

## Deviance, Derangement, and De-generation: Surgical Enforcement for Victorian Gender Norms

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*In 1865, prominent surgeon Isaac Baker Brown was elected President of the Medical Society of London for his achievements in the fledgling field of obstetrics and gynecology. Just two years later, the Obstetrical Society of London voted overwhelmingly to expel him from their ranks, and he died in poverty in 1873. Brown's fall from grace stemmed from his controversial usage of clitoridectomy to cure cases of hysteria, epilepsy, and insanity. The Victorian clitoridectomy was rooted in that era's concepts of gender roles and healthy expressions of female sexuality. Clitoridectomy and other gynecological treatments employed to relieve mental illnesses were also manifestations of obstetricians and gynecologists' need to establish themselves as respectable professionals necessary to society. Ironically, the vulnerability of these new professions was also central to Brown's expulsion and exile. Brown's story and his theories and implementation of clitoridectomy serve as a lens to examine the interaction of gender roles and medical developments in Victorian Britain, specifically focusing on the advent of obstetrics and gynecology.*



When presented with the term “female circumcision,” Western audiences are likely to envision ritualized violence isolated to developing regions such as Africa and the Middle East. This reflex is unsurprising given the volume and accessibility of educational material on that facet of the term available to the lay person. However, a lesser-known but very similar practice, referred to by the more clinical name of clitoridectomy, was also present in Western medicine in the late nineteenth century. The removal of the clitoris and similar surgeries in Victorian medicine were

attempts to cure a variety of physical and mental ailments by stemming masturbation, which Victorian society viewed as deeply taboo and unhealthy. Women were particularly vulnerable to medical “treatments” aimed to curb masturbation and sexual deviance due to Victorian society’s fixation on tightly regulating female sexuality to conform to what was deemed respectable. Physicians trying to establish themselves in the very new fields of gynecology and obstetrics were quick to medicalize female gender roles to make their profession necessary for Victorian society. Victorian clitoridectomy, particularly as it took place in Great Britain, represents an intersection of these two interests - those of medicalizing and regulating women’s sexuality and establishing obstetrics and gynecology as reputable and profitable - as seen in the rapid rise and fall of the surgery’s most infamous practitioner, Isaac Baker Brown.

Isaac Baker Brown’s career as a surgeon was defined by his rapid ascendance to prestige through his innovations in surgical procedures and contributions to the medical profession as a whole. Born in 1812, he became a surgeon at an early age and in 1848, he had already been elected a Fellow of the Royal College of Surgeons by his late thirties.<sup>1</sup> This began his rise to eminence throughout the 1850s, including publishing his popular first book in 1854, *On Some Diseases of Women Admitting of Surgical Treatment*, along with his repeated success with the then-developing oophorectomy and his role in popularizing James Marion Sim's operation for vesicovaginal fistula.<sup>2</sup> He also helped found St. Mary’s Hospital and in 1858 opened the London Surgical Home for women, which garnered attention from “prestigious members of the British and European medical establishment” and even the British Royal Family.<sup>3</sup> The peak of his prestige was his election as President of the Medical Society of London in 1865, quickly followed in 1866 with the publishing of *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* in which he documented his successes with his specific procedure of clitoridectomy as a cure for female hysteria and other “feminine weaknesses” caused by masturbation.<sup>4</sup>

Female hysteria was hardly a new concept to Victorian physicians, as historian Andrew Scull documents in *Hysteria: The Biography*. According to Scull, early classical physicians such as Hippocrates and Galen were the first to identify and define hysteria. Hippocrates proposed that “the womb is the origin of all diseases.”<sup>5</sup> The many changes the female body endured, such as menstruation, pregnancy, menopause, etc., “readily deranged” women’s “fundamentally inferior” constitutions.<sup>6</sup> Hippocrates and his successors claimed that the womb was a parasite preying upon its host body, shocking a woman's "internal equilibrium" either by wandering about the body or "sending forth vapors," causing violent symptoms labeled as hysteria.<sup>7</sup>

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<sup>1</sup> Elizabeth Sheehan, “Victorian Clitoridectomy: Isaac Baker Brown and his Harmless Operative Procedure,” *Medical Anthropology Newsletter* 12, no. 4 (August 1981): 10, <https://anthrosource-onlinelibrary-wiley-com.libproxy.troy.edu/doi/epdf/10.1525/maq.1981.12.4.02a00120>.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid., 10-11.

<sup>5</sup> Andrew Scull, *Hysteria: The Biography* (New York: Oxford University Press, 2009), 13.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid., 13-14.

