Suggestions for Prevention and Cure*. (Bristol: P. B. Lloyd & Co., 1847), p. viii.

inevitably, the young male would develop the symptoms of spermatorrhoea.³⁹⁵ Acton's examination of the natural instinct and its effects on the normal sexual behaviour in boys and young men separates his work from that of these contemporaries, as he expected all young males to experience a natural instinct towards sexual indulgence. The natural instinct was normal force and was not a sign of sexual dysfunction. Unlike contemporary writers, Acton saw the natural instinct as a phenomenon which for the middle-class male needed to be resisted until his physical and mental development had been completed.

Here we can see an evident contradiction in Acton's argument. Although Acton cited natural instinct as nature's call to engage in reproductive behaviour, he was of the same opinion as Carpenter that the natural instinct experienced by the youth should only be regarded as preparatory to the exercise of the organs, and not as a sign that the youth is ready for sex.³⁹⁶ Steven Seidman recognised that the Victorians considered the sexual instinct to be a benevolent and omnipresent power that propelled people towards engaging in sexual activities for pleasurable gains. The only safeguard from ruination was self-control, and the spiritualisation of desire which would combine to create an autonomous self and a healthy society. Seidman cited Elizabeth Blackwell's declaration of the importance of the sexual instinct for society that "the instinct of sex always exists

³⁹⁵ Claude François Lallemand, *A Practical Treatise*, p. 144.

³⁹⁶ William Acton, *Functions and Disorders*, p. 31.

as the indispensable condition of life, and the foundation of society. It is the strongest force in human nature.”³⁹⁷

The period of youth, then, was delicate. It was a period in which the young male had to battle his own instincts to ensure his health and virility in adulthood. Acton considered this to be a trial of self will to ensure continence; a trial that all young males would have to undergo. Upon entering puberty, he wrote rather prosaically, “Now begins the trial which every healthy boy must encounter, and come out victorious of he is to be all that he can and ought to be.”³⁹⁸ The boy was forced to bear new sexual instinctive desire, but not allow himself to succumb to the new feelings which Carpenter had identified that he shared with lower animals. “This instinct” Carpenter had claimed “like the other propensities, is excited by sensations; and these may either originate in the sexual organs themselves or may be excited through the organs of special sense. Thus in man it is most powerfully aroused by impressions conveyed in sight or touch, but in many other animals the auditory and olfactory communicate impressions which have an equal power.”³⁹⁹ The sexual instinct was perceived to be natural and equable to what was experienced by all animals. Acton recognised that with puberty “a new *power* is present to be exercised, a new *want* to be satisfied”⁴⁰⁰, and that this new desire was forced upon the young male by natural instinct. Acton cited Carpenter’s description of the instinctive change in the youth “to the use of the sexual organs for the continuance of

³⁹⁷ Elizabeth Blackwell, ‘Counsel to Parents’, (London, 1913), in Steven Seidman, ‘The Power of Desire and the Danger of Pleasure: Victorian Sexuality Reconsidered’, *Journal of Social History* 24 (1990), pp. 47-67.

³⁹⁸ William Acton, *Functions and Disorders*, p. 25.

³⁹⁹ William Carpenter, *Principles of Human Physiology, with Their Chief Applications to Pathology, Hygiene and Forensic Medicine* (Philadelphia: Lea & Blanchard, 1843), p.792.

⁴⁰⁰ William Acton, *Functions and Disorders*, p. 25.

his race, MAN is prompted by a powerful instinctive desire, which he shares with the lower animals. This instinct, like the other propensities, is excited by sensations; and these may either originate in the sexual organs themselves or may be excited through the organs of special sense.”⁴⁰¹ It was therefore no longer safe to allow the youth to remain ignorant as to his sexual propensity. The youth needed to be educated as to the changes, both physical and mental that lay ahead.

The belief that the natural instinct was a great force was reiterated by Frederick Hollick in 1885 Hollick observed that “the [sexual] instinct ...is innate in all beings, and exercises a most powerful influence, both upon individual action and upon the destinies of nations.”⁴⁰² Without an informed understanding of the new feelings and desires that grew ever greater as he progressed through puberty, Acton feared the boy would satisfy his cravings for sexual activity, which would ultimately, bring physical and moral ruin to the boy. This new *want* he described, would be an irresistible tyrant to the boy if the boy were to yield to the desire and masturbate. Acton predicted that if the youth was not educated properly, he would find himself “in possession of these sexual feelings and powers, utterly ignorant of their importance or even their nature, except from the ribald conversation of his worse companions.”⁴⁰³ The best protection that society could provide boys at risk of indulgence in vice was, according to Acton, open and frank discussions by the young male’s parents and teachers, to inform him of the consequences of his actions. Without proper education about the dangers of masturbation and sexual

⁴⁰¹ William Carpenter, *Principles of Human Physiology* p 792, cited in Acton, *The Functions and Disorders of the Reproductive Organs*, p. 25.

⁴⁰² Frederick Hollick, *The Marriage Guide or Natural History of Generations* (New York, 1974), p. 356 as cited in Seidman, 'The Power of Desire', p. 49.

⁴⁰³ William Acton, *Functions and Disorders*, p. 26.

indulgence, the youth might as Acton feared, experiment; yet “knowing absolutely nothing of them, fancies as he, with many compunctions, begins a career of depravity, that he is obeying nature’s dictates.”⁴⁰⁴

Acton here recognised a problem with his own theory on nature and its influence upon the sexual development of the young male. Although the youth has acquired a new natural instinct towards sexual behaviour, he has to resist its influence in order to protect his strength and virility which was vital for reproduction. Therefore he has to resist this instinct and recognise it as *unnatural*. Acton overcomes this contradiction in his argument by explaining to his reader that:

Here, then, is our problem. A natural instinct, a great longing, has arisen in a boy’s heart, together with the appearance of the powers requisite to gratify it. Everything – the habits of the world, the keen appetite of youth for all that is new – the example of companions ...all combine to urge him to give rein to what seems a natural propensity. Such indulgence is, indeed, not natural, for man is not mere animal, and the nobler parts of his nature cry out against this violation of their sanctity. And more, such indulgence is *fatal*.⁴⁰⁵

This highlights an interesting contradiction in Acton’s approach. He, like his contemporaries, was keen to demonstrate that the natural development of the male was akin to the development of what he described as ‘lower animals’, to show that natural sexual development was dependent upon the animals’ life expectancy and their perceived place in the natural world. Yet, the passage cited above claims that the male

⁴⁰⁴ William Acton, *Functions and Disorders*, p. 26.

⁴⁰⁵ William Acton, *Functions and Disorders*, p. 27.

youth should not be considered in the same manner as the 'mere animal', suggesting that nature alone would not dictate the normal development of the sexual appetite; that it was also dependent upon self-awareness and self-control. The natural instinct that was displayed by the present and post-pubescent youth was, in a sense, false. Nature allows this instinct to develop, but as it is harmful for the youth to indulge, man must constrain it through self-awareness and self-control. Although the youth may feel he is physically able to engage in sexual activity, he is too young to understand the consequence of over-indulgence. This notion demonstrates, as Rosenmann has recognised, a deep mistrust of the body in its 'natural' state.⁴⁰⁶ Only with a greater intellect and physical strength would he be able to practice sex safely, as he would understand the importance of continued continence, even within marriage.

The natural instinct, although strong, needed to be resisted in order to maintain normal development. Acton's concept of nature and of the natural instinct was one which relied upon human interference: although the male might be physically able to procreate, he was by no means mentally, morally, or socially ready for the responsibility. It was imperative that the young male was taught to resist the instincts which would become ever greater during puberty. By choosing to remain continent, Acton was convinced that the youth would maintain the proper mental, moral, and physical development expected of him.

Parental responsibility was considered to be a key factor in the normal development of the child. If the male child was brought up well, and continued to be

⁴⁰⁶ Rosenman, *Unauthorised Pleasures*, p. 22.

physically and mentally healthy, his mind would entertain no sexual notion. Acton comforted parents not to despair at this self-motivated gender separation of play. He explained that this tendency, which could often be stigmatised as rudeness should be regarded as a provision of nature against any possible danger of interest in sexual activity at what was perceived to be a dangerously early age.⁴⁰⁷ It was not only nature that Acton considered to be necessary for the behaviour of the developing male child. Parents, teachers, and fellow school children would all have a hand in the sexual development of the child. All could present a potential influence to the dangerous early sexual indulgence. It was therefore the duty of the parent, school teacher and school fellow to educate the boy as to the risks that would entice him to sexual deviance. Although not believed to be common, the idea that children may display an interest in sex was thought possible, and the idea of the sexually precocious was by no means a new one - William Carpenter had written in 1843 that he considered it possible for children to have a full development of the generative organs, and thus a sexual passion, at only a few years old.⁴⁰⁸ However, unlike Carpenter, Acton was not convinced that a child's sexual organs would prematurely develop. Rather, it was the child's behaviour that challenged and changed the natural course of physical development. It would be more a mental, rather than a physical transformation that would be experienced. Acton did believe that every child could procure some enjoyment from touching his genitals, and that this could become a habit, but it did not necessarily follow that as a

⁴⁰⁷ William Acton, *Functions and Disorders*, p1.

⁴⁰⁸ Carpenter, *Principles of Human Physiology*, p567. On this issue, see further an interesting piece in *The Lancet*, taken from *Bulletin de l'Academie Royal*, February 28th 1843, on the 'Extraordinary Instance of Precocious Puberty' in which it was claimed that a child from Cambrai, born in 1839 was taken to see M. Reulle at 3 years and four months with extraordinary growth of full pubic hair, hair above the lip and on the face, a penis of over 3 ½". He was easily able to attain an erection and masturbated up to five times daily. The article claimed that at three and a half years old the child was in fact, a man: 'Extraordinary Instance of Precocious Puberty', *The Lancet*, 39, 1020, (1843), 910-11.

consequence the child's genitalia would prematurely develop. Lallemand asserted that the danger of the parent's ignorance of their child's sexual interest was an error indeed:

The most anxious parents believe that there is no occasion to watch over the actions of their children with regard to their genital organs, previously to the epoch of puberty; and few even of our own profession, are led to suspect bad habits before that period. This is a fatal error against which it is necessary to be on our guard: numerous cases may give rise to abuses, at a much earlier period – infancy being hardly exempt from them.⁴⁰⁹

Acton also pointed towards hereditary predisposition as an important factor in sexual deviance amongst male children. His acceptance of the idea of hereditary predisposition would at first seem problematic in respect of his construction of nature and normality, in which nature was seen to act reactively to the individual's behaviour. The concept of the hereditarily predisposed child does not take into account the individual's behaviour as being the cause for the sexual deviancy of the child, but the behaviour of the child's parent, prior to the child's conception. This notion of hereditary predisposition to sexual deviancy was not confined to *Functions and Disorders*; indeed, Acton discussed at length the consequences of sexual deviance on the children of prostitutes and criminals in *Prostitution*.

Nature did not only have an effect on the individual, but also upon the individual's offspring. This lasting effect of deviant behaviour would ultimately be passed onto the child. Thus, it was natural to expect the child of the sexual deviant to

⁴⁰⁹ Claude François Lallemand, *A Practical Treatise*, p. 94.

display similar behaviour to his parent: the ‘sins of the father are visited on the heads of the children.’⁴¹⁰ On the cause of sexual dysfunction Acton wrote that:

It is difficult to lay down with any certainty in any given case. My own belief is that there are not a few sources, in some or all of which this fatal tendency may take its rise; I should specify *hereditary* predisposition as by no means the least common. It cannot be denied that as children from their birth inherit a peculiar conformity of features or frame from the male or female parent, so they frequently evince in the earlier years of childhood, mental characteristics and peculiarities that nothing but hereditary predisposition can account for.⁴¹¹

This construction of an hereditary predisposition was linked neither to the mother nor the father specifically. Acton continued, “no man or woman, I believe can have habitually indulged their own sexual passions to the exclusion of higher and nobler pleasures and employments, without running the risk of finding that a disposition to follow the same course has been inherited by the children.”⁴¹² This notion supported Acton’s warning of the danger of premature sexual activity, it also further proved the possibility that the individual could acquire and evince a sexually deviant habit, because he was naturally inclined to this deviant behaviour, and not necessarily because of his own actions as a child.

Acton argued that a vigorous and healthy young boy was not likely to display any tendency to debase himself, because he was not believed to be naturally inclined to

⁴¹⁰ William Acton, *Functions and Disorders*, p. 4.

⁴¹¹ William Acton, *Functions and Disorders*, p. 4.