As with many other classical theories of medicine, hysteria remained a legitimate aspect of Western medicine until the late nineteenth century, albeit with a few changes. In the late seventeenth century, doctors began to see hysteria as a disorder of the nerves rather than the antics of the wandering uterus.<sup>8</sup> As concurrent anatomical studies proved that wombs could not wander, the idea of the brain and nerves as the meeting place of mind and body became attractive.<sup>9</sup> Thomas Willis, a professor of natural philosophy at Oxford, was the first to dispute the idea that female hysteria was caused by uterine mischief. Willis instead claimed that nerves could become tainted, which was expressed through symptoms of not only hysteria but also epilepsy (now seen as part of the same “family of diseases”).<sup>10</sup> However, the idea of a woman as “peculiarly the creature of her internal organs” persisted to the nineteenth century, which doctors related to the new focus on the nervous system by claiming that women’s nerves were more delicate and “prone to overstimulation.”<sup>11</sup>

The nineteenth-century medical community in which Isaac Baker Brown practiced was heavily influenced by the rigid gender norms that defined larger Victorian society. Until the late eighteenth century, both medical professionals and lay people accepted that women could be “as passionate, lewd, and lascivious as men,” even believing that sex was more likely to result in pregnancy when female orgasm was achieved.<sup>12</sup> However, the idea that women naturally had a lower sex drive than men dominated by the nineteenth century.<sup>13</sup> Modern researchers attribute several social, cultural and political phenomena occurring around the late eighteenth and early nineteenth centuries to this shift in attitude. For example, some theorize that the rise of evangelical Christianity led to the conflation of a lack of sexual passion and moral superiority, which some women appropriated to further their social standing.<sup>14</sup> Ideas from the Enlightenment and Post-Revolutionary Era reinforced the idea of women’s virtuosity originating from their naturally diminished sexual desire.<sup>15</sup> The rise of the urban middle class also contributed by completely separating the roles seen as acceptable for men and women, which solidified the idea that women had a natural domestic sphere that was improper for them to venture from.<sup>16</sup>

However, Victorian society, and medicine, did not see women as completely asexual beings at all. A healthy and respectable Victorian woman did desire and enjoy (vaginal) intercourse, but only at the prompting of her husband, who was always expected to take the lead

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<sup>8</sup> Ibid., 24-25.

<sup>9</sup> Ibid., 27 & 31.

<sup>10</sup> Ibid., 29-31; Willis mainly spoke of nervous diseases as they affected women, but he conceded that “sometimes the same kinde of Passions infest men...”

<sup>11</sup> Carroll Smith-Rosenberg and Charles E. Rosenberg, “The Female Animal: Medical and Biological Views on Woman and Her Role in Nineteenth Century America,” *The Journal of American History* 60, no. 2 (September 1973): 334.

<sup>12</sup> Carol Groneman, “Nymphomania: The Historical Construction of Female Sexuality,” *Signs* 19, no. 2 (Winter 1994): 345, JSTOR.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid., 346.

<sup>16</sup> Ibid., 345.

in the bedroom.<sup>17</sup> The strict gender roles of sexual relations were justified and somewhat enforced by the Victorian medical institution. Many mid-nineteenth century doctors believed that a man's semen had a restorative effect on a woman's reproductive system, helping her recuperate from the supposedly draining affair of intercourse.<sup>18</sup> Therefore, the buildup of excited sexual energy without the reprieve of "the soothing presence of the male semen" could prove dangerous for a woman's mental and physical health.<sup>19</sup> Signs of such sexual deficiency were evident in deviances such as hypersexuality (then referred to as nymphomania), asexuality, lesbianism, and masturbation.<sup>20</sup> Most doctors of the time agreed that any sexual act that was not reproductive in nature, even coitus interruptus, was an unhealthy waste of limited sexual energy.<sup>21</sup>

The interest taken in women's gender roles by Victorian doctors was partially related to the novelty of the rising professions of gynecology and obstetrics. For most of western medical history, the physicians looked down upon most forms of medical specialization in a profession where general practitioners struggled to stand out in an overcrowded market, especially in the early nineteenth century, without stooping to advertising tactics beneath a "gentlemanly" profession.<sup>22</sup> Until the early eighteenth century, pregnancy, childbirth, female reproductive health, and infant health fell almost entirely under the purview of midwives, with doctors only being summoned in cases of emergencies.<sup>23</sup> However, as the eighteenth century progressed, male physicians began to increase their presence in the birthing chamber, intervening in more childbirths and even supervising routine labors.<sup>24</sup> Ornella Moscucci argues that the encroachment of male doctors onto the territory of midwives was caused by a sudden concern, in England at least, in maintaining a large healthy population of workers to sustain rising industry.<sup>25</sup> English doctors began to fear that incompetent midwives were unwittingly causing a population decline through outdated practices that led to increased infant mortality.<sup>26</sup> Anne Digby, however, proposes that these doctors also had more economic motives: the late eighteenth century English midwife typically charged half of a guinea (one guinea is fifteen shillings) for a delivery and one to three guineas for more wealthy patients, while male physicians earned at least one to five guineas per delivery, even ten guineas for an esteemed physician working in London.<sup>27</sup> This kind of ample, steady income was exactly what physicians needed in a crowded, competitive medical market, and they took several measures to ensure their hold over their new domain.