⁴¹² William Acton, *Functions and Disorders*, p. 4.

such behaviour. Those without a predisposition to sexual dysfunction would be able to prevent themselves from succumbing to sexually deviant behaviour because they had the choice to do otherwise. So, there is an element of self-will required here to maintain normality in the male child's behaviour. Self-will would, Acton argued, prevent congenital disorders in future generations. Without self will, "it is a sufficient answer to all such insidious arguments to state the simple physiological fact, that merely considering a boy of sixteen years as an animal, any indulgence of his sexual passion is a direct and unmitigated mischief."⁴¹³ The consequences of allowing the sixteen-year-old youth to participate in sexual activity, what he termed '*unmarried intimacy*,' to follow "Nature's laws, and indulge sexual desires which Nature has given them for their gratification,"⁴¹⁴ would inevitably be discovered in the behaviour of his children. To support his theory, Acton turned again to the animal kingdom, and provided the example of horse breeders from Yorkshire. On account of increased demand for their horses they had been forced to breed from mares at two years old; but this practice had had to be given up, as it was found that the reproductive system of the mare became impaired, and the foals were good for nothing. Equally, the progeny of the dysfunctional youth would become "weakly, sickly and difficult to rear, and wretched to themselves and others if reared."⁴¹⁵ Humans, like animals, needed control in order for continued normal health and to prevent premature sexual excess. However, humans, unlike animals possessed self-control. Although nature does not permit the animal to procreate prematurely, the male child had to control his own sexual desires, and resist the natural instincts that he evinces from puberty.

⁴¹³ William Acton, *Functions and Disorders*, p. 30.

⁴¹⁴ William Acton, *Functions and Disorders*, p. 30.

⁴¹⁵ William Acton, *Functions and Disorders*, p. 30.

Acton presumed that continence was the best means of protection from sexual diseases. His concept of continence was representative of the Victorian physicians' need to control and regulate both the mind and body. Adolescence lent itself well to an active system of regulation by the physicians and parents of young middle-class men for whom a wide variety of advice books and medical texts were written.⁴¹⁶ Acton recognised that in some ways continence was an interference with nature. Puberty brought with it a sexual awakening for the youth, in which he would be naturally inclined to play with his genitalia and masturbate. This natural inclination towards such an activity was one which Acton sought to control, believing it to be a paradoxically unnatural force which tempted the boy to sexual activity before he was physically and mentally able to understand his behaviour. Acton and his contemporaries held that premature sexual indulgence would be harmful to the normal development of the youth, and as such, it had to be prevented. Certain young men were more prone to masturbation than others, and as we have discussed earlier in this chapter, the middle-class male was most likely to be affected. The regulation of the middle-class male was made much easier for the reformer because of his attendance at a school. Continence was the only means to regulate the normal youth's behaviour, and to allow the opportunity for education about the harmful effects of masturbation and premature sexual intercourse until after marriage and full physical and mental development had been attained. This conception of the

⁴¹⁶ For example, J. Hamilton Moore, *The Young Gentleman and Lady's Monitor and English Teacher's Assistant* (New York: Daniel D. Smith, 1824), Sylvester Graham, *A Lecture to Young Men on Chastity, Hints for the Young in Relation to the Health of the Body and Mind* (Boston: George W. Light, 1840), Henry Smith, *The Warning Voice or Private Medical Friend; a Treatise on the Causes, Symptoms and Treatment of Nervous and Physical Debility*. (London: The Author, 1860); Torrey-Jnr, *The Moral Instructor and Guide to Virtue* (Philadelphia: John Grigg, 1830).

natural development of the youth relied upon human interference upon that process. Peter Cominos labelled continence as the respectable sexual ideology of Victorian England, which he understood to stress the importance of abstinence from sexual intercourse and continued continence until marriage. R. P. Neumann interpreted the desire for the continent boy as representative of the middle-class stereotype of the self-controlled, continent, asexual child, who manifested the middle-class desire for the self-preservation through hard work, self-control, and a sublimation of sexual energy into 'useful work'.⁴¹⁷

Acton clearly defined continence as being a state in which the youth should abstain from all sexual activity, lawful or unlawful, moral or immoral, and maintain a complete control of the passions. The masturbator was excluded from this group. He, by "unnatural means causes expulsion of semen" and so undertook an act which Acton maintained would prevent him from being truly continent. Here masturbation is clearly defined as an unnatural, dysfunctional act. Nocturnal emissions were discounted from being incontinent or vicious behaviour. They were to be expected as a consequence of continent behaviour as it was in this way that nature relieved herself of superfluity.⁴¹⁸ T. B. Curling's *A Practical Treatise on Diseases on the Testis*, published a year before Acton's *Functions and Disorders* in 1856, similarly took the view that nocturnal emissions were a natural occurrence:

⁴¹⁷ Peter T. Cominos, 'Late-Victorian Sexual Respectability and the Social System', *International Review of Social History* 8 (1963), 18-48, 216-50; R. P. Neuman, 'Masturbation, Madness, and the Modern Concepts of Childhood and Adolescence', *Journal of Social History* 8 (1975), 1-27, at p. 9.

⁴¹⁸ William Acton, *Functions and Disorders*, p. 28.

In this state, the loaded ducts and seminal receptacles are relieved by ejaculations of the spermatic fluid during sleep ... Most continent persons in the vigour of manhood are subject to them, [they] are followed by a sense of local relief and mental ease, and they then appear to be a salutary provision to obviate the inconveniences which might arise from unsatisfied desires.⁴¹⁹

Nocturnal emissions were considered to be a natural consequence of continent behaviour; the body needed some outlet to expel seminal fluid in order to keep its nervous system healthy. It was not considered abnormal or unnatural, because nocturnal emissions required no human action: the male had no control over his nocturnal emissions. Acton's recognition of the pubescent sexual instinct as a natural phenomenon demonstrates his desire to regulate sexual instinct, to control nature in order to allow the youth to conform to societal expectations of sexual relations within marriage alone.

The youth aged between fourteen and sixteen would, Acton predicted, possess a body which was approaching full strength and vigour. His mental function would be almost at full capacity, and "his conscience is unburdened, his intellect clear, his address frank and candid, his memory good, his spirits are buoyant, his complexion bright." This young male, who was at the peak of his development, possessed a body which "is well performed, and no fatigue is felt after moderate exertion. The youth evinces that elasticity of body and that happy control of himself and his feelings which are indicative of that robust health and absence of care which should accompany youth."⁴²⁰ The young man Acton described was socially desirable, the perfection of young manhood, who

⁴¹⁹ T. B. Curling, *A Practical Treatise on the Diseases of the Testis and of the Spermatic Cord and Scrotum* (New York: H. Ballière, 1856), p. 386.

⁴²⁰ William Acton, *Functions and Disorders*, p. 28.

would appeal to all readers, as happy, sociable and intelligent. The description of the normal is in stark contrast to Acton's description of the youth who had succumbed to dysfunctional behaviour and masturbation. This young man was described as easily recognisable, for:

his frame is stunted and weak, the muscles undeveloped, the eye is sunken and heavy, the complexion is sallow, pasty, or covered with spots of acne, the hands are damp and cold, and the skin moist. The boy shuns from the society of others, creeps about alone, and joins with repugnance in the amusements of his schoolfellows. He cannot look anyone in the face, and becomes careless in dress and uncleanly in person. His intellect is often of the lowest class and if his evil habits are persisted in, he may end up in becoming a drivelling idiot or a peevish valetudinarian.⁴²¹

Acton warned that the above description of the degeneration of the body and mind was a state which all incontinent boys were in danger of developing. Ryan, similar in his understanding of the action of nature, determined that the changes that were to be wrought upon the masturbator were nature's revenge: "nature is thus outraged, and one of the noblest faculties of our species is debased below the level of brute."⁴²² The only way Acton believed the youth could avoid developing in this manner was to remain continent and avoid masturbation, for the continent boy had not "expended that vital fluid, semen and his youthful vigour has been employed for a legitimate purpose."⁴²³ This description of the sickly, idiotic and ill tempered boy was intended to serve as a stark warning to any youths or men who felt difficulty in remaining continent. To further

⁴²¹ William Acton, *Functions and Disorders*, p. 29.

⁴²² Ryan, *The Philosophy of Marriage in Its Social, Moral and Physical Relations*, p. 45.

⁴²³ Acton, *Functions and Disorders*, p. 29.

justify the importance of continence, Acton warned his readers that their indulgence in masturbation would not only harm them but it also could be fatal for their children – if they were able to have any. Acton held nature would allow a hereditary predisposition to sexual dysfunction to be passed on from father to son believing as we have seen, that “the sins of the father are visited on the heads of the children,”⁴²⁴ and this understanding the moral import of the Old Testament text in the light of the new eugenic science of the mid-nineteenth century, and its understanding of heredity and hereditability.

The expectation for the continent youth was that he would learn to control or regulate his desires to an extent whereby he would no longer have to struggle with his natural instinct. Acton believed that if a young man could acquire a habit of masturbation, he could also acquire a habit of continence; that it “is often a comparatively easy task to be continent, and requires no great or extraordinary effort; and every year of voluntary chastity renders the task easier by the mere force of habit.”⁴²⁵ Acton conceived continence to be rather like a battle with the self. He described puberty as a “struggle hard to be borne, still harder to be victorious in”; that the continent youth would face “long years of courageous self rule,”⁴²⁶ in which every victory would strengthen its victor. For the masturbator, by contrast, he predicted that:

The first little concession, the first lost battle between the will and temptation, is but the commencement of a long series of failures. Every

⁴²⁴ William Acton, *Functions and Disorders*, p. 3.

⁴²⁵ William Acton, *Functions and Disorders*, p. 33.

⁴²⁶ William Acton, *Functions and Disorders*, p. 33.

battle was harder because the last had been lost. Every defeat lessened the last trembling remnants of self reliance.⁴²⁷

Victory over temptation would only occur for those who possessed both physical and mental courage. To indulge, even if only a few times, would make the temptation ever greater, as it would diminish the youth's capacity to resist. Carpenter wrote that "it is a well-known fact, that the highest degree of bodily and mental vigour is inconsistent with more than a very moderate indulgence in sexual intercourse; whilst nothing is more certain to reduce the powers both of body and mind, than excess in this respect."⁴²⁸

Acton likewise warned of the inevitable decline of the masturbator; that he would be subjected to the "agony of breaking off a habit which so rapidly entwines itself with every fibre of the human frame," and that it would not be too much to say to any young man "commencing a career of vice, 'you are going on a road from which you will never turn back'"⁴²⁹ The battle for continence was one in which the youth would have to fight his own instincts. His victory would demonstrate his capacity to become a strong young man, who was morally incorruptible, the ideal middle-class male.

According to Acton the attainment and maintenance of continence was a struggle from the passage through puberty. The youth would not be naturally imbued with the strength of self-will to resist temptation, but would have to learn it. He considered continence to be a trial of the self, of which he explained: "what is the use or object of a trial but to try, to test, to elicit strengthen and brace, whatever of sterling, whatever of

⁴²⁷ William Acton, *Functions and Disorders*, p. 31 and 44.

⁴²⁸ William Carpenter, *Elements of Physiology, Including Physiological Anatomy*, p. 444.

⁴²⁹ William Acton, *Functions and Disorders*, p. 35.

valuable, there is in the thing to be tried?”⁴³⁰ The trial of continence was therefore a test of the youth’s ability to resist temptation and to prove his morality and strength as a young man. On the difficulty of maintaining continence, Acton argued that if the youth did not submit to any temptation, continence would become easier with time;

My own opinion is, that where, as is the case with a very large number, a young man’s education has been properly watched and his mind has not been debased by vile practices, it is very often a comparatively easy task to be continent, and requires no great or extraordinary effort; and every year of voluntary chastity, renders the task easier by the mere force of habit.⁴³¹

Acton quoted a passage from Lallemand’s *Practical Treatise* as to the state of distress that some young men find themselves experiencing upon entering puberty. “There is a constant state of orgasm and erotic preoccupation, accompanied with agitation, disquiet and *malaise*, an indefinable derangement of all the functions.”⁴³² The youth that Lallemand had described was who was permanently preoccupied with sexual thoughts, on account of which he became increasingly socially reclusive, “in order to dream about the great mystery which absorbs them.” The only recovery from which, Lallemand argued was a spontaneous emission “which causes this state of plethora to cease, is a true and salutary crisis which for the moment re-establishes the equilibrium of the economy.”⁴³³ Acton disagreed with Lallemand’s claim that this was the experience of the innocent, but believed this was a true and accurate description of the experiences of

⁴³⁰ William Acton, *Functions and Disorders*, p. 32.

⁴³¹ William Acton, *Functions and Disorders*, p. 33.

⁴³² William Acton, *Functions and Disorders*, p. 54.

⁴³³ Claude François Lallemand, *A Practical Treatise on the Causes and Symptoms of Spermatorrhoea*, p. 324, as cited in William Acton, *Functions and Disorders*, p. 38.

one who was semi-continent: “men who, without any of the strength of the hardened sensualist, or any of the strength of the conscientiously pure men, endure at once the sufferings of self-denial, and the remorse of self-indulgence,”⁴³⁴ and demonstrates his understanding of continence requiring complete abstinence.

Acton maintained that the young man who came to his practice to complain to him of sexual frustration and illness, had most certainly succumbed to sexual intercourse of some form, in order to attain a short-lived respite from the sexual temptation which he had experienced. Although he would be satisfied for a while, the feelings of sexual frustration would soon bear upon him again and in greater intensity. The only method of true continence, Acton argued, was the continued continence and the complete avoidance of all sexual activity. This was the real remedy for sexual distress. Acton thought that the physician should use all the hygienic aids in his power, and not try to cure incontinence. He recognised that many youths feared an atrophy of the sexual organ because of a perception that it was a muscle they should be exercising. This Acton argued, was a great mistake, as it was impossible that the genitals would perform imperfectly in well-formed and healthy adults from puberty to old age. He supported this argument by yet another example drawn from the animal kingdom, making use of the example given to him by Mr Varnell, Assistant Professor at the Veterinary College, of a horse that was not allowed to mount mares until he was twenty. Although the horse was quiet in his presence, he had become a successful foal-getter.⁴³⁵ Aids to continence for

⁴³⁴ William Acton, *Functions and Disorders*, p. 34.

⁴³⁵ William Acton, *Functions and Disorders*, p. 36.

the human included religion, exercise, diet ,and healthy and intellectual employment and amusement.

It was Acton's belief that the principle objective for the youth ought to be the preservation of a pure and healthy mind in a pure and healthy body. Through training the will, he could achieve this objective by preventing a debilitating habit from being formed. It was, for Acton, a case of 'mind over matter', as he claimed that "the man who can command even his thoughts, will have an *easier* task in keeping continent than he who cannot. The man who, when physical temptations assail him, can determinately apply his mind to other objects, and employ the whole force of his will turning away, as it were, from the danger."⁴³⁶ Training and exercising the mind and body would reduce the difficulty of living a chaste life, and would imbue the youth with a sense of pride in his self-command over his body and mind. He claimed that "without this resolute grasp of the intellect and moral nature, to direct, control and thoroughly master all the animal instincts, a man's life is but an aimless, rudderless drifting, at the mercy of every gust of passion, or breeze of inclination towards tolerably certain shipwreck"⁴³⁷ Similarly, the American publication *The Young Gentleman and Lady's Monitor* demanded continued continence from its readers: "since therefore the passions are the principles of human actions, we must endeavour to manage them as to retain their vigour; yet keep them under strict command."⁴³⁸

⁴³⁶ William Acton, *Functions and Disorders*, p. 44.

⁴³⁷ William Acton, *Functions and Disorders*, p. 43

⁴³⁸ Moore, *The Young Gentleman and Lady's Monitor and English Teacher's Assistant*, (London: Owen, 1858), p. 86

The possession of a strong will would allow the youth with a resolute grasp of both intellect and moral nature to thoroughly control all his animal instincts, and thus master nature. The youth, if he maintained his continent behaviour, could expect to develop into a healthy and strong young man. Acton claimed that continued continence was essential for the attainment of real happiness:⁴³⁹

The man, who commands even his thoughts, will have an *easier* task in keeping continent than he who cannot. The man who, when physical temptations assail him, can determinately apply his mind to other subjects, and employ the whole force of his will in turning away, as it were, from the danger, has a power over the body itself which will make his victory tenfold easier than his.⁴⁴⁰

It was not sufficient to exercise the mind and will as a means for continence. As in childhood, the youth was expected to subject his body to regular and determined exercise. The discipline of the body, Acton argued, should be determined by thorough hygienic and scientific regulation. Acton recognised that some young men would be afraid that continued continence would not allow them to develop properly, that there was a fear that if the organs are not regularly exercised they would become atrophied; and that impotence was thought to be the result of chastity. This fear of continence, Acton believed was a fear that the penis would not function correctly, but he dismissed it out of hand, as “a device of the unchaste, a lame excuse for their own incontinence, unfounded by any psychological law.”⁴⁴¹

⁴³⁹ William Acton, *Functions and Disorders*, p. 46

⁴⁴⁰ William Acton, *Functions and Disorders*, p. 44.

⁴⁴¹ William Acton, *Functions and Disorders*, p. 36.

In order to maintain continence, Acton insisted that “above all other assistance, must of course be placed the influence of religion.” He continued in the same vein: “it was far from my intention, when I commenced this work, to put myself forward as a religious adviser, but I so frequently receive painful letters from young men seeking advice on how to curb the lust of the flesh that I was induced to seek out the views entertained upon by the modern executive of the Church of England.”⁴⁴² Robert Darby has pointed to Acton’s religious background as evidence for his moral stance on sexual dysfunction.⁴⁴³ However, as we have seen from our study of Acton’s career, his ‘religious background’ was a matter only of his forebears – not of his own education and training. Moreover, Darby proposes here a biographical explanation, rather than one which takes account of the genre and audience of Acton’s *Functions and Disorders*. The nature of the material on which Acton was writing, and the broad intended audience of the work mean that an appeal of this kind is not out of place. Nor is *Functions and Disorders* laden with protestant rhetoric, it suggests only that the continent boy should look to his church for guidance, as one of several sources. The support of the church was not the only aid to continence Acton suggested. He agreed with Carpenter on the importance of exercise and diet,⁴⁴⁴ “it is not, however, sufficient to train and strengthen the mind and will; the *body* must be subjected to a regular and determined discipline before the proper command can be obtained.”⁴⁴⁵ He criticised the increasing tendency amongst the middle-classes to drink to excess and to overeat, turning themselves into

⁴⁴² William Acton, *Functions and Disorders*, p. 40.

⁴⁴³ Robert Darby, *A Surgical Temptation*, p. 124.

⁴⁴⁴ Carpenter, *Principles of Human Physiology*, p. 448.

⁴⁴⁵ William Acton, *Functions and Disorders*, p. 46.

overweight, lethargic men who took no exercise and were now he feared more than ever operating against an idea of “mens sana in corpore sano”⁴⁴⁶ (a healthy mind in a healthy body).

The adolescent would not be imbued with continence, but rather is forced to learn continent behaviour. “If a boy once gets the idea thoroughly into his head that all such indulgences are dirty and mean, and with the whole force of his unimpaired energy determines he *will* not disgrace himself by yielding, a very bright and happy future is before him.”⁴⁴⁷ Without a resolute self-regulation of the sexual instincts Acton warned that “the first little concession, the first lost battle between the will and temptation, is but the commencement of a long series of failures.”⁴⁴⁸ Again the metaphor of the mind and the sexual instinct being at war is apparent, “every battle was harder because the last had been lost. Every defeat lessened the last trembling remnants of self reliance.”⁴⁴⁹ Unlike the child, the adolescent male had only himself to rely upon to maintain normality. It was this passage through adolescence that would determine his health and strength when he entered adulthood. If he compromised his continence, it would be easily discovered in adulthood by his impaired sexual development which could perhaps, Acton believed, have consequences on his ability to procreate.

Upon entering adulthood the normal male’s growth was complete. His mental power was at its peak, his will and judgement should command, and yet be enlivened by

⁴⁴⁶ William Acton, *Functions and Disorders*, p. 47.

⁴⁴⁷ William Acton, *Functions and Disorders*, p. 45

⁴⁴⁸ William Acton, *Functions and Disorders*, p. 44.

⁴⁴⁹ William Acton, *Functions and Disorders*, p. 44.

the remains of his youthful energy. Acton agreed with Ryan's assessment that sexual inclination would come naturally to the male at between the ages of twenty-five and thirty.⁴⁵⁰ Again the effects of nature on the development of sexual passion were paramount to Acton's construction of the normal. The most beneficial act for the adult male in good health to maintain normality was to marry. The desires of the adult male became ever stronger. Carpenter, whom Acton cited on this, believed that these desires were "in man, promoted by instinct, which he shares with the lower animals."⁴⁵¹ With the sexual instinct legitimately aroused, the male seeks out the company of women.⁴⁵² Acton considered marriage to be crucial for the next stage in the male his sexual development as it would be the most beneficial to his sexual health. If the male had led a continent life up until the point of maturity, he would now be physically and mentally equipped to engage in sexual intercourse:

He is conscious, if he has lived on the whole a chaste life, of a great change in those sexual tendencies of which he has been frequently conscious before. They are no longer the fitful fancies of a boy, but are capable, he feels of ripening at once into the steady ration passion, or rather purpose of the full grown man.⁴⁵³

His natural longing developed from longing for sexual gratification to craving for a wife, a home and children – the mid-Victorian idea. Nature, according to Acton had a new action on the sexual development of the male. Now that he was physically capable of the

⁴⁵⁰ William Acton, *Functions and Disorders*, p. 72 and Ryan, *The Philosophy of Marriage in Its Social, Moral and Physical Relations*, p 56.

⁴⁵¹ William Acton, *Functions and Disorders*, p. 72.

⁴⁵² See Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality since 1800* (London: Pearson Education, 1989), p. 142, on the theorization of the sexual instinct.

⁴⁵³ William Acton, *Functions and Disorders*, p. 71.

act and mentally capable of demonstrating restraint, the normal male would now develop an attraction to women, and would seek out a wife as “the marriage state is the best and most natural cure for the sexual suffering of many a human being. It is in itself a state conducive, when well regulated, not only to increased happiness, but to long life.”⁴⁵⁴ Acton advised his readers that all young men above the age of twenty-five, who were in good health, should take a wife as soon as circumstances permit. The adult male in good health would be able, he believed, to moderate his sexual passion and enjoy the greatest happiness.

Acton maintained that the male needed to exercise caution when entering into a sexual relationship. He should be aware of the nature of the sexual act, and he considered normal for sexual intercourse. Acton held the proper education of men as to the expectations of normal sexual behaviour to be essential. He decried the lack of insightful and truthful publications on sexual intercourse, believing ignorance of the sexual act to be one of the chief causes of domestic misery. It was in this that he was most different to those religious commentators, whose moral views we have seen him otherwise share. Acton believed that the adult male could not rely on instinct alone, and he related several cases of marriages that had not been consummated because of an ignorance of the act itself. On the sexual act, Acton cautioned moderation in sexual indulgence: “none but medical men can know at all of the misery and suffering caused by ill-regulated desires and extravagant indulgences among married people.”⁴⁵⁵ Acton advised that the sexual intercourse should not take place more frequently than once in

⁴⁵⁴ William Acton, *Functions and Disorders*, p. 74

⁴⁵⁵ William Acton, *Functions and Disorders*, p. 82.

every seven or ten days, when the natural desire was strong; if necessary, he advised that the couple should indulge in intercourse twice in the same night, as he had apparently “noticed that in many persons a single intercourse does not effectively empty the vasa differentia, and that in the next twenty-four hours strong sexual feelings again arise.”⁴⁵⁶ The male needed to exercise restraint and regulate his behaviour. If he did not, Acton warned that the consequences could be very grave, and that non-observance of sexual moderation could cause sterility in the female. Similarly, Carpenter advised his readers that:

When the appetite is naturally indulged, that is in marriage, the necessary energy is supplied by the nervous stimulus of its natural accompaniment [love,] . . . which prevents the injury which would otherwise arise from the increased expenditure of animal power. . . . But when the appetite is irregularly indulged, that is in fornication, for want of the healthful vigour of true love, the energies become exhausted . . . [and] the mere gross animal gratification of lust is resorted to with unnatural frequency, and thus its powers become further exhausted.⁴⁵⁷

Nature itself would provide a safe-guard against over indulgence in sexual intercourse. Similar to the habitual masturbator, the male who continued to indulge beyond what was considered a healthy amount would lose interest: “nature dictates herself that excesses must not be committed. The frequent complaint heard from persons who have committed excesses, that they can experience no more pleasure in the act, is the best

⁴⁵⁶ William Acton, *Functions and Disorders*, p. 82.