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<sup>17</sup> Sarah B. Rodriguez, *Female Circumcision and Clitoridectomy in the United States: A History of a Medical Treatment* (Rochester: University of Rochester Press, 2014), 19.

<sup>18</sup> Smith-Rosenberg and Rosenberg, "The Female Animal," 348.

<sup>19</sup> Ibid.

<sup>20</sup> Groneman, "Nymphomania," 339, 341, & 355.

<sup>21</sup> Smith-Rosenberg and Rosenberg, "The Female Animal," 348.

<sup>22</sup> Scull, *Hysteria*, 74-75.

<sup>23</sup> Ornella Moscucci, *The Science of Woman: Gynecology and Gender in England, 1800-1929* (Cambridge: Cambridge University Press, 1990), 10.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid., 11.

<sup>26</sup> Ibid.

<sup>27</sup> Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge, Cambridge University Press, 1994), 255-256.

By the late eighteenth and early nineteenth centuries, English obstetricians, then known as male midwives, were gaining popularity among pregnant women. These doctors achieved this by convincing the public that only scientifically-minded male physicians could ensure a safe delivery as opposed to backward, superstitious midwives.<sup>28</sup> The use of cutting-edge tools was also applied to other female reproductive matters, expanding the male medicalization of feminine health.<sup>29</sup> The advent of one such tool, anesthesia, in the 1840s solidified gynecologists' and obstetricians' hold on female health, as it allowed them to perform more invasive surgical procedures, expanding their range of services offered to women.<sup>30</sup> Isaac Baker Brown was one of the first to utilize chloroform in deliveries and other gynecological surgeries, which allowed him to pioneer new surgical techniques for conditions such as prolapsed uterus, securing his rise to prominence.<sup>31</sup> The replacement of midwives with obstetricians and gynecologists as those in charge of feminine health represents not only the Victorian solidification of the gender hierarchy, but also the male appropriation of the midwife's duty of safeguarding women's reproductive, and by extent sexual, wellbeing.

The social and professional acceptance of obstetrics and gynecology was hardly unanimous. For one, a specialized practice that appealed to half of the patient population was a major threat to general practitioners.<sup>32</sup> Even so, the most significant controversy surrounding obstetricians and gynecologists was the inevitable suspicion both laypeople and fellow doctors held toward men who made a living examining and touching women's genitals, especially since that was almost entirely the domain of other women up until then. Physicians that supported female midwifery and alternative medicine condemned these doctors of having impure motives regarding their practice, accusing them of seducing their patients through their improper examination methods.<sup>33</sup> In order to defend their practice, gynecologists and obstetricians had to establish themselves as not only beneficial to society, but necessary, one approach being that of attempting to introduce treatments for female mental illnesses such as hysteria. Doctors began to introduce new methods and procedures, often surgical, designed to cure "female insanity", all hearkening back to the idea that the female reproductive system was the source of women's ailments, including mental.<sup>34</sup> However, even with the obstetric community, there was debate over the efficacy of these procedures, betraying the underlying motive of those performing said procedures as that of establishing themselves as the sole experts of the causes and treatments of feminine forms of insanity.<sup>35</sup>

Even though the nineteenth century saw significant steps to differentiate medicine and religion, traditional Christian values were still very present in laypeople's and doctors'

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<sup>28</sup> Moscucci, *Science of Woman*, 50.

<sup>29</sup> Scull, *Hysteria*, 75.

<sup>30</sup> *Ibid.*, 76; The terms "gynecologists" and "obstetricians" were in use by the mid-nineteenth century.

<sup>31</sup> *Ibid.*

<sup>32</sup> *Ibid.*, 75.

<sup>33</sup> Moscucci, *Science of Woman*, 118.

<sup>34</sup> *Ibid.*, 105.

<sup>35</sup> Groneman, "Nymphomania," 351.

understanding of mental illness.<sup>36</sup> Therefore, it stands to reason that Victorian gynecologists and obstetricians taking an interest in women's mental health as it pertained to female reproductive systems translated to the doctors also taking interest in matters of sexual morality. One significant concern Victorian doctors had regarding sexual morality, especially Isaac Baker Brown, was that of masturbation. The medical view of masturbation as unhealthy was yet another relic from classical medicine, but it was not considered a disease until the eighteenth century, and a century later it was linked to "madness, idiocy, ...[and] epilepsy."<sup>37</sup> Regardless of sex, masturbation supposedly wasted sexual energy that could have been better spent for procreative reasons, but doctors considered it particularly ill-advised for women, tying into the idea that Victorians saw female sexuality as healthy only when facilitated by a woman's husband.<sup>38</sup>