⁴⁵⁷ Carpenter, *Principles of Human Physiology*, cited in Robert Darby, 'William Acton's Antipodean Disciples: A Colonial Perspective on His Theories of Male Sexual Dysfunction', *Journal of the History of Sexuality* 13 (2004), 157-82, here p. 163.

evidence we can have that nature's laws have been infringed."⁴⁵⁸ Nature's other check on the overly frequent repetition of the act is the effect that pregnancy produces upon the female and through her upon the male: "the consequence is that sexual desire in the male is somewhat diminished and the act of coition takes place but rarely."⁴⁵⁹

The sexual act and the regularity of sex in marriage was a topic many contemporary writers chose to ignore, or did not deal with in a sensitive manner. Acton's approach is quite different. Although his understanding was in some ways naïve (for instance, believing that pregnancy amongst newly married couples was rare because the semen contains few spermatozoa in the first few months of marriage),⁴⁶⁰ he did attempt to assess the act itself in a technical and medical manner. He relied heavily on the works of Carpenter, Owen, Parise and Kobelt, and in so doing presented a medicalized assessment of the sexual act, supported by contemporary theory.

The influence of nature on the normal development of the male from childhood to adulthood is key. The child must, according to Acton's assumptions, maintain a delicately balanced relationship with nature, in which he must learn to control the sexual instinct which nature provides to him. In return for this self-imposed regulation of the body, Acton predicted that the male would develop normally, provided that he had heeded his advice on continent behaviour. Acton's construction of the action of nature on the development of the human body is unique because of Acton's insistence the individual's relationship with nature and the sexual instinct would affect his sexual

⁴⁵⁸ William Acton, *Functions and Disorders*, p. 85.

⁴⁵⁹ William Acton, *Functions and Disorders*, p. 88.

⁴⁶⁰ William Acton, *Functions and Disorders*, p. 88.

development, and its importance to Acton's work cannot be overlooked. Through his development of a discourse on the action of nature, Acton can be seen to engage with sciences other than medicine to explain human development. Acton is therefore innovative amongst his peers in his approach to produce an account of the development of the human body which encompasses all contemporary understandings of science.

Acton's definition of the normal itself is also important. Through his definition of expected normal behaviour, Acton medicalized the normal and pathologized the abnormal. By expressly categorising what he perceived to be normal, he was able to categorise the abnormal, or in his words, the dysfunctional. His explanation of the normal development was written as a guide for his readers as to their own sexual development and that of their peers. This categorisation of normal development ensured that the categorization of dysfunctional behaviour was more precise. This approach to sexuality is largely reminiscent of later nineteenth century approaches to sexuality and demonstrates that Acton's work was at the forefront of the development of sexology.

Acton's work represented a major contribution to the mid-nineteenth century discourse on male sexuality. His publications conveyed the notion of a normal sexual behaviour to a wide readership, and were intended to destigmatise sexual behaviour and to allow men to discover what of their sexual behaviour was considered normal behaviour. Acton's work allowed young men, physicians, and family members to determine their own behaviour. By doing so, Acton held that young men would have a better understanding of the differences between normal and harmful behaviours. This provides a useful insight into nineteenth-century constructions of masculinity, because

Acton's work engages with a wide range of not only British, but also European medical texts on sexual function. Acton's work on sexual functions enables the historian to ascertain the expectation of male behaviour from the physicians point of view, and we are able to construct and identify what was considered in the medical profession to be the normal male in the nineteenth century. Through studying works such as Acton's we can identify contemporary anxieties about the threats to vigorous masculinity in particular the debilitating effects of seminal weakness. Through studying Acton's *Functions and Disorders* we can ascertain his construction of normal behaviour. Acton's work on normality is, in fact, as important as his work on sexual dysfunction as it demonstrates Acton's construction of new ideas, through which we can ascertain better Acton's own voice and the innovative nature of his construction of sexual behaviour, better than if we were only to assess Acton's reaction to contemporary discourse on sexual dysfunction. It is Acton's appreciation of external factors affecting male development, such as the influence of landscape, 'nature', and family, within a defined framework of normal expectations for male development, which makes his work truly innovative for his age. His definition of normal and expected behaviour allowed the recognition and treatment of dysfunctional behaviour, which Acton recognised to be a threat equally as significant to the health of the general public as venereal disease was.

Chapter Five

Regulation of the Child

Acton's construction of both normal and dysfunctional sexual behaviour relied on his appreciation of the action and effect of nature on the individual. In order to maintain normal sexual behaviour, the male was required to resist nature's influence until he was ready in the eyes of society, and then to engage in sexual intercourse after marriage. The male child faced a battle against both nature's influence and his own sexual instinct to maintain normality. Without interference or regulation, nature 'left alone' would create a dysfunctional individual. The maintenance of normal behaviour required a balanced relationship between nature and self-control. Without continent behaviour being enforced on the body and mind, nature would in effect take control and the male child would enter into a state in which nature could influence development without check. This particular construction of dysfunction positions dysfunctional behaviour as natural; if not checked and controlled. Nature left alone, in its 'natural' state without regulation was explored in Acton's discussion of the dysfunctional behaviour of the young male who was not exposed to moral education and regulation of his behaviour. Much like the prostitute, the masturbator would develop disease, and if that disease was left untreated he would ultimately die. Acton's construction of sexual dysfunction supposed that sexual dysfunction would develop during childhood. The child, like the prostitute, could be placed under a programme of scrutiny and regulation to ensure that dysfunctional behaviour did not develop into disease. The key to Acton's construction of normality,

that regulation maintains normality, also determines that without regulation, dysfunctional behaviour is necessarily created.

The purpose of this chapter is to demonstrate that Acton's construction of dysfunctional behaviour relied primarily upon his understanding of nature. Although his approach to sexual dysfunction is not wholly unique in his comprehension of the effects of sexual deviance, Acton did attempt to bridge the popular 'quackish' writings of Lallemand and Dawson with Carpenter's physiological approach to sexual function. What does separate Acton's works from his contemporaries is his attempt to establish the normal by which to compare the dysfunctional male. As a result, Acton wrote a comprehensive account of contemporary understandings of sexual dysfunction which was intended for his readers to be used as a guide to behaviour and a warning against incontinence. The chapters on sexual dysfunction in *Functions and Disorders* highlight further Acton's theory that the only prevention and cure for sexual dysfunction was through the regulation of the body and the mind.

This chapter will also look at Acton's comprehension of an hereditary predisposition, which is at times problematic and confusing. It is through Acton's construction of the normal that he places the individual's relationship with nature and the individual's ability to resist temptation as the keys to the creation of normality. The concept of hereditary predisposition supposes that a child is innately predisposed to sexual dysfunction, and will therefore evince dysfunctional behaviour naturally. This, therefore, does not suppose that there is a personal or an individual interaction with nature. Acton's construction of the hereditary predisposition is evidence of his desire to

incorporate contemporary ideas on sexual deviance within his own work. His willingness to engage with contemporary ideas on the consequences of masturbation is apparent, and he drew heavily on Lallemand's work to support his own theories. Unlike his peers, however, Acton recognised nature's force to be the determining force on the child's development, and held that nature had the greatest influence on sexual dysfunction and masturbation, determining whether the male would succumb to the physical effects of the habit, or overcome and end the habit and thus develop a balance between self-regulation and nature.

The development of the medical hereditarianism in the mid-to-late nineteenth century has been subject of much recent scholarship. The concept of heredity as a natural force is one that both Carlos López-Beltrán and John Waller have shown to have developed in the 1830's from late eighteenth century discourses on heredity and the transmission of disease, which were themselves based on ancient beliefs regarding hereditary transmission.⁴⁶¹ Acton's period of study in Paris in the 1830s would have exposed him to the emerging ideas on heredity, which posed a new and implicit challenge to existing concepts of localism in Parisian medicine.⁴⁶² Elizabeth Lomax's study of the development of an understanding of the transmission of scrofula in the nineteenth century provides a useful case-study of the rise of medical thinking about heredity: the older theory of 'perforation' (a theory of emboitement in which all

⁴⁶¹ Carlos López-Beltrán, 'In the Cradle of Heredity; French Physicians and *l'hérédité naturelle* in the Early 19th Century', *Journal of the History of Biology* 37 (2004), 39-72; John Waller, 'The Illusion of an Explanation: The Concept of Hereditary Disease 1770-1870', *Journal of the History of Medicine and Allied Sciences* 57 (2002), 410-448.

⁴⁶² George Weisz, *The Medical Mandarins: The French Academy of Medicine in the Nineteenth and Early Twentieth Centuries* (Oxford: Oxford University Press, 1995), p. 193; see also Erwin Ackerknecht, 'Broussais, or a Forgotten Medical Revolution', *Bulletin of the History of Medicine* 27 (1953), 320-43.

succeeding decedents were thought to stem from within the first ovum or sperm of the species) was replaced by new ideas of hereditary transmission with new studies on heredity by physicians such as Prosper Lucas and his 1847 work *Traité philosophique et physiologique de l'hérédité naturelle* and Bènèdict-Augustin Morel in his 1857 treatise 'Traité des dégènerescences physiques, intellectctuelles et morales de l'espèce humain

More recent studies have identified the shift towards hereditarianism to be the result of an increasing fear amongst the medical community of the degeneration of society. John Waller argues that the concept was developed by the medical profession as a consequence of their desire to rationalize, and to some extent excuse, their inability to treat a range of persistent chronic maladies.⁴⁶³ Heredity was promoted as a positive foundation for study which had previously lacked a clear sense of physicalist determinism.⁴⁶⁴ As a consequence, the theory of heredity was both eclectic and wide ranging. It incorporated many aspects of behavioural and biological sciences under one umbrella term. Ian Dowbiggin, in his study of hereditary and madness, states that the new theories were ideal for disguising the inconsistencies and anomalies of psychiatric knowledge, whilst at the same time strengthening the physicians' claim to expertise. They came to provide the missing link in those fields of investigation where positive identification of the cause of transmission had hitherto been difficult to ascertain.⁴⁶⁵ More recently, Sean Quinlan has claimed with regard to late eighteenth-century France that the changing attitude towards heredity stemmed less from epistemological reasons,

⁴⁶³ Waller, 'The Illusion of an Explanation'.

⁴⁶⁴ Elizabeth A. Williams, *The Physical and the Moral: Anthropology, Physiology and Philosophical Medicine in France, 1750-1850* (Cambridge: Cambridge University Press, 1994), p. 246.

⁴⁶⁵ Ian Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth Century France* (Berkeley: University of California Press, 1991), p. 5.

than from new cultural beliefs about gender, domesticity and demographic policy⁴⁶⁶ which gained strength because of an increasing concern for the moral degeneracy and physical decline threatening the population. Acton's work on degeneracy in the male population taps directly into the theories of heredity emerging from France. His work, which focused on the hereditary impact of sexual dysfunction, was evidently influenced by the French discourse on heredity. Acton's concern for the regeneration of the family is central to his argument for tighter controls of the male sexual function.

Spermatorrhoea was an affliction of the middle class population, and heredity theory has been identified by Michael Worboys and Robert Nye as one which related most to middle-class ailments. Nye recognises the importance of child welfare as one of financial gain for the middle class family. For Nye, there is a deep connection between family resources and the worldly ambition of the middle classes; the child being regarded as an investment in the family's future and progression in society.⁴⁶⁷

Childhood, for Acton, was the most dangerous time in terms of their sexual development, this was the time at which they were the most susceptible to hereditary traits developing through their behaviour. Acton recognised the significance of the strength of the male in childhood for their future health, a weak and sickly child was likely to develop into a weak and sickly adult and as such, he recognised the effect on the male as determining his career – a spermatorrhoeic male would most likely be too

⁴⁶⁶ Sean M. Quinlan, 'Inheriting Vice, Acquiring Virtue: Hereditary Disease and Moral Hygiene in 18th Century France', *Bulletin for the History of Medicine* 80 (2006), 649-675, at p. 649.

⁴⁶⁷ Robert A. Nye, *Masculinity and Male Codes of Honour in Modern France* (Berkeley: University of California Press, 1998), p. 72; Michael Worboys, 'From Heredity to Infection: Tuberculosis, 1870-1890', in Jean-Paul Gaudillière and Ilana Löwy (eds.), *Heredity and Infection: The History of Disease Transmission* (London: Routledge, 2001), pp. 81-101, at p. 82. See also Janet A. Tighe, 'The Legal Art of Psychiatric Diagnosis: Searching for Reliability', in Charles Rosenberg and Janet Golden (eds.), *Framing Disease: Studies in Cultural History* (Piscataway: Rutgers University Press, 1997), pp. 206-229, at p. 211.

weak to work; to contribute to his families income, and unable to produce healthy male children himself.

The increased awareness of male sexual dysfunction was met with concern, and many factors were ascribed to its cause, including hereditary transmission. Physicians such as Acton and Lallemand utilised heredity theory to explain the appearance of diseases which they could not cure: as Waller argues, hereditary etiology was seldom deployed except with reference to conditions deemed largely incurable, such as spermatorrhoea, tuberculosis, scrofula and madness.⁴⁶⁸ The heredity theory was one which Acton and his contemporaries were able to use not only to explain the existence of sexual dysfunction in middle-class families, but also as a tool to identify the immoral and respectable elements of society.

Acton's construction of sexual dysfunction in the youth postulated that dysfunctional behaviour in the young adult was as a consequence of his own behaviour, and his inability to resist the urge of the sexual instinct. Dysfunctional behaviour in the child was caused by external factors ranging from hereditary predisposition, the example of other children, the deviant wet nurse, or irritation and infection of the genitalia. The study of the cause and consequence of sexually dysfunctional behaviour in the child was of such great importance to Acton that he devoted over twenty-one pages in *Functions and Disorders* to its discussion, whilst he committed only one page to the study of the normal sexual functions in the male child. The child in a normal state would evince no sexual behaviour. The sexually precocious child was a cause of concern, because he did

⁴⁶⁸ John Waller, *The Illusion of an Explanation*, p. 414.

not conform to expected notions of childhood behaviour. The child who demonstrated sexual behaviours was not normal, and therefore according to Acton required the intervention and treatment of the physician to prevent any sexual behaviour becoming established, and threatening the health of the child in later life. The child was the focus of much of Acton's study, because it was the child could be saved from his behaviour through monitoring and regulation.

Acton supposed that the sexually dysfunctional child would display different behaviours from his normal counterparts at a very young age. This child would separate himself from his male friends, and would act in a way that was not usual for a boy of his age. Acton argued that the sexually dysfunctional child would be different in his preferment of the company of girls to boys. Perhaps, he suggested, the sexually dysfunctional boy would prefer the company of a particular girl and would, "single out one girl, and evidently derive an unusual pleasure, for a boy in her society."⁴⁶⁹ This attention to the female child, and the intention to acquire and maintain female companionship at a young age, was not considered normal. According to Acton, it took "the ordinary form of a boy's good nature, but little attentions that are generally reserved for a later period prove that his feeling is different and sadly premature."⁴⁷⁰ The dysfunctional boy's intention was not one of friendship. Instead the child's attention to the female child and kindness directed towards his female friend would, Acton suggested, be too ardent with tenderness, which was suggestive of the development of

⁴⁶⁹ William Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life Considered in Their Physiological, Social and Moral Relations* (London: John Churchill and Sons, 1862), p. 2.

⁴⁷⁰ William Acton, *Functions and Disorders*, p. 2.

sexual attraction toward the girl.⁴⁷¹ The parents, Acton claimed, would mistakenly delight in the kind and gentle behaviour displayed by their son, remarking on his adult attitude towards friendships with children of the opposite sex. These parents were, he remarked, wrong to be pleased with their child, and instead should be fearful of his behaviour. The parent should view this behaviour as a worrying sign of their sexual precocity. He advised the parents to investigate and check their child's behaviour, as he warned that "the premature development of the sexual inclination is not alone repugnant to all we associate with the term childhood, but is also fraught with danger to his dawning manhood."⁴⁷² Sally Shuttleworth has claimed that Acton's writings on the sexual precocity of the young boy, and on boy's preference for the company of young girls, pathologized a whole swathe of contemporary literature, that chaste kisses, once seen as evidence of the naïve child in works such as *The Waterbabies* and *David Copperfield* now became sexualised in the eyes of the parent.⁴⁷³ Whilst Shuttleworth is right in her assumptions on the impact of Acton's writing on childhood sexual precocity, Acton was not the only physician writing about the dangers of such behaviour. Lallemand also discussed the theory that sexual precocity could arise in even the youngest child. Sexual precocity caused an instinct which could, he argued lead to drastic results:

In these, it often happens that the sexual instinct arises long before puberty; such children manifest an instinctive attraction towards the female sex, which they show by constantly spying after their nurses, chambermaids &c.

⁴⁷¹ William Acton, *Functions and Disorders*, p. 3.

⁴⁷² William Acton, *Functions and Disorders*, p. 3.

⁴⁷³ Sally Shuttleworth, *The Mind of the Child: Child Development in Child Literature, Science and Medicine, 1830-1900* (Oxford: Oxford University Press, 2010), p. 194.

these freaks of children are usually laughed at; but if they were regarded with more attention, it would become evident that that the sexual impulse has already been awakened.⁴⁷⁴

For Lallemand, the sexual instinct would be clearly apparent from the child's behaviour. Like Acton, he warned the parent to be aware of the child's behaviour, and to regard it as a worrying step towards sexual dysfunction.

Recognition of dysfunctional behaviours was the key to identifying sexual precocity. The difficulty for the parent would have been the recognition of their child's unusual interest in female company as Acton recognised that the sexually precocious boy would be likely to be healthy and fond of playing with other boys. Even still, there may be "but ominous indications of propensities fraught with danger to himself."⁴⁷⁵ Acton suggested that the child was constantly treading a fine balance between displaying normal and dysfunctional behaviour at an early age. All children, he reasoned, had the propensity to behave dysfunctionally, but their propensity for this behaviour was dependant on the conditions in which the child lived and the influences upon him. Acton's advice to parents was that they should watch their child carefully, and the child should be removed from any influence that might excite his tendencies. If the parents failed in their duty to monitor their child's behaviour they risked their child being "added to the victims of early sexual tendencies and careless training."⁴⁷⁶ Stephen Marcus suggests that Acton's recommendations would have turned the parent into

⁴⁷⁴ Claude François Lallemand, *A Practical Treatise on the Causes, Symptoms and Treatment of Spermatorrhoea* trans. Henry J. McDougall, (Philadelphia: Henry C. Lea, 1866), p. 144.

⁴⁷⁵ William Acton, *Functions and Disorders*, p. 3.

⁴⁷⁶ William Acton, *Functions and Disorders*, p. 3.

“terrorists of secret observation”: that if his comments were taken seriously every Victorian home would have turned into a small version of Elsinore.⁴⁷⁷ Marcus’ remarks make light of a genuine fear in the mid-nineteenth century of sexual precocity in children. Over thirty years after the publication of *Functions and Disorders* Elizabeth Blackwell continued to warn parents that it was their responsibility to check their child’s behaviour.⁴⁷⁸ Similarly, the American physician Edward Bliss Foot claimed in his *Medical Common Sense: Applied to the Causes, Prevention and Cure of Chronic Diseases and Unhappiness in Marriage*, that the continued well-being and good health of young men was the responsibility of the parent.⁴⁷⁹ The responsibility for regulation was therefore laid with the parents. Acton reminded parents that any signs of deviance, or any small change in their child’s behaviour could have dire consequences on future sexual development.

Parental responsibility also included the regulation of sexual behaviour prior to procreation. Acton contended that the hereditary predisposition to sexual dysfunction was one of the main causes of dysfunctional behaviour; as we have seen in the last chapter, the sins of the father were genetically passed on to his children. He warned his readers who had not yet had children that their behaviour in their youth could have an adverse effect on their own children’s future health. He warned his readers to remain chaste, stating that “no man or woman should allow themselves to indulge their sexual passions to the exclusion of higher and nobler pleasures” without the risk of passing

⁴⁷⁷ Stephen Marcus, *The Other Victorians: A Study of Victorian Sexuality and Pornography in Mid-Nineteenth Century England* (London: Weidenfeld and Nicolson, 1966), p. 17.

⁴⁷⁸ Elizabeth Blackwell, *Counsel to Parents on the Moral Education of Their Children in Relation to Sex* (London: Hatchards, 1884), p. 85.

⁴⁷⁹ Edward Bliss Foot, *Medical Common Sense: Applied to the Causes, Prevention and Cure of Chronic Diseases and Unhappiness in Marriage* (New York: Lexington, 1868), p.43.

their disposition to sexual dysfunction to their children.⁴⁸⁰ The actions of the parent were so pertinent to the future of their children, that not only could diseases be transmitted congenitally, but also moral behaviour: “no doubt vicious tendencies are frequently, perhaps most frequently acquired. But I firmly believe that, when acquired, moral, as well as physical diseases can be transmitted to the progeny.”⁴⁸¹ The notion of an hereditary predisposition to sexual dysfunction was by no means novel to Acton, the phrase ‘the sins of the father are frequently visited on the head of the children’ was of biblical origin, and in common usage in the mid nineteenth century,⁴⁸² R. P. Neuman and more recently Lucia Zedner, have argued that the notion of hereditary predisposition was a medical construction for understanding deviance which grew in the nineteenth century especially with regard to mental illness and criminal behaviour; and masturbation was seen as a symptom of both.⁴⁸³ The hereditary predisposition was understood by many of Acton’s contemporaries to be a ‘law of nature’ and as such, its action on the progeny would be inevitable. Charles Cadwell concluded in his 1851 publication *Thoughts on Physical Education and the True Mode of Improving the Condition in Man* that it was the parent’s responsibility to maintain a healthy body and a sound mind: “the first and most important element of physical education is to procure, for those to be educated, a *constitution of body originally sound*. To this the soundness of parents is indispensable – it being a law of nature that constitutional qualities are

⁴⁸⁰ William Acton, *Functions and Disorders*, p. 4.

⁴⁸¹ William Acton, *Functions and Disorders*, p.4.

⁴⁸² For further reading on morality and medicine in the nineteenth century see Heidi Rimke, and Alan Hunt, 'From Sinners to Degenerates: The Medicalization of Morality in the 19th Century', *History of the Human Sciences* 15 (2002), 59-88; Robert Baker, Dorothy Porter, and Roy Porter, *The Codification of Medical Morality: Anglo-American Medical Ethics and Medical Jurisprudence in the Nineteenth Century* (New York: Springer, 1995), p. 172.

⁴⁸³ Lucia Zedner, *Women, Crime and Custody in Victorian England* (Oxford: Clarendon Press, 1991); R. P. Neuman, 'Masturbation, Madness, and the Modern Concepts of Childhood and Adolescence', *Journal of Social History* 8 (1975), 1-27.

hereditary.⁴⁸⁴ Similarly, George Combe, (1788-1858), a writer on phrenology and criminology, wrote in his 1828 publication *Constitution of Man* in a discussion of the hereditary nature of intelligence and thought that the “mental qualities then, are determined by the form and constitution of the brain; and those are transmitted by hereditary descent.”⁴⁸⁵ Even Florence Nightingale ascribed to the notion of hereditary predisposition. Writing in her 1863 pamphlet, *Note on the Supposed Protection afforded against Venereal Disease, by Recognising Prostitution and Putting it under Regulation* she claimed “the sin of the father is visited on the child literally to the third and fourth generation. The evil is *irredeemable* as regard health.”⁴⁸⁶

Unlike the moral sin of Christian theology, the physical sin of the father could not be washed away by accepting the redemptive power of Christ. Acton’s acceptance of hereditary predisposition would at first seem problematic to his construction of nature and normality, in which nature was seen to act reactively to the individual’s behaviour. The concept of the hereditarily predisposed child does not allow for the individual child’s behaviour as being the cause for sexual deviance. Rather, the behaviour of the child’s parent, prior to the child’s conception, is the cause of the deviant behaviour. This notion of an hereditary predisposition to sexual deviancy was not confined to *Functions and Disorders*. Indeed, it was a topic that concerned Acton in all of his writings. Acton discussed at length the consequences of sexual deviance on the children of prostitutes and criminals in *Prostitution*. A hereditary predisposition to sexual dysfunction in the

⁴⁸⁴ Charles Cadwell, *Thoughts on Physical Education and the True Mode of Improving the Condition in Man* (Edinburgh: Adam & Charles Black, 1851) p. 14.

⁴⁸⁵ George Combe, *The Constitution of Man* (Edinburgh: William D. Ticknor, 1841), p.106.

⁴⁸⁶ Florence Nightingale, *Note on the Supposed Protection Afforded against Venereal Disease, by Recognising Prostitution and Putting It under Regulation* (London: Harrison, 1863), p. 1.

child, like congenital syphilis, was a disease that could easily be cured – and even prevented – by the regulation of the body. For Acton, preventing hereditary predisposition was the easiest cure for sexual dysfunction:

It is difficult to lay down with any certainty in any given case. My own belief is that there are not a few sources, in some or all of which this fatal tendency may take its rise; I should specify *hereditary* predisposition as by no means the least common. It cannot be denied that as children from their birth inherit a peculiar conformity of features or frame from the male or female parent, so they frequently evince in the earlier years of childhood, mental characteristics and peculiarities that nothing but hereditary predisposition can account for.⁴⁸⁷

Not only could physical diseases, traits and affectations be congenital, it was possible that morality and behaviour could be acquired congenitally. Acton's construction of hereditary predisposition was linked neither to the mother nor the father specifically, and gave rise to the notion that responsibility belonged to the family as a whole. Acton reinforced the nineteenth century ideal of the family as a social unit which was required to remain stable. His notion of the family and of family responsibility echoed contemporary fears over the decline of the family unit in Britain, as Rachael Langford recognises, the stability of society was seen to rely upon an investment in the family as well as economic capital, and necessitated a concomitant repositioning of children.⁴⁸⁸ The family as a unit should share the blame for any sexual dysfunction in their children: "no man or woman, I believe can have habitually indulged their own

⁴⁸⁷ William Acton, *Functions and Disorders*, p. 4.