The overall campaign against masturbation started in the early eighteenth century and grew throughout the eighteenth and nineteenth centuries, peaking in the 1910s.<sup>39</sup> One of the first pieces of antimasturbation literature was a book published in 1710 called *Onania; or, The Heinous Sin of Self-Pollution*.<sup>40</sup> To prevent masturbation, the book suggested thinking of solemn and sad things, eating "sparse diets" with quality meats and "dry suppers," and abstaining from sex at certain phases of the moon.<sup>41</sup> Exercising, getting fresh air, and bathing in cold water were also common prescriptions.<sup>42</sup> However, as antimasturbation intensified in the early nineteenth century, doctors sometimes utilized a more radical solution of clitoridectomy in cases of female masturbation. The operation itself dates back to at least ancient Rome as a cure for nymphomania, and it had persisted to the nineteenth century.<sup>43</sup> For example, in 1825, British doctors performed it on a fourteen-year-old girl for excessive masturbation.<sup>44</sup>

In *Curability*, Isaac Baker Brown presented his personal take on hysteria and other derangements in that they were directly caused by masturbation. He claimed that girls and young women display the earliest signs of hysteria in puberty, including restlessness, fatigue, apathy to society and domesticity, a finicky taste in food, and back pain, symptoms that could apply to most teenagers at some point in adolescence.<sup>45</sup> Even more significant, however, is his description of the more severe symptoms women display once hysteria fully sets in, such as wanting to run away from home, aspiring to be a nurse or nun, "distaste for marital intercourse," or tending to abort early-stage pregnancies.<sup>46</sup> This paralleled Victorian beliefs that masturbation was a threat to

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<sup>36</sup> Moscucci, *Science of Woman*, 105.

<sup>37</sup> Rodriguez, *Female Circumcision*, 18.

<sup>38</sup> Ibid.

<sup>39</sup> Alan Hunt, "The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth and Early Twentieth-Century Britain," *Journal of the History of Sexuality* 8, no. 4 (April 1998): 576, JSTOR.

<sup>40</sup> Ibid., 575.

<sup>41</sup> Ibid., 601.

<sup>42</sup> Ibid.

<sup>43</sup> Rodriguez, *Female Circumcision*, 26.

<sup>44</sup> Ibid.

<sup>45</sup> Isaac Baker Brown, *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* (London: Churchill, 1864), 14-15.

<sup>46</sup> Ibid., 15-16.

physical and moral health, but Brown took it a step further, claiming that masturbation posed a threat to a woman's life. Brown warned that hysteria was only the start, leading women down a dark path to epilepsy, idiocy, insanity, and death.<sup>47</sup> At the center of Brown's argument was the claim that the road from hysteria to death was caused by excessive "peripheral excitement to the pudic nerve" through masturbation.<sup>48</sup>

From there, he presented clitoridectomy as the saving grace for these poor women, providing a litany of cases in which he completely cured women of hysteria, epilepsy, and insanity through his operation.<sup>49</sup> The women discussed in each of the cases ranged from sixteen years old to fifty-seven (the average age of the patients was thirty-one), including unmarried women both young and old, married women, and widows.<sup>50</sup> The variety of symptoms displayed by the patients in these case studies is equally diverse, ranging from digestion problems labeled by Brown as hysteria to bouts of homicidal mania, all of them deemed by Brown to stem from masturbation.<sup>51</sup> The only failures he admitted to out of the forty-eight cases presented in the book were two cases in which the women were not cured and one case that left the woman's fate uncertain.<sup>52</sup> In his reports, Brown made little distinction between the physical and mental symptoms, presenting them as different facets of the same malady. A particularly striking example is a twenty-year-old patient whose menorrhagia (heavy menstrual bleeding) Brown looped in with her "mental delusion," symptoms of which included irritability, disobedience, social vivacity, and flirtation along with spending "much time in serious reading."<sup>53</sup> The strong link between female mental health and Victorian gender roles is further present throughout the book in that many case reports end in Brown glowingly remarking how his formerly invalid patients went on to marry, have children, and be respectable members of society.<sup>54</sup>

Brown was very eager to promote his particular clitoridectomy procedure by legitimizing its purpose and results with the rest of his profession and also by popularizing it with the general public. When explaining the physiology behind his theories, he cites several well-known contemporaries that he claims to support his work, including Dr. Charles Édouard Brown-Séquard. Dr. Brown-Séquard was a physiologist who held a multitude of distinguished positions in academic institutions in France, Britain, and America, and he lent his name to the spinal cord condition called Brown-Séquard syndrome.<sup>55</sup> Baker Brown mentions Brown-Séquard's research on the nervous system repeatedly along with giving the French doctor partial credit for inspiring his revelation regarding "peripheral excitation of the pudic nerve."<sup>56</sup> By referring to prominent

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<sup>47</sup> Ibid., 7.