⁴⁸⁸ Rachel Langford, *Depicting Desire: Gender Sexuality and the Family in Nineteenth Century Europe: Literary and Artistic Perspectives* (London: Peter Lang, 2005), p. 20.

sexual passions to the exclusion of higher and nobler pleasures and employments, without running the risk of finding that a disposition to follow the same course has been inherited by the children.”⁴⁸⁹ Acton’s statement supported his argument for the necessity of continent behaviour in youth. He warned of the danger of engaging in premature sexual activity, whilst also further proving the possibility of the individual acquiring and evincing a sexually deviant habit because he was naturally inclined to the behaviour and not necessarily because of his own actions as a child.

The American physician James Jackson, also ascribed to the notion of inherited predisposition to sexual deviance. However, Jackson claimed that the large proportion of inherited disorders originated in the behaviour of the mother before and during pregnancy. It was his understanding that in order to avoid any sexual deviance on the part of her child, and to eliminate any or predisposition towards it, the mother had to remain calm and healthy and keep good, civilised company throughout her confinement.⁴⁹⁰ Although his work was similar to Acton’s, Jackson’s evangelical approach to the study of sexual development and sexual behaviour distinguishes his work, and highlights Acton’s relatively liberal understandings of sexual dysfunction. Jackson regarded behaviour to be a consequence of good and evil, rather than natural and unnatural forces, and he viewed certain behaviours to be un-Godly. For example, he wrote that, “the thought seems horrible to me, that the law by which the qualities are transmitted from parents to children can only be operative to the service of evil. Why should not Christ have sons and daughters born to him? Cannot the great life that He

⁴⁸⁹ William Acton, *Functions and Disorders*, p. 4.

⁴⁹⁰ James Jackson, *The Sexual Organism and Its Healthful Management* (Boston: B. Leverett Emerson, 1862), p. 16.

bears in his own person for human use and good, find inlets to the hearts of human beings through their organic constitutional currents?”⁴⁹¹ Acton, by contrast contended that dysfunctional behaviour was not brought about by evil, but by the dysfunctional behaviour of the parent.

Acton did not regard hereditary predisposition as the only cause of sexual dysfunction in the young child. He could not specify that blame should be held by either the mother or the father, and did not consider hereditary predisposition to be the sole or predominant cause for sexual precocity. He instead claimed that when acquired, moral as well as physical diseases could be transmitted to the progeny. Because of their parents’ deviant behaviour, it was supposed that the child would be more disposed to sexual precocity than the normal child: “in such sexually disposed children ... the least hint is sufficient, or indeed they may, even without any external information, invent the habit for themselves.”⁴⁹² Lallemand had also presented hereditary predisposition as a cause of venereal diseases, including blenorrhagia and spermatorrhoea. Lallemand recounted a case of a patient who had suffered from spermatorrhoea which he had contracted from his father congenitally, proven because his father had also suffered from the same disease: “in one patient I had occasion to treat, hereditary predisposition probably existed, for his father had been also affected by spermatorrhoea.”⁴⁹³ Robert Dawson claimed that one of his patients who was under his care for the cure of urethral

⁴⁹¹ James Jackson, *The Sexual Organism*, p. 16.

⁴⁹² William Acton, *Functions and Disorders*, p. 7.

⁴⁹³ Claude François Lallemand, *A Practical Treatise*, p. 71.

discharges had three children that all showed signs of the same disease as their father.⁴⁹⁴

The theory of heredity emerged, John Waller argues because of a greater appreciation of the development of behaviour through the interest in the action of the familial trait on the individual constitution. Constitution was identified as having an action on the individual and as such, the theory of heredity disease emerged because the concept of the individual constitution also connoted heritability. .⁴⁹⁵

Acton's concept of hereditary predisposition to sexual deviancy is problematic, throughout *Functions and Disorders*. Acton described the action of the individual and his relationship with nature as the potential cause for an individual's sexual dysfunction. The notion of a hereditary predisposition to sexual dysfunction does not, however, allow for a personal relationship with nature. Acton's concept of heredity assumes any sexual dysfunction in the child to be inevitable, and as such it takes away the notion of responsibility from the child. If it was inevitable that the child would demonstrate sexually deviant behaviour, then surely according to Acton's notion, its relationship with nature would be immaterial, unless Acton assumed that the relationship with nature was also hereditary. This paradox in Acton's theory on the 'force' of nature is perhaps explained not only by his Christian background of his families involvement in the Church but also perhaps more so by his attempt to adhere to contemporary concepts of hereditary behaviour.

⁴⁹⁴ Richard Dawson, *An Essay on Spermatorrhoea and Urinary Deposits; with Observations of the Nature, Causes and Treatment* (London: Aylott and Jones, 1851), p. 14. See also Julius Henry Steinau, *A Pathological and Philosophical Essay on Hereditary Disease* (London: Marshall, 1843), which is a compendium of current theories on spermatorrhoea and sexual dysfunction.

⁴⁹⁵ Waller, 'The Illusion of an Explanation', p. 414; see also Charles Rosenberg, 'The Bitter Fruit: Heredity, Disease and Social Thought in Nineteenth-Century America', in *Perspectives in American History*, ed. B. Bailyn and D. Flemming, (Cambridge, Massachusetts: Harvard University Press, 1974), pp. 189-235.

Acton determined that one of the other predisposing causes for sexual dysfunction in the child was the child's habit to play with himself, brought on by irritation through uncleanliness or through the learnt habits of others. Acton's notion of masturbation as a behaviour that was learnt served further to support his theory that whilst nature acted on the continent boy innately, dysfunctional behaviour could also be caused by external influences. Acton was convinced that if the young child masturbated, or played with his genitals, it would not necessarily develop into an immoral habit: "provided the vicious habit is left off, or has not been long practiced, nature in the boy soon repairs the mischief."⁴⁹⁶ Acton was determined to highlight contemporary misunderstandings of the child's ability to experience sexual arousal, and beyond to highlight the danger of sexual awareness in the child: "the premature development of the sexual inclination is not alone repugnant to all we associate with the term childhood, but is also fraught with danger to his dawning manhood."⁴⁹⁷ The maintenance of the child's purity and the ignorance of his own sexual passion was dependent upon "whether the dangerous propensity is kept in check as to preserve the boy's health and innocence."⁴⁹⁸

Another cause for the development of sexual dysfunction in the child, described by both Acton and Lallemand, was the development of masturbation as a consequence of the actions of the wet nurse on the child's genitalia. Lallemand in particular claimed that some wet nurses would tickle the genitalia of the child under their care to quieten them and make them relax. Through this repeated action, the child would grow used to

⁴⁹⁶ William Acton, *Functions and Disorders of the Reproductive Organs*, p. 8.

⁴⁹⁷ William Acton, *Functions and Disorders of the Reproductive Organs*, p. 3.

⁴⁹⁸ William Acton, *Functions and Disorders of the Reproductive Organs*, p. 3.

the sensation and would, when they were older, repeat the action on themselves to replicate the same comforting feeling. He recalled the case of one wet nurse who had come to his attention as the perpetrator of such behaviours:

I saw one unfortunate child, which while still at the breast, nearly fell victim to the stupidity of its nurse. She had remarked that handling the genital organs appeased its cries and induced sleep more easily than by other means . . . I was soon told all, for the nurse had no idea she was doing wrong. It was necessary to dismiss her, for her presence alone sufficed to recall to the child's memory sensations which had already become a habit.⁴⁹⁹

Acton recounted a similar case in which he claimed to have heard of a “vile habit which some foreign nurses have (I hope it is confined to the continent) of quieting children when they cry by tickling the private parts. I need hardly to point out how dangerous this is.”⁵⁰⁰ Wet nurses, who were invariably employed from poor rural backgrounds, were easy targets for Acton and his contemporaries. The morals of these uneducated, working class girls could affect the sexual function of the child whom they nursed. The handling of the genitalia as a method of quietening a baby was abhorrent and dangerous to the physicians that studied. Yet, the contemporary medical opinion that the wet nurse was a necessary evil for middle-class women, too weak to breastfeed themselves, had to endure. Michael Underwood and Marshall Hall warn in their 1835 text *A Treatise on the Diseases of Children* (1835) that

⁴⁹⁹ Claude François Lallemand, *A Practical Treatise*, p. 144.

⁵⁰⁰ William Acton, *Functions and Disorders*, p. 7.

It is notorious that the lower ranks, from which wet nurses are alone taken are indifferent to the nature of their diet . . . Furthermore, they are commonly dishonest and tamper with the infants health.⁵⁰¹

The influence of the working-class wet nurse caused such a concern that guides on how to choose the right nurse were produced for the concerned parent of a new-born child.⁵⁰² Lallemand not only blamed wet nurses for the dysfunctional behaviour of the child, but also the servants who were charged with looking after the children, because they exposed them to their habits: “at a later period, children are exposed to the same dangers on the part of the servants having charge of them; and in these cases, it is not of ignorance that the attendance is accused. Many patients have consulted me who owed their disorders to this cause.”⁵⁰³ It is significant that both Acton and Lallemand pointed to nurses, and not mothers for this practice, and is demonstrative of their notion of the wet nurse as representative of a diseased and sickly family, as Laura Berry has discussed.⁵⁰⁴ The wet nurse were portrayed not as the kind and gentle middle-class mother, but the vicious working-class or foreign woman who neglected her duties to the child under her care, by instilling in him a habit that would likely debilitate him for the rest of his life. Thus the influence on the child’s sexual development here was not only a woman, but a working-class woman ignorant of the consequences of her actions. It is puzzling that Acton would cast the wet nurse with such an unflattering label, when he had previously written in an article, published in *The Lancet* that it was the philanthropic

⁵⁰¹ Michael Underwood, and Marshall Hall, *A Treatise on the Diseases of Children* (London: John Churchill, 1835), p. 16.

⁵⁰² See for instance, Cooper Denby, *Book of the Nursery: Precepts for the Management of Infants* (London: Whittaker, Treacher and Co, 1833).

⁵⁰³ Lallemand, *A Practical Treatise*, p. 145.

⁵⁰⁴ Laura C. Berry, *The Child, the State and the Victorian Novel* (Virginia: University of Virginia Press, 1999), p. 66.

duty of the state to save young woman from Magdalen institutions, when their only mistake had been to allow themselves to be seduced, which had resulted in their pregnancy and the loss of their position and it was precisely these women who sought employment as wet nurses. Acton's argument for the need to utilise the fallen women, and reclaim her by giving her a decent and worthy occupation, is liberal in its tone and reminiscent of his attitude toward the redemption of the prostitute. But the wet nurse, like the prostitute, required regulation in order to ensure the protection of children from the danger of being nursed by a potentially disease ravaged prostitute:

There is the demand, already largely supplied by the very class that most wants help. We only ask that the supply might be enlarged and regulated. Heaven knows there are enough to select from. Remember it is not street-walkers nor professional prostitutes we are speaking of. We are speaking of the young house-maid or pretty parlour maid in the same street in which the sickly lady has given birth to a sickly child, to whom healthy milk is life and anything else is death. With shame and horror the girl bears a child to the butler, or the policeman or the master's son. Of course she is discharged; of course, when her savings are spent she will have to take, with shame and loathing, to a life of prostitution. Now that she is healthy and strong, and there is a little life six doors off, crying out for what she can give, and wasting away for the want of it, and in the nursing of that baby is a chance, humanly speaking, of her salvation from the pit of harlotry.⁵⁰⁵

Acton's modern and benevolent attitude towards the reclamation of the fallen women is identified by Berry as representative of a new, scientific attitude towards the wet nurse.

⁵⁰⁵ William Acton, 'Unmarried Wetnurses. A Letter to the Editor', *The Lancet*, (12 February 1859), pp. 175-176, here p. 175.

Certainly his views were regarded by many correspondents to the medical press as abhorrent. The notion of employing the unmarried mother was for many too much to contemplate. A correspondent to *The Philanthropist* ('M.A.B') described Acton's article as short sighted and ill-conceived, arguing that Acton had failed to take into account the welfare of the child of the wet nurse whom she would cast aside in order to profit from her profession.⁵⁰⁶ Acton was not, as Jill Matus points out, seeking to employ prostitutes, but was seeking employment for a woman, discarded by society, whom he feared would be forced to take to the streets unless she were gainfully employed.⁵⁰⁷ The editorial reaction in the *Medical Times and Gazette* to Acton's article was un-surprisingly hostile. The editor was opposed to Acton's proposed system of regulated wet nurses, and in his opinion, "wet nursing was carried too far; that it was the cause great mortality among illegitimate children; that on grounds the establishing of a system of supplying wet-nurses from the "fallen" is highly undesirable, that nurses this class often effect much mischief in private families."⁵⁰⁸ Acton was resolute in his opinion that the regulated wet nurse was essential to sustain the growth of a child whose mother was unable to nurse. By regulating the profession, he argued, the wet nurse would present no threat to the sexual development of a child. Through education she would be instructed in the correct nursing practices. Likewise, through regulation, the active prostitute intent on nursing for financial gain would not gain employment, and therefore could pose no risk to the health of the middle-class child either medically or morally.

⁵⁰⁶ M.A.B., 'Wet Nurses from the Fallen', *The Philanthropist and Prison Reformatory Gazette* (1 April 1859), pp. 355-356, p. 355.

⁵⁰⁷ Jill L. Matus, *Unstable Bodies: Victorian Representations of Sexuality and Maternity* (Manchester: Manchester University Press, 1996), p. 162. See also F. B. Smith, *The Peoples Health 1830-1910*, (London: Croom Helm, 1979), p. 72.

⁵⁰⁸ Editorial, 'Wet Nurses', *The Medical Times and Gazette* (28 April 1859), 423-424, at p. 424.

Both Acton and Ryan recognised that the habit of masturbation could develop as a consequence of an irritability of the bladder, or, as Ryan remarked, “we very frequently observe young infants instinctively pass the hand towards these organs, as they do to the mouth when dentition commences. A habit of touching the genitals is contracted at the earliest age, is continued to the periods of childhood or puberty and ultimately induces the baneful practice of masturbation or self-pollution.”⁵⁰⁹ Acton claimed that there had not been enough emphasis placed by physicians on the influence of the length of the prepuce on the predisposition to sexual precocity. He thought that one of the main reasons for this condition was the collection of secretion under the prepuce which often went unnoticed and neglected. The reason for this was that Acton thought that children never drew back the foreskin, such that smegma collected to cause irritation especially under the foreskin. As the child rarely retracted the foreskin, and the prepuce entirely covered the glans penis, the male organ remained in a constant susceptible state of irritation. Similarly Edmund Owen in his *Diseases of Children* warned that smegma and uncleanliness could be a cause for irritation, and thus lead to touching and scratching.⁵¹⁰ Acton believed that the influence of the prepuce had not been sufficiently understood by his contemporaries, and remarked that in the child the prepuce entirely covered the gland penis which would continue to keep the penis itself in a “constantly susceptible state which the contact of two folds of mucous membrane induces”⁵¹¹ and that “a long prepuce in children is a much more frequent cause of evil

⁵⁰⁹ Michael Ryan, 'Lectures on the Physical Education and Diseases of Young Children. Lecture V.' *The London Social and Medical Journal* 4 (1833), 44-50, at p. 45.

⁵¹⁰ Edmund Owen, *The Surgical Diseases of Children* (Philadelphia: Lea Brothers and Co., 1885), p. 272.

⁵¹¹ William Acton, *Functions and Disorders*, p. 4.

habits than parents or medical men have any idea of.”⁵¹² There was little doubt that smegma between the glans and prepuce would have caused an additional irritation to the genitals.⁵¹³ Samuel Wilks related one case in which he treated a three year old child whose constant priapism was caused by an adherent prepuce to the glans penis, as was proved by the complete disappearance of irritation and pain when the prepuce had been removed.⁵¹⁴

The prescribed cure for the irritation of the glans penis was cleanliness, and consequently the continued regulation of the child’s body. Without regular attention to the washing of the genitals the child might, Acton predicted, discover that the action of relief from itching brought with it a pleasurable sensation which could potentially turn into a habit. The only preventative measure in this case was that the parent or nurse would have to ensure that the foreskin was pulled back and cleaned regularly. This presupposed that the child would experience some sexual enjoyment through touching at a young age and that regulation of the behaviour of young boys would have to be employed to prevent the development of a habit. Acton’s recommendation for the prevention and cure of this behaviour in his readers’ sons was their careful monitoring, and better education about cleanliness. The notion that the adult would have to watch and regulate the child’s behaviour separated the behaviour of the child from that of the

⁵¹² William Acton, *Functions and Disorders*, p. 4.

⁵¹³ It is not my intention to make great use of Acton’s limited writing on circumcision and the foreskin as this has already received great attention from Robert Darby’s *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (Chicago: University of Chicago Press, 2005), especially Chapter 6, ‘‘A Source of Serious Mischief’: William Acton and the Case against the Foreskin.’

⁵¹⁴ Samuel Wilks and Alfred Poland, *Guy’s Hospital Reports* (London: John Churchill, 1862); see also John Forbes’ assessment of Lallemand’s discussion on phimosis and circumcision as the cure John Forbes, ‘M. Lallemand on Involuntary Spermatic Discharge’, *The British and Foreign Medical Review* (April 1843), 346-66.

youth. Whilst the youth was expected to exercise continent behaviour and self-will, the child was incapable of resisting touching his sexual organs once he had discovered relief and enjoyment from doing so. To prevent any unnatural touching or interest in their genitalia, Acton recommended that “children should be early taught not to play with the external organs; without giving any reason, they may be desired to keep their hands away, which in most cases be sufficient, if there is no physical or exciting cause.”⁵¹⁵ Acton advised that it was the parent’s responsibility to advise and check for cleanliness of all parts of the boys’ bodies after all he argued they were educated to remove all dirt from less important parts of their bodies.

Acton recognised simultaneously the reluctance of parents, nurses and schoolmasters to direct the child’s attention to the penis, but he believed that it was vital that boys are taught to draw the foreskin back and clean the glans penis every day.⁵¹⁶ Lallemand highlighted the danger of parent’s ignorance of their child’s behaviour:

The most anxious parents believe that there is no occasion to watch over the actions of their children with regard to their genital organs, previously to the epoch of puberty; and few even of our own profession, are led to suspect bad habits before that period. This is a fatal error against which it is necessary to be on our guard: numerous cases may give rise to abuses, at a much earlier period – infancy being hardly exempt from them.⁵¹⁷

⁵¹⁵ William Acton, *Functions and Disorders*, p. 5.

⁵¹⁶ William Acton, *Functions and Disorders*, p. 4.

⁵¹⁷ Claude François Lallemand, *A Practical Treatise*, pp. 143-144.

Whilst Acton understood phimosis (a condition where the foreskin cannot be fully contracted over the glans penis) to be natural, he still believed that attention had to be given to the prepuce in young children and saw it as a source of irritation and excitement in the young boy.⁵¹⁸ Far from exciting the boy's attention towards the penis Acton thought that the practice of cleanliness would improve the child's own knowledge of the pleasure that could be produced by his penis and the sensations aroused in him. Proper attention to cleanliness would rid the child of any irritation; left unchecked, it could lead to manipulation and masturbation. Acton was not of the opinion, unlike Lallemand that circumcision would be an adequate cure for irritations of the glans penis. Although he recognised that the existence of the foreskin represented a predisposition to many forms of venereal infection, he believed that circumcision would not become a common practice in Britain. He claimed that although the foreskin was a cause for irritation and increased sexual excitement, it could also be necessary for sexual fulfilment in advanced age when other procreative powers are waning. Acton feared the consequences of ignoring the possible signs of masturbation. This combined with an absence of intervention from the parents would lead quickly to the boy ejaculating during masturbation. This would, Acton argued, increase the chance of the child developing a habit for masturbation: "if, however, masturbation is continued nature replies to the call of the excitement, and semen, or something analogous is secreted. Occasionally, the emission gives pleasure, and then there is great danger of the habit becoming confirmed."⁵¹⁹ The danger of ejaculation was clear to Acton, who thought that if the child did not produce any semen, the effects on his nervous system would not be as great

⁵¹⁸ Darby, *A Surgical Temptation*, p 120.

⁵¹⁹ William Acton, *Functions and Disorders*, p. 8.

as for the child who did. Nature could at this point still recover the boy from an inevitable decline. Acton made reference to Lallemand's observation that "in respect to the evil habit in children, it is easy to re-establish health, if we can prevent the little patient masturbating himself the resources of nature are great".⁵²⁰ This established Acton's impression that the effects of nature would be felt differently at different stages of development, and as such, nature acted as a strong force upon the physical development of the child. He further cited Lallemand's claim that the consequences of masturbation in the child would disappear quickly, and the proper functions would again become re-established. This would however, not be the case when masturbation occurred after puberty.⁵²¹

For Acton, it was imperative that the physician, parent and school-teacher should be able to recognise and foresee all the possible risks that might encourage the child to engage in masturbation. If the boy failed to 'win' his battle over nature and the natural instinct and continued to masturbate, the consequences would inevitably affect not only the boy's mental and moral faculties, but could also even physically change the appearance of the masturbator. The notion that masturbation could affect the physical appearance of even the young child is strong throughout *Functions and Disorders*, and can also be found in contemporary works on sexual disorders. Acton referred to Lallemand's explanation for the physical degeneration of the child, who, would become thin, pale and irritable; his features would become haggard one would soon notice the long cadaverous countenance and downcast look which Lallemand supposed arose from

⁵²⁰ Claude François Lallemand, *A Practical Treatise* as cited in William Acton, *Functions and Disorders*, p.10.

⁵²¹ William Acton, *Functions and Disorders*, p. 10.

a consciousness that their habits were suspected.⁵²² Thus we can see that the sexualised child was thought to take on a physical change after the habit was formed. This presupposed the idea that the sexualised child's action would impede his own development for such a negative effect on their appearance to be generated. For Acton, the timidity acquired from the habit was a sign of the guilt experienced from the practice. Lallemand warned that not only were the effects seen on the appearance of the child, but that also the practice of masturbation could have wider consequences on the child's health; that he may experience a great vital exhaustion, suffer sleep deprivation, and a complete 'marasmus'. Lallemand further claimed that if the habit was not at this point halted altogether, the consequences could be dire: a complete collapse of the nervous system with spasmodic contraction or convulsive movements, together with epilepsy, eclampsia and paralysis.⁵²³ Acton's account of the decline in health of the boy is less technical. The danger of masturbation with emission was a possibility, so Acton thought, of the emission being followed with pleasure. Upon experiencing this new and pleasurable sensation, the danger of the habit becoming confirmed grew ever greater:

The boy's health fails, he is troubled with indigestion, his intellectual powers are dimmed, he becomes pale, emaciated and depressed in spirits; exercise he has no longer any taste for, and he seeks solitude . . . At a later period the youth cannot so easily minister to his solitary pleasures, and he excites the organs the more, as they flag under accustomed stimulus. He becomes shy and timid, particularly in the presence of women.⁵²⁴

⁵²² Claude François Lallemand, *A Practical Treatise*, p. 44.

⁵²³ Claude François Lallemand, *A Practical Treatise*, p. 462 as cited in William Acton, *Functions and Disorders*, p. 8.

⁵²⁴ William Acton, *Functions and Disorders*, p. 9.

Acton's account of the declining health of the masturbating boy then is less fatalistic than Lallemand's, and is presented as a more general, less scientific account. Yet, the behaviours and physical decline that Acton described were simultaneously more generalized than Lallemand's specific diagnosis of epilepsy and eclampsia. This could be regarded as a deliberate ploy by Acton to intensify the fear of the habit by generalising the symptoms, to enable more people, physicians, parents and teachers to recognise and suspect the behaviour of boys. Acton's interpretation of the nature of the child supposes that the individual is unable to resist continued sexual excitement, and that once a habit has formed, nature will allow the body to produce and release semen with pleasurable effect. Once pleasure is experienced, the habit would become more difficult to break. We may suppose then that Acton believed that children who practiced masturbation to this extent were sexualised children, and as such were to be treated differently than the normal, non-sexualised child.