<sup>48</sup> Ibid., vi.

<sup>49</sup> Ibid., 17-18.

<sup>50</sup> Ibid., 65 & 77.

<sup>51</sup> Ibid., 21 & 77.

<sup>52</sup> Rodriguez, *Female Circumcision*, 26.

<sup>53</sup> Ibid., 35.

<sup>54</sup> Brown, *On the Curability*.

<sup>55</sup> Michael J. Aminoff, "The Life and Legacy of Brown-Séquard," *Brain* 140, no. 5 (May 2017): 1525, 1530.

<sup>56</sup> Brown, *On the Curability*, vi.

physicians such as Brown-Séquard, Brown attempted to garner support for the procedure among the larger medical community. In the book's dedication to Brown-Séquard, Brown even went so far as to explicitly state that citing him "will secure for it greater consideration, and lead to a closer examination of its contents, than would otherwise have been the case."<sup>57</sup> Brown also sought the public spotlight for clitoridectomy, as seen in the physical appearance of the book, with gilt lettering for the title making the book look like "the class of works which lie upon drawing-room tables."<sup>58</sup> Brown was making an effort to make clitoridectomy appealing to both his fellow practitioners, whose approval could make or break the success of the procedure (along with his professional reputation) and the lay people, whose support would garner him potential patients.

Despite Brown's authority and prestige, the book ignited a heated controversy within the British medical community over Brown's science and methods. For example, the *British Medical Journal* published a review of *Curability* criticizing Brown for his sweeping, unsupported claims. The author further questioned whether the surgery itself actually cured the patients rather than the "moral and physical influence" that went along with the procedure.<sup>59</sup> Following the review, the Obstetrical Society of London in December 1866 held a meeting to debate the merits of the operation. Dr. T. Hawkes Tanner opened with a speech declaring that clitoridectomy was akin to castrating a man, that the surgery still left the "pudic nerve" intact anyway, and that it harkened back to ritual practices taking place in Africa.<sup>60</sup> Afterward, other members of the society weighed in with a variety of objections, declaring that the surgery was useless, female masturbation was not the hazard to health and life Brown had made it out to be, stimulation of the clitoris was a historical method of treating hysteria, removing the clitoris was comparable removing the penis, etc.<sup>61</sup>

A few doctors criticized Brown's attempts at applying clitoridectomy to cases unlikely to benefit from it, even accusing him of misinforming patients of the true nature of the procedure. Dr. Wynn Williams recounted how one of his patients underwent the surgery for paralysis despite his objections; the woman's paralysis actually worsened after the surgery, leading to her death.<sup>62</sup> Before she died, however, she and her sister told Williams that she never had a masturbation problem, nor was she aware of what the operation entailed.<sup>63</sup> Williams also reported that whenever he observed Brown performing the surgery, Brown usually would also remove polyps from the rectum along with the clitoris, which Williams believed was actual root of the patients' ailments, not the clitoris.<sup>64</sup> Dr. Tyler Smith confirmed Williams's accusation by listing four cases in which

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<sup>57</sup> Brown, *On the Curability*.

<sup>58</sup> "Reviews and Notices: On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females, by Baker Brown," *British Medical Journal* 1, no. 278 (April 28, 1866): 440, ProQuest.

<sup>59</sup> *Ibid.*, 438-440.

<sup>60</sup> "Reports of Societies: Obstetrical Society of London," *British Medical Journal* 2, no. 311 (December 15, 1866): 672, ProQuest.

<sup>61</sup> *Ibid.*, 673-674.

<sup>62</sup> *Ibid.*, 672-673.

<sup>63</sup> *Ibid.*, 673.

<sup>64</sup> *Ibid.*

his patients had been misled or misinformed by Brown into agreeing with the surgery, which none of them benefited from.<sup>65</sup> Brown's efforts to popularize clitoridectomy led him to impose his theories on his patients despite the second opinions of other medical professionals, which left a bad impression upon his peers.

Only two physicians stepped up to Brown's defense. Dr. Routh, who cited a few cases from the London Surgical Home where he had observed patients making significant improvements after the surgery.<sup>66</sup> However, even then, he conceded that the procedure had its failures and that until further research proved its efficacy it should only be practiced when no other treatment worked and after consulting with another medical professional.<sup>67</sup> Dr. Rogers also held that clitoridectomy had its successes and failures and that the Society should not jump to conclusions about the surgery's merits, or Brown's motives, before they had all of the facts.<sup>68</sup> Overall, neither doctor overwhelmingly agreed with Brown nor did they attempt to truly counter any of Brown's more fervent critics, both seeming to take the route of conceding to both sides of the controversy.

Brown's theory that clitoridectomy treated epilepsy received further criticism from across the Atlantic. The *Boston Medical and Surgical Journal* released an article reporting upon the aforementioned meeting and Brown's wider criticism, adding in the opinion that other, less drastic measures would be sufficient to curb most masturbation problems.<sup>69</sup> The article also contained a reprint of a *Lancet* article by Dr. Charles West in which he presented a list of eight points picking apart Brown's argument regarding the dangers of masturbation and its curability through clitoridectomy.<sup>70</sup> The last of these points was yet another accusation that Brown tended to operate without his patients' fully informed consent.<sup>71</sup>

Brown did not take this criticism well. In the same issue of the *Journal* that documented the Obstetrical Society meeting, Brown submitted a letter in response to Dr. West's *Lancet* article. Brown detailed why each and every point made by West was incorrect, dismissing the criticism as logically invalid, "entirely opposed to the evidence" of physiological studies and observations "among the insane", and lacking full knowledge of Brown's practices.<sup>72</sup> Brown did not admit to misleading his patients, but he did concede that he would conduct surgeries in secrecy if his patients willed it.<sup>73</sup>

Naturally, Dr. West responded with not only reaffirming his original points but also reiterating his accusation that Brown was withholding information about the surgery to his

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<sup>65</sup> Ibid., 673-674.

<sup>66</sup> Ibid., 673.

<sup>67</sup> Ibid.

<sup>68</sup> Ibid., 675.

<sup>69</sup> C. Ellis, "Clitoridectomy as a Cure for Epilepsy in Females," *Boston Medical & Surgical Journal* 77, no. 8 (March 28, 1867): 162-163, <http://libproxy.troy.edu/login?url=http://search.ebscohost.com.libproxy.troy.edu/login.aspx?direct=true&db=h9m&AN=54603862&site=ehost-live&ppid=divp14>.

<sup>70</sup> Ibid., 163-164.

<sup>71</sup> Ibid., 164.

<sup>72</sup> "Reports of Societies," 675-676.

<sup>73</sup> Ibid., 676.

patients.<sup>74</sup> Additionally, some of the physicians that Brown had referred to in his letter responding to West's criticisms wrote to the *Journal* denying that their works supported Brown in any way. Dr. Holmes Coote refuted that self-abuse was a disease of the genitals and claimed instead that the brain was the source of the malady.<sup>75</sup> Dr. Henry Maudsley asserted that self-abuse was a consequence of insanity, not a cause.<sup>76</sup> Alongside Coote and Maudsley, the eminent Dr. Brown-Séquard, the man cited as an inspiration in *Curability* and to whom Brown dedicated the book, expressed doubt that the procedure was indeed the cure-all Brown touted it as.<sup>77</sup>

Brown also had an unfortunate habit of claiming that physicians referring patients to him were actively recommending clitoridectomy when they were simply allowing their patients to choose a course of action for their own care. Dr. Robert Harling wrote that he experienced this even though he and the other attending physician disagreed with clitoridectomy and that they only allowed the patient to opt for the surgery because nothing else had relieved her "nervous distress."<sup>78</sup> This tendency intensified the conflict between Brown and Dr. West, along with one of the critics from the Obstetrical Society Meeting, Dr. Robert Greenhalgh. In December 1866, Brown submitted a letter to the *Journal* attempting to show West and Greenhalgh's hypocrisy by bringing up an instance where they had referred a patient to him for clitoridectomy for catalepsy brought up by excessive masturbation.<sup>79</sup> West, however, replied back in the next issue that the patient in question actually suffered from chronic eczema and that he had neither referred her to Brown nor did he see her at all until an entire year after the surgery.<sup>80</sup> Greenhalgh corroborated West's account and asserted that neither he nor West recommended the surgery.<sup>81</sup> Apparently, the clitoridectomy was her idea, so Greenhalgh referred her to Brown and clearly stated to her multiple times that he had no opinion on the surgery, and she was actually worse off than ever after the operation.<sup>82</sup>

At this point, both doctors discarded any veneer of professional composure. Greenhalgh took this opportunity to again criticize Brown's theories and asserted that the "offensive publicity" surrounding him threatened "the morals of the public and the high tone of the profession."<sup>83</sup> Brown

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<sup>74</sup> Ibid., 676-678.

<sup>75</sup> Holmes Coote, "Correspondence: Clitoridectomy," *British Medical Journal* 2, no. 312 (December 22, 1866): 705, ProQuest.

<sup>76</sup> Henry Maudsley, "Correspondence: Clitoridectomy," *British Medical Journal* 2, no. 312 (December 22, 1866): 705, ProQuest.

<sup>77</sup> Charles-Édouard Brown-Séquard, "Clitoridectomy for the Cure of Epilepsy," *Boston Medical & Surgical Journal* 76, no. 10 (April 11, 1867): 206, <http://libproxy.troy.edu/login?url=http://search.ebscohost.com/libproxy.troy.edu/login.aspx?direct=true&db=h9m&AN=54891061&site=ehost-live&ppid=divp18&lpid=divl11>.