The provision of the 'cure' for sexually dysfunctional behaviour in the young child was the responsibility of the parent and teacher. Acton believed that the child needed to be monitored throughout his childhood in case any sexual behaviour was evinced: "I cannot but think that much of this evil could be prevented, by wisely watching children in early life; and where a sexual temperament, - a suspicion of the practice having been begun, - or other circumstances which rendered it desirable, kindly, but solemnly pointing out the dreadful evils that result from it."⁵²⁵ Acton recognised, however, that parents were unwilling to speak on such a delicate topic with their sons,

⁵²⁵ William Acton, *Functions and Disorders*, p. 9.

and would hope that their son would be ‘above’ such behaviour. This, he warned, would be a costly mistake, and he recounted the admissions of his patients who suffered from the vice who “lamented that they were not when children made aware of its consequences.”⁵²⁶

Acton’s construction of the action of nature on dysfunctional development is one which assumes both that nature would produce dysfunction if left unchecked, but simultaneously that nature could repair any consequent damage the child caused to their nervous system provided certain measures were in place. As long as the child did not experience any pleasure from the manipulation of his genitalia nature could repair any damage caused. However, if the child or youth derived pleasure and continued to masturbate and if the child or youth ejaculated, Acton assumed that the damage done to the boy’s nervous system would be too great to repair. The child would degenerate in to a state more like that of an animal. The necessary regulation was the responsibility of the parent. With their continued parental attention to the behaviour of children, intervention was possible on the manifestation of sexualised behaviour and it would not be too late to save the child:

In nearly all young children the practice has only to be left off, and the system will speedily rally. One great advantage in warning a boy therefore is that, as he derives no pleasure from the act, if he is thoroughly frightened at the probable causes he will abandon the practice at once.⁵²⁷

⁵²⁶ William Acton, *Functions and Disorders*, p. 9.

⁵²⁷ William Acton, *Functions and Disorders*, p. 13.

He reminded his readers that “it is indeed, hardly possible to keep children ignorant, and therefore, where the likelihood is so great that a boy will learn for himself.”⁵²⁸ Acton appreciated the unwillingness of parents to educate their children about the dangers of sexual disorders, as it might encourage the child to explore his own genitalia, but he considered the risk of their masturbating without an awareness of the damage which they were doing to their body to far outweigh the risk of the child exploring his body through natural curiosity after having been instructed on the subject. Indeed, it was unlikely that the child would resist his curiosity because he believed that they “early acquire, from the habit of watching animals, and reading books that come their way, a smattering of knowledge which excites their feelings but teaches them nothing of the ill consequences of the only sexual indulgence they can practice at this early age.”⁵²⁹

The regulation of the body was paramount to the continued development of the child. Without the instruction of others, the child could be at great risk of developing the habit of masturbation. Sexual dysfunction in youth was presented by Acton as a danger to which all children faced, and therefore intervention in their physical and behavioural development was essential. Acton maintained that the parent needed to be on guard at all times for signs of sexual dysfunction. They needed to monitor the actions of their nurse and servants as well as of other children in their child’s company. Danger presented itself everywhere; thus it was also important that the male child be made aware of the dangers of sexual practices as soon as he was able to comprehend the consequences of his actions.

⁵²⁸ William Acton, *Functions and Disorders*, p. 12.

⁵²⁹ William Acton, *Functions and Disorders*, p. 12.

The action nature played on the child's development was crucial to Acton's understanding of the development of the young male. Acton presents its force as changeable: that it could repair any damage done to the child's body, but only if the child experienced no pleasure from his habit. For Acton, nature left alone would inevitably act on the child to create dysfunctional behaviour. Without any regulation of behaviour, the child would, he supposed, inevitably explore his own sexuality and give in to his sexual instincts. If this behaviour developed into a habit from which he gathered pleasure, the boy would not be able to resist his 'instinct' for sexual pleasure. The damage would be irreversible, and even if the child learnt later in life to control his behaviour, he would never be truly cured. It was highly probable then that the dysfunctional behaviour developed in childhood would be passed onto his children in adulthood.

The striking, paradoxical theory that Acton creates on the development of the child and the action of nature and of heredity is demonstrative of Acton's engagement with the most current discourses on the construction of behaviour, and the regard which he had for the work of other contemporary theorists. This notion of the action of nature on the individual was one which Acton had developed from the works of naturalists, whilst the theory of heredity was well grounded in contemporary discourse at the time of his writing *Functions and Disorders*. The disparity between Acton's construction of the fall of the prostitute, and that of the fall of the masturbator, is the idea that whilst the fallen prostitute would eventually save herself, the action of nature and sexual instinct would prove too great for the masturbator to resist. For Acton, the masturbator continued

on his downward spiral because of his dysfunctional behaviour; the prostitute, on the other hand, was motivated to continue her path to destruction not through instinct, but by necessity.

Conclusion

The 'late' Acton, after the passage of the Contagious Diseases legislation, is not the subject of this thesis. We have, instead, traced the development of Acton's understanding of sexual disease, sexuality, and public health from his earliest works until the point of the debates surrounding the legitimacy of the legislation of prostitution, which arose in 1870. From his early education in London and Paris to mid-career, Acton shifted from a writer on disease, to a writer on the social effects of disease. The development of Acton's concern for the necessity of regulation of the self and of the nation reflects his appreciation of the public health consequences of disease.

Acton's published work affords us an insight into the development of his understandings of sexual behaviour. His early writings were intended to establish and then to demonstrate his new-found authority, and showcase his relationship with French theorists and their advancement of ideas about the science of venereal disease. He produced case studies, and wrote overviews of the works of Philippe Ricord which dealt primarily with the medical definitions and treatments for venereal disease. As Acton's career progressed, so did his writings. We see in the late 1840s a slight shift from his purely technical publications of case studies and medical treatments, to an examination of the causes of disease; and so in the later editions of *A Practical Treatise*, Acton begins to discuss sexual behaviour and its effects on health. His earliest work on prostitution and public health highlights his concern over the levels of venereal disease being treated by contemporaries in hospitals ill-equipped to deal with venereal patients.

It was in his monograph on prostitution that Acton further developed his theory that prostitutes presented a danger to public health. He understood the threat to be a medical one. Whilst works by his contemporaries stressed the moral danger presented by the prostitute, Acton highlighted the immorality of perpetuating the ignorance of the prostitute's plight. The prostitute was driven to the career through economic necessity, and would eventually pay or marry her way upwards into respectable society, transgressing a significant class boundary. Prostitution for Acton was a symptom of the degradation of the urban environment: young, working-class women were exposed to the filth and crime of the city and faced wide-spread unemployment and low wages, which meant subsequently that they had to rely on charity from charitable institutions (with high expectations of personal morality) in times of need, or more likely, to take to the streets.

Acton argued that British hospitals were inadequately equipped to treat venereal patients. He pushed his case through the utilization of new statistical methods of study, which had begun to be used by other public health reformers overseas – and in Britain only previously by Thomas Holland, who had died at the age of 29 in 1854 – to demonstrate the high levels of venereal disease encountered in the metropolitan hospitals, as well as in the armed forces. This was conclusive proof, he thought, of the need for the regulation of the transmitter of the disease, namely the prostitute. The prostitute was targeted for reform not because of a desire to subjugate her to state control, but because regulation offered for Acton the only reliable way of preventing the spread of venereal disease, namely syphilis. Medical intervention at this time, we should

recall, was largely not effective, and we may presume that Acton's early experiences in Paris had made him aware of these limitations. The prostitute was targeted for regulation not because she was a prostitute, but because she was likely at some point in her career to transmit venereal disease, and was an easily recognisable and identifiable figure – hence the concern over supposedly 'clandestine' prostitution.

Whilst Acton developed his theories on the necessity of the regulation of prostitution to prevent the spread of venereal disease to the general public, he concurrently developed his appreciation of the need for regulation of sexual behaviour. One of the principal causes of prostitution was the sexual instinct in man. This necessitated a study of the sexual functions of the male, in order to determine expectations of sexual desire. Acton's work on male sexual desire highlighted the danger which spermatorrhoea presented to the individual. This disease, which in many ways Acton thought to be more debilitating than syphilis, and more socially undesirable, was found to have been caused by uncontrolled sexual instinct. If the male gave in to his 'natural' sexual instincts, then he was liable to develop irregular behaviours which could lead to the formation of debilitating disease. The contemporary cures, which were surgical in nature and not medicinal, could only relieve the symptoms of the disease and did not tackle the root cause of the disease, namely masturbation. The (potential) masturbator, then, would need to be subject to regulation. This regulation of the self presupposed the continent behaviour of the individual; as such behaviours were acquired in childhood, regulation of the child by parents and others with supervisory capacities (like teachers) was additionally required. Acton's unusual conception of these degenerate conditions, brought about by the moral failure of individuals, becoming

hereditary and so affecting a greater proportion of the population, gave a public dimension to what would normally be thought of as a matter of private health.

Regulation is the idea which unifies all of these elements of Acton's work. We have, finally, to seek a historical explanation for this regulatory drive. Provisionally, we could put forward three hypotheses which might explain this. First, we can see the preoccupation with regulation as a natural progression of his internal progression as a thinker. The internal development of his ideas about disease, as we have seen in the first two chapters, follows a pattern which we would expect from a writer moving from the examination of individual case studies and treatments, showing an interest in public health more generally (the 'Death Drains' of Brighton), and then coming to relate his specific medical interests to a treatment of the wider themes of the causes of disease and its control. His work on prostitution, as we have seen earlier, develops from an examination of the contagiousness of venereal disease and the treatments available, to an examination of the causes of the continued transmission of the disease to new sufferers. The prostitute is commonly identified as one of the principal transmitters of disease to the general population (especially, on account of her upward mobility through the generation of income, to the middle classes). Acton's interest in the regulation of public health then develops from a study of the prostitute. His examination of venereal disease and its rates of infection in Britain gave him reason to conclude that prevention of the spread of venereal disease should be targeted at the prostitute.

Second, we may presume that his interest in regulation was influenced by the intellectual climate of the time. Wide-scale investigations were ongoing in Britain and

on the continent. The themes of Alexandre Parent-Duchâtelet's work on prostitution are clearly identified in Acton's approach to the problem of prostitution and venereal disease. Acton had witnessed the effective regulation of prostitution in Paris, and assumed that Britain, in which wide, sweeping regulatory reforms were being enacted both publicly and professionally, would be open to the regulation of the prostitute as a public health measure. Like Chadwick, Acton identified venereal disease to be a symptom of poverty. In 1857, the year in which he published *Prostitution*, new legislation was imposed with the public health in mind. Acton was writing in a time when large-scale slum clearances were being undertaken, and efforts made to effect the provision of sanitary improvements such as sewerage and clean water. Large-scale studies were also being conducted not only by the new breed of statisticians, but by social commentators like Henry Mayhew as to the make-up of the working and lower classes. This, in turn, brought with it new legislation designed to regulate those considered a nuisance to society. We can see Acton discussing issues such as these not only in terms of the regulation of the prostitute and the masturbator, but in his contribution to the debates on the professionalization of the medical profession and the campaign to eradicate quacks, and also in his letters to journals on the state of sanitation and sewerage, and the effects of travel on health.

Third, and more speculatively, the modern response perceives the kind of regulation in which Acton was interested in the mid-nineteenth century as something which is symptomatic of a paternalistic, patriarchal approach to public health problems. However, we have to take the medical history into account when attempting to assess Acton's reliance on regulation as the solution.. The ability for the physician to intervene

medically was still limited at this time. Acton was working in the field of venereology in its infancy, at a time when new ideas were being developed and tested. It was only twenty years since Ricord's discovery of duality, and Hunterian notions, as well as theories about miasmas, were still prevalent in both lay and medical discussions of disease. Germ theory was not advanced enough to enable the effective treatment of venereal disease – that really only came into being as a realistic possibility long after Acton's death, with the invention of Salvarsan in the early part of the twentieth century. Theories about hereditary transmission, as we have seen in the third and fourth chapters, were also in their early stages of development; the earlier works on eugenics were only starting to be formed in a post-Darwinian age in the later nineteenth century, and an understanding of the consequences for the treatment of hereditary diseases is a twentieth-century development. The ability for the medic to intervene, and the curative power of such treatments as were available, was limited. The physician was reliant on treatments which were not altogether effective, still involving the use of mercury and arsenic compounds, or surgical interventions (like cauterization); none of this was sufficiently advanced to present effective options for the treatment of infectious venereal disease, and certainly not for the treatment of heritable conditions (of which, of course, a tendency to masturbation was not really one at all). In the absence of clear medical solutions which tackled the infection directly, the option of regulating the transmission of disease and contagion understood more broadly appears as a more understandable solution. Regulation of the prostitute, and regulation of the masturbator in childhood and youth, could thus offer effective solutions in the absence of others to problems of public health.

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