<sup>78</sup> Robert D. Harling, "Correspondence: Clitoridectomy," *British Medical Journal* 2, no. 312 (December 22, 1866): 705-706, ProQuest.

<sup>79</sup> Isaac Baker Brown, "Correspondence: Clitoridectomy," *British Medical Journal* 2, no. 312 (December 22, 1866): 706-708, ProQuest.

<sup>80</sup> Charles West, "Correspondence: Clitoridectomy," *British Medical Journal* 2, no. 313 (December 29, 1866): 728-729, ProQuest.

<sup>81</sup> Robert Greenhalgh, "Correspondence: Clitoridectomy," *British Medical Journal* 2, no. 313 (December 29, 1866): 729-730, ProQuest.

<sup>82</sup> Ibid.

<sup>83</sup> Ibid., 730.

was infuriated and claimed that in Greenhalgh's letter, "more violent animosity is exhibited towards me than any gentleman would think it possible for one professional man to entertain against a brother practitioner," and followed up by attempting to smear Greenhalgh's integrity by calling him a liar.<sup>84</sup> Greenhalgh responded in the next issue revealing that Brown had promised the patient relief through the surgery that if anything made her condition worse.<sup>85</sup> He then presented his full, unflattering opinion of Brown, stating that his "practices are founded upon theories as wrong as they are filthy," and that he "wantonly exposed" women to "worse than futile operations."<sup>86</sup> The accusation that Brown manipulated patients into the procedure without informing them of its full nature proved to be the most damning.<sup>87</sup> Both Brown and Greenhalgh accused each other of unprofessionalism, but the fact that they used the *British Medical Journal* as the platform for their exchange of insults could have also put the profession's good name at risk as the editions of the *Journal* had the potential of reaching the public eye.

The drama surrounding Brown and clitoridectomy culminated on April 6, 1867, when the Obstetrical Society met to discuss whether or not to remove Brown from its membership.<sup>88</sup> By then, Brown already stopped performing clitoridectomy pending the results of a "professional inquiry into its validity as a scientific and justifiable operation."<sup>89</sup> Out of 237 voting members, 194 voted to remove Brown (an 81.8% majority) with thirty-eight opposed and five abstentions.<sup>90</sup> His career never recovered, and after a rapid deterioration of health, he died on February 3, 1873, destitute and disgraced.<sup>91</sup>

It might be tempting to assume that the public disgrace experienced by Isaac Baker Brown represented an overwhelming rejection of clitoridectomy as a treatment for masturbation. However, if anything, mixed feelings toward Brown's method with a somewhat reluctant acceptance of his procedure define his posthumous legacy. Even at the center of the drama, not all physicians expressed completely negative opinions. One physician, Dr. Harling, admitted that he was not certain of his final judgment of the validity of the procedure.<sup>92</sup> Particularly striking is that in 1869, after Brown's exile from the community, a British physician consulted him to perform a

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<sup>84</sup> Isaac Baker Brown, "Correspondence: Clitoridectomy," *British Medical Journal* 1, no. 314 (January 5, 1867): 18-19, ProQuest.

<sup>85</sup> Robert Greenhalgh, "Correspondence: Clitoridectomy," *British Medical Journal* 1, no. 315 (January 12, 1867): 41, ProQuest.

<sup>86</sup> *Ibid.*, 42.

<sup>87</sup> *Ibid.*

<sup>88</sup> "The Obstetrical Society: Meeting to Consider the Proposition of the Council for the Removal of Mr. I. B. Brown," *British Medical Journal* 1, no. 327 (April 6, 1867): 395-410, ProQuest.

<sup>89</sup> Wollaston F. Pym, "Correspondence: Clitoridectomy," *British Medical Journal* 1, no. 319 (February 9, 1867): 154, ProQuest.

<sup>90</sup> "The Obstetrical Society: Meeting to Consider..." 409.

<sup>91</sup> Elizabeth Sheehan, "Victorian Clitoridectomy: Isaac Baker Brown and his Harmless Operative Procedure," *Medical Anthropology Newsletter* 12, no. 4 (August 1981): 14-15, <https://anthrosource-onlinelibrary-wiley-com.libproxy.troy.edu/doi/epdf/10.1525/maq.1981.12.4.02a00120>.

<sup>92</sup> Robert D. Harling, "Correspondence: Clitoridectomy," *British Medical Journal* 1, no. 315 (January 12, 1867): 40-41, ProQuest.

clitoridectomy on one of his patients.<sup>93</sup> In his 1893 speech to the Cleveland Medical Society, Alvin Eyer spoke of Brown in an almost reverent manner, lamenting how his overenthusiastic approach to clitoridectomy, which Eyer conceded was useful in some cases, led to his fall from grace.<sup>94</sup> In his 1883 book on the dangers of masturbation, Joseph Howe noted that Brown was rejected from the community “for a too free use of the operation,” but Howe still recommended the surgery for severe cases of masturbation (though marriage was preferred).<sup>95</sup> Judging from his critics, Brown was an extremist in terms of the way Victorian medicine saw women and sexuality, but once the debacle surrounding Brown’s expulsion died down, he and his procedure were regarded by the medical community with a certain level of respect.

The fact that clitoridectomy somewhat survived Brown's disgrace begs the question of whether the controversy was actually about the surgery itself or something deeper. Looking closely, it appears that the need for the new profession of obstetrics and gynecology to fully establish itself drove the actions of both Brown and his critics. The fact that Brown had decided to use gynecological surgery to attempt to cure the social ill of masturbation, making it seem all the more crucial by warning of its potentially grave consequences, displays his need to make his services indispensable to society. His excessive promotion, indicated by his colleagues’ critiques of his presentation of the book and interaction with patients, of the procedure shows his desire to make clitoridectomy, and by extension gynecology, respected by the lay people. Despite his intentions, however, the rest of the profession, still seeing themselves as new and vulnerable, viewed Brown as a threat to public opinion.

The first sign of this is that at the end of the April 1866 review of *Curability*, the reviewer criticized the physical appearance of the book in that the title was in gilt letters and had Brown’s name emblazoned down the side.<sup>96</sup> The reviewer's concern that the book did not look professional enough may indicate a fear of possibly appearing too common and unprofessional, unsurprising for a still-developing profession. Also, the 1867 *Boston Medical and Surgical Journal* expressed disapproval of Brown attempting to garner the support of clergy and other non-professionals, and in Dr. West’s *Lancet* article, he criticized Brown’s “public attempts to excite the attention of non-medical persons.”<sup>97</sup> Furthermore, while a significant portion of the criticisms levied toward Brown explicitly addressed the merits of clitoridectomy, the doctors often made sure to allude in some way to the danger he posed to, in the words of Greenhalgh, “the high tone of the profession.”<sup>98</sup> A major argument of the debate to expel Brown from the Obstetrical Society was that he was performing clitoridectomies “without the knowledge and consent of the unfortunate women or

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<sup>93</sup> J. Arkwright, “Excision of the Clitoris and Nymphae,” *British Medical Journal* 1, no. 526 (January 28, 1871): 88, ProQuest.

<sup>94</sup> Rodriguez, *Female Circumcision*, 25-26.

<sup>95</sup> Joseph Howe, *Excessive Venery, Masturbation, and Continence* (New York: Birmingham & Company, 1883), 110-111.

<sup>96</sup> “Reviews and Notices,” 440.

<sup>97</sup> Ellis, “Clitoridectomy,” 164.

<sup>98</sup> Robert Greenhalgh, “Correspondence: Clitoridectomy,” 730.

their husbands.”<sup>99</sup> These gynecologists were aware that societal proprieties were not kind to men looking at the private parts of women who were not their wives, and they knew that to overcome this they had to get women to trust them. They saw this betrayal of trust as potentially fatal to the profession and distanced themselves away from the perpetrator as fast as they could. Furthermore, the fact that the surgery continued to be performed and validated (though more sparingly) after Brown’s expulsion, even within the first few years, demonstrates how Victorian gynecologists had little to no qualms about the procedure itself. Once the threat to their reputation, Brown, was satisfactorily eliminated, the physicians of Victorian Britain and America freely, but cautiously, continued performing clitoridectomy.

The use of clitoridectomy to treat masturbation and hysteria in the Victorian period was a consequence of highly restrictive social norms surrounding female sexuality along with the ambitions of the new profession of gynecology seeking to assert itself as a viable, respected institution. The very idea that masturbation was unhealthy for women revolved around the assumption that they were meant to be passive participants in their marital heterosexual sex lives, which was further affirmed by Brown claiming that a thirst for independence was a sign of hysteria. The rising use of surgery to combat masturbation, thanks to Brown's publicization of clitoridectomy, shows how Victorian gynecologists wished to promote their young profession and make it not only relevant but crucial to society. However, Brown's downfall was also a product of the insecurity of the early gynecologists. His aggressive marketing of clitoridectomy and apparent tendency to not fully inform his patients made him a threat to their respectability and integrity, leading him to be ejected from the community. Even so, women were still being oppressed by the excessively restrictive gender norms of the nineteenth century, and they were still subject to this operation as a penalty for not conforming. The women who were mutilated by clitoridectomy in the name of curing their misplaced ailments were victimized by a sexually repressive society and exploited by the doctors entrusted with the women's health and wellbeing in their quest for power and prestige.

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<sup>99</sup> “The Debate at the Obstetrical Society,” *British Medical Journal* 1, no. 327 (April 6, 1867): 397, ProQuest.